societies

MDPI

*Article*

# Exploring the Sociological, Psychological, and Mental Public Health Dynamics of Female U.S. Military Spouses Who Experience Parental Burnout

**Darrell Norman Burrell [1,2,3,*], Adina Lundy [4], Allison J. Huff [5] and Stacia Swinford [3]**

[1] College of Business, Innovation, Leadership and Technology, Marymount University, Arlington, VA 22207, USA
[2] Pellegrino Center for Clinical Bioethics, Georgetown University, Washington, DC 20057, USA
[3] College of Integrative Medicine & Health Sciences, Saybrook University, Pasadena, CA 91103, USA; salsabrook1@saybrook.edu
[4] Department of Psychology, University of Rhode Island, Kingston, RI 02881, USA; a_lundy@uri.edu
[5] College of Medicine, The University of Arizona, Tucson, AZ 85721, USA; allison7@arizona.edu
* Correspondence: dburrell@marymount.edu

## Abstract

Parental burnout among U.S. military spouses remains an underexamined mental health concern despite the cumulative stressors associated with military family life. Although women comprise only approximately 17.9% of the U.S. active-duty force, the overwhelming majority of military spouses are women. Consequently, the cumulative psychological and economic consequences of family relocations and military family life fall disproportionately on women, reflecting both the gender composition of the military spouse population and persistent societal expectations surrounding caregiving and household labor. This qualitative study explored how 11 female military spouses who are parents experienced emotional exhaustion, psychological strain, and diminished well-being in the context of permanent change of station relocations, deployment-related separations, disrupted employment, childcare instability, and limited support. Using a two-phase consensus-informed design, participants first completed individual written reflections and then engaged in a moderated focus group to refine shared meanings. Thematic analysis identified chronic emotional exhaustion, emotional suppression, anxiety and hypervigilance, identity loss, guilt, self-blame, cognitive overload, sleep disturbance, isolation, depressive symptoms, and system-level support needs. Findings suggest that parental burnout is not merely an individual coping failure but a predictable outcome of sustained structural demands. The study highlights the need for proactive mental health care, reliable childcare, leadership awareness, flexible 37 policies, and sustained peer support.

**Keywords:** parental burnout; military spouses; military families; mental public health; preventive medicine; caregiving stress; deployment; permanent change of station; family resilience

Check for updates

Academic Editor: Joaquim J.F. Soares

Received: 11 August 2026
Revised: 15 September 2026
Accepted: 26 September 2026
Published: 30 September 2026

**Copyright:** © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license.

## 1. Introduction

Permanent change of station (PCS) relocations is among the most destabilizing structural stressors in military family life. However, their psychological consequences for military spouses, particularly parents, remain insufficiently theorized and empirically examined. While PCS-related dissatisfaction is often attributed to logistical inconvenience,

emerging evidence suggests that the deeper burden lies in the cumulative erosion of economic stability, role continuity, and parental well-being. Nearly half of military spouses report that securing employment after a PCS move is a "large" or "very large" challenge [1], a statistic with profound implications beyond financial strain. Employment disruption frequently results not only in income loss but also in professional identity fragmentation and chronic underemployment, in which spouses accept positions substantially below their qualifications or exit the workforce altogether [1]. For parenting spouses, this erosion of vocational agency compounds emotional exhaustion by narrowing avenues for self-efficacy, autonomy, and adult social connection, core buffers against burnout [2–4].

These economic and identity-related stressors intersect directly with parenting demands. PCS moves routinely sever access to established childcare arrangements, educational supports, and informal caregiving networks, forcing military spouses, often abruptly, into intensified caregiving roles [1]. For example, a spouse arriving at a new installation may confront months-long childcare waitlists while simultaneously managing school transitions for multiple children, all without extended family support. Such conditions foster sustained hyper-responsibility and decision fatigue, hallmark features of parental burnout [5,6]. However, because these stressors are normalized within military culture, their cumulative psychological toll on spouses is rarely framed as a mental health concern requiring targeted intervention.

The strain intensifies further during periods of military-related separation. Frequent and prolonged absences, whether due to deployment, training, or unaccompanied assignments, fundamentally reorganize family systems, placing the non-deployed spouse in a chronic state of solo parenting [7]. This redistribution of responsibility is not merely logistical; it is psychological. Parenting spouses must simultaneously fulfill disciplinary, emotional, and caregiving roles while suppressing their own distress to maintain family stability [5,6]. The absence of a co-parent eliminates opportunities for emotional co-regulation, shared decision-making, and reciprocal support, key protective factors against burnout [7]. Over time, this sustained imbalance can result in emotional numbing, irritability, and diminished parental satisfaction, all of which are central indicators of parental burnout [2,3].

### *1.1. Problem Statement*

Female military spouses who are parents face a convergence of chronic stressors, including frequent relocations, employment disruption, prolonged separations from their partners, social isolation, and intensified caregiving responsibilities. Because approximately 92% of military spouses are women [8], these conditions also constitute a significant concern for women's mental health. Although military family research has examined deployment, relocation, and employment instability separately, far less attention has been given to their cumulative psychological effects, particularly their potential to produce parental burnout.

Parental burnout is characterized by severe emotional exhaustion, psychological distancing from one's children, and a diminished sense of competence or fulfillment in the parenting role [5,6]. Military spouses may be especially vulnerable because they often parent for extended periods without consistent co-parenting, stable support networks, or adequate opportunities for recovery. During deployments and other separations, they must provide structure and emotional security for their children while simultaneously managing their own uncertainty, loneliness, and distress. These demands can normalize exhaustion, emotional suppression, and self-neglect. Moreover, cultural expectations that military spouses remain resilient, self-sufficient, and capable of "doing it all" may discourage help-seeking and obscure the psychological consequences of sustained role overload.

The central problem is that existing scholarship has not adequately explained how military-related stressors interact to create a persistent vulnerability to parental burnout.

Burnout develops not from a single acute event, but from prolonged exposure to demands that exceed available emotional, social, and practical resources. When relocation disrupts support systems, deployment removes a co-parent, and employment instability weakens financial security and personal identity, these pressures may compound rather than operate independently. Studying them in isolation, therefore, obscures the mechanisms through which cumulative military-family stress becomes clinically meaningful psychological impairment.

This gap has serious implications. Parental burnout has been associated with depression, anxiety, sleep disturbance, emotional numbing, and impaired parent–child relationships [2,3,5,6]. Within military communities, these outcomes may be intensified by elevated caregiving demands, inconsistent access to sustained mental health support, and norms that valorize sacrifice and endurance. Consequently, distress may be misinterpreted as an individual failure to cope rather than as a foreseeable response to structurally imposed chronic stress. Research examining parental burnout among military spouses is therefore necessary to inform gender-responsive prevention and intervention efforts, strengthen military family functioning, and make visible the psychological labor that supports military readiness.

### 1.2. Aim of the Study

The primary aim of this study is to explore and elucidate the psychological and mental health dimensions of parental burnout among female military spouses who are parents, with particular attention to how cumulative military-specific stressors are experienced, interpreted, and internalized over time. Specifically, this study seeks to examine how repeated permanent change of station (PCS) relocations, employment disruption, prolonged partner separations, and intensified caregiving demands converge to produce chronic emotional exhaustion, psychological distress, and diminished parental well-being. Through in-depth qualitative inquiry, the study aims to capture military spouses' lived experiences of parenting under conditions of sustained structural strain, focusing on the subjective meanings they assign to exhaustion, emotional suppression, role overload, and perceived expectations of resilience. By centering the voices of female military spouses themselves, this research intends to move beyond surface-level descriptions of stress and toward a nuanced understanding of parental burnout as a complex mental health phenomenon shaped by identity disruption, moral pressure, and limited opportunities for psychological recovery. The importance of this study lies in its potential to reconceptualize how psychological distress among military spouses is understood and assessed. Parental burnout has been linked to serious mental health consequences, including depression, anxiety, sleep disturbances, emotional numbing, and impaired parent–child relationships [2,3].

### 1.3. Parental Burnout Among Military Spouses

Parental burnout is increasingly recognized as a severe psychological condition characterized by profound emotional, physical, and cognitive exhaustion resulting from prolonged exposure to overwhelming parenting demands [9]. Unlike transient parenting stress, parental burnout reflects a chronic depletion of internal resources that undermines parental functioning, emotional regulation, and psychological well-being [6]. For military spouses, particularly those parenting in the context of frequent relocations, prolonged separations, and limited institutional support, parental burnout represents a uniquely intensified and underexamined mental health vulnerability.

Parental burnout manifests across cognitive, emotional, and behavioral domains. Affected parents often report diminished tolerance for frustration, heightened emotional reactivity, memory impairments, and an entrenched sense of parental inadequacy or failure [10]. These symptoms reflect a broader imbalance between caregiving demands and

available psychological energy, wherein parents are expected to sustain high levels of responsiveness and regulation despite depleted internal reserves [2,3]. For female military spouses, this imbalance is frequently exacerbated by solo parenting during deployments, repeated disruptions to daily routines following permanent change of station (PCS) moves, and the absence of extended family support systems. For example, a military spouse managing young children during a year-long deployment may simultaneously navigate childcare shortages, school transitions, and household management without meaningful opportunities for rest or emotional recovery, conditions that accelerate burnout trajectories.

Employment disruption further compounds the risk of parental burnout among female military spouses. Chronic underemployment or workforce exit following PCS moves erodes not only financial stability but also professional identity and self-efficacy, critical psychological buffers against exhaustion and depressive symptomatology [1]. When parenting spouses lose access to vocational fulfillment and adult social engagement, caregiving becomes increasingly totalizing, narrowing opportunities for autonomy and psychological replenishment. Research indicates that the risk of burnout increases when parents must simultaneously meet intensive caregiving demands and maintain full-time employment without adequate recovery time [11]. In military families, this strain is magnified by inflexible work schedules, limited childcare availability, and unpredictable family separations.

The COVID-19 pandemic illuminated many of the structural conditions that intensify parental burnout, including social isolation, financial insecurity, and the collapse of informal caregiving networks [12]. While these stressors were experienced broadly, female military spouses faced compounded vulnerability due to pre-existing isolation and mobility-related disruptions. During this period, many parents, particularly mothers, reduced reliance on alternate caregivers due to health concerns and often had to function as substitute teachers, which further intensified caregiving demands [10]. Recovery from burnout was shown to depend heavily on available resources, duration of cumulative stress exposure, and access to social and emotional support [2,3,5,6]. For military spouses, whose support systems are routinely fractured by relocation and deployment, these protective factors are often insufficient or absent.

### *1.4. Risk Factors Specific to Military Spouse Parenting*

Parental burnout is shaped by a constellation of individual, role-based, and family-level factors [6], all of which are amplified in military contexts. Individual characteristics such as emotional intelligence influence how parents interpret and respond to stress, with higher emotional awareness facilitating adaptive regulation and lower emotional intelligence increasing vulnerability to anxiety and emotional dysregulation [10,13]. However, even emotionally skilled parents may experience burnout when structural demands consistently exceed coping capacity.

Role-related pressures further intensify burnout risk. Military spouses often internalize ideals of "positive parenting" and resilience, striving to maintain emotional stability and developmental consistency for their children despite chronic upheaval. While adaptive in principle, these ideals can become psychologically burdensome when paired with unrealistic expectations and minimal support. Parents may set unattainably high standards for themselves, interpreting normative parenting challenges as personal failures, thereby deepening emotional exhaustion and depressive symptoms [11].

Family-level dynamics also play a critical role. The risk of parental burnout is significantly reduced in contexts of supportive co-parenting and shared caregiving responsibility [14]. However, military spouses frequently parent in the absence of a consistent co-parent due to deployment or training demands, transforming caregiving into a solitary and relentless responsibility. The loss of intergenerational support, particularly from

grandparents, further exacerbates this strain. Pandemic-related restrictions highlighted the psychological costs of this loss, as grandparents, often vital sources of emotional reassurance and respite, became inaccessible due to health risks [15,16]. Notably, mothers remain disproportionately affected by parental burnout, reflecting gendered caregiving expectations that persist within both civilian and military family systems [5].

### 1.5. Psychological and Occupational Consequences of Parental Burnout

The psychological consequences of parental burnout extend beyond the family domain, permeating occupational functioning and long-term mental health outcomes. Burned-out parents frequently report emotional detachment, reduced motivation, impaired concentration, and diminished professional confidence [17]. While some parents experience temporary relief in the workplace due to reduced exposure to parenting demands, parental burnout significantly increases the risk of subsequent work-related burnout, reflecting the cumulative nature of psychological depletion across life domains [11].

Mental health challenges associated with parental burnout, such as anxiety, depression, sleep disturbances, and emotional numbing, directly impair cognitive functioning, decision-making capacity, and interpersonal engagement [18,19]. In military spouse populations, these effects may be exacerbated by remote or isolated work environments, particularly during periods of forced telework or social distancing [20]. Emotional withdrawal and reduced communication can further intensify isolation, creating feedback loops that sustain psychological distress [21].

Critically, parental burnout has been associated with severe adverse outcomes, including suicidal ideation, child neglect, and increased risk of abusive behaviors under conditions of extreme exhaustion [22]. These outcomes underscore the urgency of reframing parental burnout among military spouses not as a private struggle or individual failing, but as a public mental health concern rooted in systemic stress exposure.

### 1.6. Supporting Military Spouses Who Are Mothers

Transparency within military systems functions as a psychological stabilizer for parenting spouses navigating uncertainty. Clear articulation of expectations regarding deployments, duty cycles, childcare resources, and mental health services allows spouses to cognitively prepare for stressors and engage in proactive coping. When families understand the rationale behind operational demands and are included in planning processes where possible, uncertainty, which is a major driver of anxiety and burnout, is reduced [23]. In contrast, opaque decision-making processes may intensify helplessness, particularly for female spouses already managing high caregiving loads [2,3,11].

Military spouses, particularly mothers, disproportionately shoulder caregiving responsibilities during deployments and frequent relocations, placing them at heightened risk for parental burnout. Unlike civilian employers who may offer childcare subsidies or flexible scheduling, military families often confront rigid duty requirements, limited childcare slots on installations, and long waitlists for subsidized services. While civilian organizations have increasingly recognized the importance of fertility, childcare, and family planning support, comparable military supports remain inconsistent across installations and branches [24–26]. The gendered dimensions of parental burnout are especially pronounced in military contexts.

Mothers frequently experience stalled career trajectories, diminished earning potential, and loss of professional identity following repeated PCS moves. These losses erode psychological resilience and increase vulnerability to burnout-related distress. Military systems that fail to address spouse employment barriers, childcare access, and re-entry opportuni-

ties inadvertently intensify emotional exhaustion and reinforce cycles of self-sacrifice that normalize burnout.

A comprehensive military response to parental burnout must integrate awareness, accommodation, access, and active support, principles analogous to the "four pillars" of mental health-friendly environments [27]. Awareness begins with acknowledging parental burnout as a legitimate mental health condition rather than an individual failure of resilience [11].

## 2. Methods and Study Design

This study used a qualitative, two-phase consensus-informed design to explore the psychological and mental health dynamics of parental burnout among military spouses who are parents. The design combined individual written reflections with a subsequent group-based interpretive discussion. This structure was selected because parental burnout among military spouses is an underexamined phenomenon that requires both private reflection on emotionally sensitive experiences and collective interpretation of shared military-family stressors.

The first phase generated individualized accounts of participants' experiences of parenting under military-related strain. The second phase used a moderated focus group to review, clarify, and refine emerging interpretations across participants. This two-phase approach was appropriate for the study's aims because it allowed participants first to articulate experiences independently, reducing immediate conformity pressure, and then participate in a collective meaning-making process in which similarities, differences, and points of emphasis could be discussed. The consensus-informed component was not used to produce statistical agreement; rather, it was used as a credibility-enhancing qualitative procedure through which participants could confirm whether the developing themes resonated with their lived experiences.

The study was informed by qualitative focus group methodology, which recognizes group discussion as a productive site for generating data through interaction, comparison, elaboration, and shared reflection [28,29]. It was also guided by a majority participant voting process analysis, which treats themes as interpretive patterns of meaning developed through systematic engagement with the data rather than as fixed entities waiting to be discovered [28,29]. This analytic orientation was consistent with the study's purpose: to understand how military spouses interpret, internalize, and narrate parental burnout in relation to relocation, deployment, prolonged separations, limited support, and institutional expectations of resilience.

### *2.1. Participants and Recruitment*

Participants were 11 female military spouses who were parents of at least one child under the age of 18. Participants were based in the United States and were connected to U.S. military-family contexts through their spouses' service. They were recruited through military spouse networks, including informal spouse communities and online military-family networks. Recruitment materials invited participation from military spouses who were currently parenting and who had experienced military-related stressors that could increase risk for parental burnout.

Eligibility criteria required participants to be: (a) at least 18 years old; (b) a current female spouse of a U.S. military service member; (c) the parent or primary caregiver of at least one child under age 18; and (d) exposed to one or more military-related family stressors, including deployment, extended partner absence, permanent change of station relocation, disruption to childcare or schooling, employment disruption, or prolonged solo parenting.

An interview sample of 11 participants is considered adequate and methodologically appropriate for a qualitative study that seeks depth of understanding rather than statistical generalizability [28,29]. Qualitative research prioritizes rich, detailed accounts of lived experience and aims to identify patterns of meaning across participants, a goal that can be achieved with relatively small, information-rich samples [28,29]. Methodological literature consistently demonstrates that thematic saturation, the point at which no substantively new themes emerge, often occurs within 6 to 12 participants in homogeneous populations, particularly when the research focus is narrow, and the participants share key contextual characteristics [28,29].

### *2.2. Data Collection*

Data collection occurred in two sequential phases.

#### 2.2.1. Phase One: Individual Written Reflections

In the first phase, participants completed written responses to three open-ended prompts delivered through a secure electronic format. Participants were asked to respond independently and reflectively, without consulting other participants. This phase was designed to give participants private space to describe emotionally sensitive experiences before entering a group setting.

The written prompts addressed three areas aligned with the study aims: (a) emotional and mental challenges experienced as a parent within the military context, particularly during deployments, relocations, or extended separations; (b) the perceived effects of limited support and intensified parenting demands on mental health; and (c) supports or policy changes that participants believed would reduce emotional exhaustion and psychological strain among military-spouse parents.

The written response format was used because parental burnout can involve guilt, shame, emotional numbing, and fear of appearing inadequate. Allowing participants to respond privately first helped ensure that individual experiences were captured before group discussion introduced social influence, validation, or comparison.

Written responses were evaluated and coded by hand individually by 3 different researchers and then coded independently using Atlas qualitative software (Version 9). Only those themes that were represented by all 4 coding rounds were moved for the phase 2 focus group discussion.

#### 2.2.2. Phase Two: Focus Group Discussion

After a preliminary review of the written responses, participants participated in a moderated focus group. The focus group was conducted remotely using a secure video-conferencing format to accommodate participants' geographic dispersion, caregiving responsibilities, and military-family schedules. The group discussion was structured around the same three broad domains used in the written reflections, but participants were also invited to clarify, challenge, expand, or reframe preliminary interpretations.

The focus group functioned as a collaborative interpretive discussion rather than a single undifferentiated group interview. The moderator presented preliminary areas of meaning identified from the written responses and invited participants to discuss whether these interpretations accurately reflected their experiences. Participants were asked to comment on the language of emerging themes, identify missing experiences, distinguish common experiences from less common but important ones, and discuss how military systems shaped the psychological strain they described.

Because focus groups can reproduce power dynamics, conformity pressure, and unequal participation, the moderator used facilitation strategies to manage voice and participation. These included establishing discussion norms, emphasizing that disagreement and difference were welcome, inviting quieter participants to contribute without requiring disclosure, preventing any single participant from dominating the discussion, and returning to individual written responses when needed to preserve minority or divergent perspectives. Participants were reminded that consensus did not require uniformity and that less common experiences could still be analytically important if they illuminated the phenomenon under study.

### *2.3. Data Analysis*

Data were analyzed using a majority participant voting process analysis. Analysis began with repeated reading of the written responses to develop familiarity with the data. Initial codes were generated inductively, with attention to repeated meanings, emotionally significant language, and descriptions of psychological strain. Coding focused not only on what participants reported but also on how they interpreted their experiences in relation to military expectations, parenting responsibilities, and institutional support.

Codes were then organized into candidate themes that captured broader patterns across the dataset. The preliminary themes were not treated as final or purely descriptive categories. Instead, they were refined through interpretive comparison across written responses and focus group discussion. During the focus group, participants reviewed emerging patterns and contributed to the refinement of theme language, emphasis, and scope. This process helped distinguish central patterns from isolated examples while preserving experiences that were less common but analytically meaningful. Only those themes selected by a majority of participants were recorded as the final themes.

## 3. Results

The analysis generated interrelated themes describing how military-spouse parents experienced parental burnout. The quotations presented below were selected because they illustrate central patterns in the dataset. They are not intended to imply that all participants experienced burnout with identical severity. Some quotations represent especially acute accounts of psychological exhaustion, while others reflect more common patterns of emotional strain, isolation, and unmet support needs. Across the dataset, participants consistently described military parenting as emotionally demanding. However, the intensity and consequences of burnout varied according to deployment cycles, relocation history, childcare access, social support, and perceived institutional responsiveness.

**Question 1**

**"Can you describe the emotional and mental challenges you experience as a parent within the military context, particularly during deployments, relocations, or extended separations?"**

**Theme 1.** ***Chronic Emotional Exhaustion (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 1.** *Persistent emotional depletion resulting from prolonged solo parenting and constant responsibility.*

**Participant 1 Quote:**

"By the time the day finally ends, I feel like there is absolutely nothing left inside me. It is not just physical tiredness, it's a deep emotional exhaustion that feels

like I've been emptied out completely. I spend the entire day regulating my kids' emotions, managing their needs, answering questions, calming meltdowns, and holding everything together, even when I'm falling apart inside. When they finally go to bed, instead of feeling relief, I feel numb. I don't have the energy to think, feel, or even cry. It's like my emotional tank has been drained so long that I don't remember what it feels like to be full anymore."

**Participant 3 Quote:**

"This exhaustion doesn't go away with sleep or a good night's rest. Even on days that are supposed to be 'easy,' my mind feels worn down from the constant pressure of being the only adult making decisions, solving problems, and carrying the weight of the household. There's no off switch. I wake up already tired, knowing I'll spend the day pushing myself past my limits again. It feels like I'm surviving, not living, and that kind of exhaustion builds day after day without any real chance to recover."

**Theme 2.** ***Emotional Suppression (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 2.** *Habitual containment of distress to maintain stability for children.*

**Participant 9 Quote:**

"I've learned how to swallow my emotions because my kids need me to be calm and steady, especially when their other parent is gone. I don't allow myself to break down because if I do, everything feels like it might fall apart. I tell myself I'll deal with my feelings later, but later never comes. The sadness, frustration, and fear just get pushed deeper and deeper until they feel stuck inside me. I've gotten so used to hiding my emotions that sometimes I don't even know how I actually feel anymore."

**Participant 4 Quote:**

"I feel like I'm constantly pretending that I'm okay, even when I'm not. Crying feels like something I'm not allowed to do, like it would be selfish or weak. I put on a strong face for my kids, for other spouses, and even for myself. Over time, that pretending becomes exhausting, and it starts to feel like I'm disconnected from my own emotions. I'm functioning, but I'm not really processing anything, and that weighs on my mental health."

**Theme 3.** ***Anxiety and Hypervigilance (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 3.** *Persistent worry and heightened alertness related to parenting alone.*

**Participant 11 Quote:**

"My mind never really shuts off because I'm always worried something will go wrong and I'll have to handle it completely on my own. I'm constantly thinking ahead, what if one of the kids gets sick, what if there's an emergency, what if I can't handle it? Even when things are calm, I feel on edge, like I'm waiting for the next problem to hit. That constant state of alertness is exhausting and makes it hard to ever truly relax."

**Participant 7 Quote:**

"When one of my kids struggles, whether it's behavior, school, or health-related, my anxiety spikes immediately because there's no backup. There's no one to tag in or help make decisions. Everything falls on me, and that pressure feels overwhelming. I replay scenarios in my head, worrying about making the wrong choice or missing something important. It feels like my nervous system is always in overdrive."

**Theme 4.** ***Identity Loss (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 4.** *Erosion of personal identity beyond the parenting role.*

**Participant 5 Quote:**

"I used to know who I was outside of being a mom. I had interests, goals, and parts of myself that felt separate from parenting. Over time, especially with all the moves and separations, that version of me feels like it slowly disappeared. Now it feels like my entire identity revolves around my kids and the military schedule. I don't recognize myself the way I used to, and that loss feels deeply unsettling."

**Participant 8 Quote:**

"Everything in my life revolves around the kids and the military, where we live, what I can do, how I plan my days. There's no space left to explore who I am or what I want. Even when I try to focus on myself, guilt creeps in, like I'm taking something away from my kids. It feels like I've been reduced to a role instead of being a whole person."

**Theme 5.** ***Guilt and Self-Blame (6 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 5.** *Internalized belief that struggling reflects personal failure.*

**Participant 4 Quote:**

"I constantly tell myself that other parents handle this better, so there must be something wrong with me. I compare myself to other military spouses who seem to manage everything effortlessly, and I feel like I'm failing because I'm struggling so much. Instead of recognizing how hard this life is, I blame myself for not being stronger or more capable."

**Participant 1 Quote:**

"I feel guilty for feeling burned out because this is the life we chose, and I know there are sacrifices that come with it. That guilt makes it harder to talk about how overwhelmed I feel. I tell myself I shouldn't complain, even when I'm mentally and emotionally exhausted. Over time, that self-blame just adds another layer of stress on top of everything else."

**Question 2**

**"How have the demands of parenting, especially when support is limited, affected your mental health?"**

**Theme 6.** ***Cognitive Overload (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 6.** *Mental fatigue from constant decision-making.*

**Participant 6 Quote:**

"My brain feels completely fried from making every single decision alone, from big things like schooling and medical care to small things like meals and schedules. There's no mental break because every responsibility comes back to me. Even when I try to rest, my mind keeps running through lists of things I need to remember or plan."

**Participant 2 Quote:**

"Even small decisions feel overwhelming because I never get a break from being 'on.' There's no one to share the mental load with, and that constant pressure makes it hard to focus or think clearly. Some days it feels like my brain is so overloaded that I can't process anything new."

**Theme 7.** ***Sleep Disturbance (6 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 7.** *Disrupted sleep due to stress and rumination.*

**Participant 9 Quote:**

"I lay awake at night replaying everything I didn't get done or worrying about what tomorrow will bring. Even when I'm exhausted, my thoughts won't slow down. Sleep doesn't feel restful because my mind is constantly racing."

**Participant 5 Quote:**

"My body is completely worn out, but my brain won't stop. I wake up multiple times during the night thinking about responsibilities or worst-case scenarios. Over time, the lack of real rest makes everything feel heavier."

**Theme 8.** ***Emotional Numbing (6 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 8.** *Reduced emotional responsiveness as a coping mechanism.*

**Participant 3 Quote:**

"I don't feel happy or sad most days, I just feel flat. It's like my emotions shut down because feeling everything became too much. That numbness helps me get through the day, but it also makes me feel disconnected from myself."

**Participant 2 Quote:**

"It feels like I've gone into survival mode. I still function, but I don't really feel joy the way I used to. The emotional shutdown protects me, but it also makes life feel empty."

**Theme 9.** ***Isolation (9 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 9.** *Perceived emotional and social disconnection.*

**Participant 6 Quote:**

"I'm surrounded by people, but I feel completely alone. Even when I'm with other spouses or friends, it feels like no one really understands what I'm carrying. That loneliness weighs heavily on my mental health."

**Participant 10 Quote:**

"It feels like no one truly sees how hard this is. I don't always feel comfortable opening up, and that isolation makes everything feel more overwhelming."

**Theme 10.** ***Depressive Symptoms (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 10.** *Persistent sadness, hopelessness, and loss of motivation.*

**Participant 7 Quote:**

"Some days it's hard to find a reason to get up. I go through the motions because my kids need me, but inside I feel heavy and unmotivated. It's like I'm stuck in a fog that doesn't lift."

**Participant 10 Quote:**

"I feel trapped in this cycle with no clear end. The constant stress makes it hard to imagine things getting better, and that hopeless feeling affects my mental health more than I want to admit."

**Question 3**

**"What supports or changes would reduce emotional exhaustion and psychological strain for military spouses who are parents?"**

**Theme 11.** ***Accessible Mental Health Services (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 11.** *Timely, stigma-free counseling and therapy.*

**Expanded spouse-informed recommendations:**

Military systems should move from reactive mental health access toward proactive, routine engagement, particularly during predictable high-stress periods such as deployments, reintegration, and relocations. Access must be simplified, timely, culturally informed, and continuous across moves. Mental health care should be treated as a preventive resource rather than a crisis response.

**Participant 4 Quote:**

"Getting mental health support shouldn't feel like another full-time job when you're already burned out. I think the military could make it standard for spouses to be contacted during deployments or major transitions instead of waiting for us to ask for help. When you're exhausted, filling out forms, waiting weeks, and explaining your life story again just feels impossible. If someone reached out and said, 'Here's support, here's how to use it right now,' I would actually take it instead of pushing myself until I crash."

**Participant 5 Quote:**

"What would really help is access to counselors who actually understand military life and parenting alone. I don't want to spend half my session explaining deployments, relocations, or why my support system keeps disappearing. The military could create a provider pool trained specifically in military spouse stress and parental burnout, with virtual options so care doesn't stop every time we move. Feeling understood from the beginning would make it easier to get help early instead of waiting until things feel unmanageable."

**Theme 12.** ***Reliable Childcare (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 12.** *Consistent, affordable caregiving support.*

**Expanded spouse-informed recommendations:**

Childcare must be recognized as a core mental health support, not a peripheral service. Policies should prioritize predictable access during solo-parenting periods, transitions, and high-stress windows. Temporary solutions are as critical as long-term placement.

**Participant 1 Quote:**

"Reliable childcare would honestly change my mental health more than anything else. If I knew I had consistent care, even just a few hours a week, I could attend appointments, rest, or handle basic tasks without dragging my kids through everything. The stress of not knowing if or when childcare will be available makes burnout worse. Childcare isn't a luxury; it's what allows parents to function and recover."

**Participant 9 Quote:**

"Waiting lists make you feel powerless, like you're stuck with no options while everything keeps piling up. There should be priority childcare during deployments or when a spouse is parenting alone. Even short-term solutions, like temporary childcare support after a move or during high-stress periods, would help prevent burnout from building into something more serious."

**Theme 13.** ***Leadership Acknowledgment (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 13.** *Recognition of spouse mental health by military leadership.*

**Expanded spouse-informed recommendations:**

Leadership plays a critical role in shaping whether parental burnout is visible or silenced. Open acknowledgment, consistent messaging, and proactive communication can reduce stigma and normalize early help-seeking.

**Participant 11 Quote:**

"It would make a huge difference if leadership openly acknowledged that military spouses who are parents are under real psychological strain. Just hearing someone say out loud that this life is hard and that struggling doesn't mean you're failing would take away so much shame. When leaders acknowledge it, it gives permission to talk about it instead of pretending everything is fine."

**Participant 2 Quote:**

"Right now, spouse mental health feels invisible unless it reaches a breaking point. I think leaders should be encouraged to check in, not just during crises, but during deployments and transitions when burnout is most likely. Even simple recognition would help spouses feel seen and less alone."

**Theme 14.** ***Flexible Policies (11 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 14.** *Adaptable systems during high-stress periods.*

**Expanded spouse-informed recommendations:**

Military policies must reflect the real rhythms of family life, allowing flexibility during predictable stress cycles. Preventive flexibility reduces long-term psychological harm and supports family stability.

**Participant 8 Quote:**

"The military system feels rigid at the exact moments families need flexibility the most. Policies should account for high-stress periods like deployments, reintegration, and moves, when parenting demands are already overwhelming. Built-in flexibility during those times would prevent burnout instead of waiting until families are in crisis."

**Participant 10 Quote:**

"Even small policy adjustments would make a big mental difference, things like easier scheduling for appointments, less red tape during transitions, or temporary adjustments when a spouse is parenting alone. Flexibility isn't about lowering expectations; it's about recognizing reality and protecting families from breaking under constant pressure."

**Theme 15.** ***Community Connection (9 out of 11 participants had consistent patterns of reference concerning this theme).***

**Definition 15.** *Structured peer support and belonging.*

**Expanded spouse-informed recommendations:**

Intentional, sustained community structures are essential to reducing isolation and emotional overload. Support should extend beyond social gatherings to include emotionally safe, continuity-based peer networks.

**Participant 2 Quote:**

"Talking to other spouses who truly understand this life helps more than anything else. The military could create structured support groups focused on parenting stress and burnout, where it's okay to be honest instead of putting on a strong face. Knowing you're not the only one struggling makes everything feel more manageable."

**Participant 3 Quote:**

"One of the hardest parts of military life is losing your support system every time you move. There should be communities that follow you through transitions, whether virtual or regional, so you don't have to start over emotionally each time. Consistent connection would go a long way in protecting mental health."

*Additional Policy Recommendations Emerging from the Analysis*

The spouse-informed recommendations point to several policy directions. First, military family systems should normalize parental burnout as a legitimate mental health concern by incorporating burnout education into spouse orientations, parenting resources, family readiness programming, and healthcare screening. Such education should describe burnout symptoms, identify periods of risk, and clearly distinguish burnout from personal failure.

Second, military systems should implement proactive outreach during predictable high-risk periods. Deployment, reintegration, relocation, childcare disruption, and prolonged solo parenting are not random events; they are foreseeable stress points. Routine check-ins during these periods would allow support to reach families before distress escalates.

Third, continuity of mental health care across relocations should be strengthened. Participants emphasized that repeated moves interrupt therapeutic relationships and require spouses to restart care at the very moment they may be most depleted. Telehealth options, warm handoffs, military-spouse-informed provider networks, and portable care plans could reduce these gaps.

Fourth, short-term and emergency childcare should be expanded. Participants made it clear that burnout prevention depends not only on permanent childcare slots but also on temporary relief during periods of acute stress. Emergency care, respite care, deployment-related childcare priority, and relocation-transition childcare would directly address conditions that participants identified as psychologically harmful.

Fifth, leaders and family-support personnel should be trained to recognize spouse parental burnout. Training should focus on signs of emotional exhaustion, isolation, guilt, cognitive overload, sleep disruption, and depressive symptoms. It should also emphasize empathic response, stigma reduction, and appropriate referral pathways.

Finally, military systems should invest in sustained peer-support networks. Mentorship programs, moderated support groups, virtual continuity groups, and parent-focused spouse communities can reduce isolation while preserving connection across moves. These supports should be designed as part of mental health prevention rather than as optional social programming.

## 4. Limitations

This study has several limitations. The sample included 11 female military spouses, which allowed for depth and coherence but does not capture the full diversity of military-family experiences. Participants were recruited through military spouse networks, which may have shaped who chose to participate and may have favored those willing to discuss parenting stress. The study did not use a clinical diagnostic assessment of parental burnout; instead, it examined self-described experiences of burnout-related psychological strain. Finally, the focus group format may have influenced disclosure, particularly if participants were familiar with one another or shared similar military-spouse communities. The two-phase design helped mitigate this concern by collecting individual written responses before group discussion.

## 5. Discussion

This study provides a more complex account of parental burnout among female U.S. military spouses by showing that participants' distress was not organized around a single stressor, but around the cumulative interaction of repeated military-family disruptions. Across the themes, emotional exhaustion, suppression of distress, hypervigilance, cognitive overload, sleep disturbance, identity erosion, isolation, guilt, and depressive symptoms

appeared to reinforce one another. This pattern is consistent with models of parental burnout that conceptualize burnout as the consequence of a sustained imbalance between parenting demands and the resources available to meet them [2,3,5,6]. The present findings extend that framework by suggesting that, in military families, the imbalance is repeatedly recreated by institutional and occupational conditions that are largely outside the spouse's direct control. Burnout in this context therefore appears less like an episodic reaction to difficult parenting and more like an accumulating demand-resource mismatch in which opportunities for recovery are repeatedly interrupted.

The strongest point of convergence concerned chronic emotional exhaustion. All participants endorsed sustained emotional depletion, and their narratives distinguished this state from ordinary tiredness by emphasizing its persistence despite sleep or brief periods of reduced activity. This distinction is important because parental burnout is defined not simply by high parenting stress, but by severe and enduring exhaustion accompanied by emotional distancing and diminished efficacy in the parenting role [2,5]. For military-spouse parents, deployment and extended separations can remove everyday co-parenting, shared decision-making, and emotional co-regulation for prolonged periods [7]. The data suggest that this loss of reciprocity changes the architecture of parenting itself: the spouse who remains at home becomes the default decision-maker, emotional regulator, logistics manager, and contingency planner. Under those conditions, recovery is not merely difficult to schedule; it may become structurally unavailable.

A second contribution of the study is the way participants described military stressors as compounding rather than operating independently. PCS relocation, for example, may simultaneously disrupt employment, childcare, schooling, friendships, healthcare continuity, and access to extended family. Employment disruption after relocation is already recognized as a major challenge for military spouses and can involve both income loss and erosion of professional identity [1]. When such disruption occurs at the same time that a spouse is assuming greater caregiving responsibility because of deployment, training, or an unaccompanied assignment, the effect is not simply the sum of separate inconveniences. Instead, one stressor can remove resources needed to manage another. Loss of employment may reduce autonomy and adult social contact; loss of childcare may limit re-employment and self-care; relocation may sever informal support; and partner absence may eliminate the most immediate source of shared responsibility. This recursive pattern helps explain why participants described feeling trapped in cycles of depletion rather than temporarily overwhelmed by discrete events.

The findings regarding emotional suppression add an important sociocultural dimension. Participants frequently framed distress as something that had to be hidden in order to protect children, maintain household stability, or conform to expectations that military families should be resilient. Resilience is generally treated as a protective capacity in the parental-burnout literature [10], yet the present narratives suggest that resilience can become psychologically costly when it is interpreted as a requirement to remain unaffected, self-sufficient, or continuously composed. In that form, resilience functions less as adaptive recovery and more as a norm of emotional containment. The distinction matters because a spouse may appear highly functional while simultaneously becoming more depleted. Participants' descriptions of postponing their own emotions, minimizing distress, and feeling guilty for struggling suggest a mechanism through which cultural expectations may delay help-seeking and obscure worsening symptoms from family members, peers, clinicians, and military support systems.

The cognitive themes further demonstrate why burnout prevention cannot be reduced to encouragement, stress-management education, or individual coping skills. Participants described constant decision-making, anticipatory worry, rumination, and a persistent need

to remain alert for problems that would otherwise be shared with a co-parent. Parental burnout is associated with impaired concentration, emotional regulation difficulties, and broader psychological distress [2,3], while anxiety, sleep disturbance, and depressive symptoms can further compromise cognitive functioning and decision-making [18,19]. In the current study, these processes appear mutually reinforcing: high responsibility increased mental load; mental load interfered with sleep and recovery; inadequate recovery intensified exhaustion; and exhaustion made routine decisions feel more difficult. This feedback loop suggests that effective intervention must reduce demands as well as increase coping resources. Counseling may be valuable, but it cannot by itself compensate for a persistent absence of childcare, shared parenting, predictable schedules, or time for recovery.

Identity erosion was also central to participants' accounts and appears to be more than a secondary consequence of fatigue. Repeated PCS moves and employment interruptions can fragment career trajectories, reduce earning potential, and diminish access to professional communities [1]. At the same time, intensive caregiving can narrow daily life around children's needs and military schedules. The result described by several participants was a progressive contraction of identity in which being a spouse and parent displaced other roles, ambitions, and sources of competence. This is clinically and sociologically important because professional activity, autonomy, and adult social connection can serve as psychological resources, while burnout may spill across family and occupational domains [17]. Thus, employment policy should not be treated as separate from spouse mental health. Career continuity, credential portability, remote-work feasibility, and re-entry support may have indirect protective value by preserving identity, financial agency, and non-parental sources of mastery.

For context consider how Balance Between Risks and Resources ($BR^2$) theory conceptualizes parental burnout not as the inevitable consequence of exposure to a single severe stressor, but as the cumulative outcome of a sustained disequilibrium between stress-amplifying risks and stress-buffering resources [30]. Within this framework, risks encompass conditions that intensify the psychological, emotional, or practical demands of parenting, whereas resources comprise factors that diminish those demands or enhance a parent's capacity to manage them. Examples identified by the authors include excessive parental responsibilities, perfectionistic standards, ineffective stress-management abilities, insufficient co-parental involvement, and limited external support on the risk side, counterbalanced by self-compassion, emotional competencies, constructive coparenting, leisure opportunities, and meaningful social assistance on the resource side [30]. Crucially, $BR^2$ does not assume that all parents exposed to substantial demands will develop burnout; rather, vulnerability emerges when available protective resources become chronically inadequate relative to accumulated demands [30].

Applied to female military spouses, $BR^2$ offers a particularly useful framework because military family life can generate combinations of demands that may alter the risk-resource balance over time. Deployments, training rotations, unpredictable schedules, geographic relocation, separation from established support networks, and periods of reduced access to a coparent may effectively concentrate parenting responsibilities within the at-home spouse. From a $BR^2$ perspective, the central issue is not that military affiliation itself causes parental burnout; rather, military-related circumstances may intensify established burnout risks by increasing parental load while simultaneously constraining resources that would ordinarily offset that load. For example, during a deployment, a female military spouse may assume responsibilities that were previously distributed between two parents while also managing children's reactions to separation, household administration, employment obligations, and uncertainty surrounding the service member's safety or return. If those demands coexist with perfectionistic maternal expectations, reluctance to seek assistance,

inadequate childcare, or geographical distance from extended family, multiple risks may accumulate without equivalent restorative resources. This interpretation is consistent with the authors' broader argument that parental burnout develops when risks persistently exceed available protections and that parenting-specific factors, including coparenting and parental practices, contribute uniquely to parental burnout rather than merely reproducing occupational burnout [30]. Thus, $BR^2$ permits the experience of the female military spouse to be understood as a dynamic interaction between individual capacities and the structural conditions surrounding parenting, rather than as evidence of personal inadequacy or deficient resilience.

The principal analytical value of $BR^2$ for understanding parental burnout among female military spouses lies in its implication that intervention need not depend upon eliminating every military-related stressor, many of which are institutionally determined and beyond the spouse's control. Mikolajczak and Roskam argue that equilibrium can theoretically be restored either by reducing consequential risks or by adding sufficiently robust resources when particular risks cannot be altered [30]. For a military spouse who cannot change deployment duration, operational demands, or relocation requirements, meaningful intervention might therefore focus on strengthening modifiable resources: reliable childcare, reciprocal social networks, opportunities for psychological recovery, realistic parenting standards, access to mental-health services, effective stress-regulation strategies, and mechanisms for sustaining co-parental involvement when geographic separation permits. This approach is more sophisticated than simply encouraging individual "resilience," because $BR^2$ recognizes that burnout can originate from an unfavorable configuration of environmental and relational conditions as much as from individual vulnerabilities.

The gendered structure of military-spouse life also warrants explicit interpretation. Approximately 92% of military spouses are women [8], and parental-burnout research has repeatedly identified mothers as especially exposed to unequal caregiving and emotional-labor demands [5]. The present sample cannot establish sex or gender differences because it included only women; nevertheless, participants' accounts show how organizational demands can intersect with gendered expectations about caregiving, emotional availability, household management, and professional sacrifice. This does not mean that military family stress is inherently a women's issue. Rather, it means that a military system in which spouses are overwhelmingly female may distribute the indirect costs of operational readiness unevenly. From a public-mental-health perspective, spouse burnout should therefore be considered not only an individual or family problem, but also a gender-responsive systems issue involving the allocation of time, labor, employment opportunity, and caregiving support.

Isolation and the loss of stable support networks further reinforce this interpretation. Supportive co-parenting and shared caregiving responsibility are associated with lower parental-burnout risk [14], yet military separations may temporarily remove co-parenting while PCS moves repeatedly dismantle local friendships and informal caregiving networks. Participants' reports of being surrounded by others while still feeling unseen suggest that proximity to a military community does not necessarily produce psychologically meaningful support. This distinction is important for program design. Social events and general spouse programming may increase contact, but they may not address the need for confidential emotional support, continuity across moves, or practical respite. The participants' preference for sustained peer networks, culturally informed mental health providers, and continuity-based virtual support is therefore consistent with prior military-spouse research emphasizing variation in perceived support and the importance of military-family context [24–26].

Taken together, the findings support a tiered prevention model. Upstream interventions should reduce predictable structural demands through reliable childcare, transition support, employment continuity, and policies that account for deployment and relocation cycles. Midstream interventions should strengthen family and community resources through proactive outreach, peer continuity, leadership acknowledgment, and easier navigation of existing services. Downstream clinical care should provide timely, stigma-sensitive treatment for spouses already experiencing significant psychological impairment. This distinction is consequential because leadership recognition alone cannot resolve burnout if material supports remain unavailable, and individual therapy cannot fully correct a demand-resource imbalance generated by recurring institutional conditions. Conversely, structural reforms do not eliminate the need for clinical care when exhaustion has progressed to emotional numbing, persistent hopelessness, or other serious symptoms. A comprehensive response must therefore treat practical support and mental health care as complementary rather than competing strategies.

The clinical significance of the findings should nevertheless be interpreted cautiously. The symptom pattern reported by participants overlaps substantially with established parental-burnout correlates and consequences, including anxiety, depression, sleep disturbance, emotional distancing, and impaired functioning [2,3,6]. Severe parental burnout has also been associated in prior literature with harmful outcomes for both parents and children [22]. However, this study did not administer a validated parental-burnout instrument or conduct diagnostic interviews. The data therefore support an interpretation of burnout-related psychological strain and shared mechanisms, not a population prevalence estimate or a clinical diagnosis. Similarly, the repeated 11-of-11 consensus on several themes should be understood as strong convergence within this purposively recruited qualitative sample, not as evidence that all military spouses experience these phenomena or experience them with equal severity.

These interpretive boundaries strengthen rather than weaken the principal implication of the study. The most defensible conclusion is not that military life inevitably produces parental burnout, but that military-spouse parents may be exposed to a distinctive configuration of recurrent risks in which demands are predictable while recovery resources are unstable. The two-phase design captured both private reflection and collective interpretation, allowing participants to identify not only symptoms but also the meanings they assigned to those symptoms. Future research should test the proposed cumulative pathway using larger and more diverse samples, validated measures such as the Parental Burnout Assessment, longitudinal designs across deployment and PCS cycles, and comparison groups that include male spouses, dual-military parents, Guard and Reserve families, and families across rank, branch, geography, and child developmental stage. Such work would help determine which stressors exert the greatest independent or interactive effects and which resources most effectively interrupt the progression from sustained strain to burnout.

## 6. Conclusions

Parental burnout among female U.S. military spouses should be understood as an underrecognized mental public health concern produced by the interaction of caregiving demands, military operational rhythms, and unstable recovery resources. In this study, participants did not describe a single precipitating event. Instead, they described a cumulative process in which deployment-related solo parenting, PCS relocation, childcare disruption, loss of social support, employment instability, and expectations of emotional resilience repeatedly converged. Their accounts are consistent with the broader parental-burnout literature, which emphasizes chronic exhaustion and an imbalance between demands and

resources [2,3,5] while also showing how military structures can reproduce that imbalance across successive transitions.

The study's central contribution is therefore conceptual as well as descriptive. Emotional exhaustion was intertwined with cognitive overload, hypervigilance, sleep disruption, emotional suppression, guilt, isolation, identity loss, and depressive symptoms. These findings suggest a reinforcing cycle: structural disruption increases responsibility, increased responsibility reduces opportunities for recovery, diminished recovery intensifies cognitive and emotional depletion, and guilt or norms of self-sufficiency may then discourage help-seeking. Because military spouses are predominantly women [8], this cycle also has a gendered dimension, particularly when repeated career sacrifice and disproportionate caregiving become normalized features of family adaptation rather than recognized sources of psychological risk.

The practical implication is that prevention must move beyond asking spouses to become more resilient. Proactive mental health outreach, continuity of care across moves, reliable and temporary childcare, leadership acknowledgment, flexible transition policies, spouse-employment supports, and sustained peer networks address different points in the same burnout pathway. Childcare and employment policy should be treated as mental health-relevant interventions because they alter the amount of time, autonomy, social connection, and recovery available to parents. Likewise, clinical services should be accessible before crisis, not only after functioning has significantly deteriorated. Prior military-spouse research has already documented the importance of military-life stress and perceived support [24–26]; the present findings indicate that these issues are directly relevant to understanding parental burnout.

At the same time, the findings should not be generalized beyond what the design can support. The sample was small, all participants were women, recruitment occurred through military-spouse networks, and burnout was examined through self-report rather than a diagnostic or standardized assessment. The study is therefore best understood as evidence of plausible mechanisms and shared lived experience rather than prevalence or causality.

Ultimately, the participants' accounts challenge an individualized interpretation of spouse distress. Sustained functioning under chronic strain should not be mistaken for psychological well-being, and visible resilience should not be assumed to indicate adequate recovery. A military family system that depends on spouses to absorb repeated disruptions without sufficient practical, social, and clinical support risks normalizing preventable psychological harm. Recognizing parental burnout as a systems-level concern does not diminish individual agency; it clarifies where organizational responsibility and family resilience must meet.

**Author Contributions:** Conceptualization, D.N.B., A.L., A.J.H. and S.S.; methodology, D.N.B., A.L., A.J.H. and S.S.; software, D.N.B., A.L., A.J.H. and S.S.; validation, D.N.B., A.L., A.J.H. and S.S.; formal analysis, D.N.B., A.L., A.J.H. and S.S.; investigation, D.N.B., A.L., A.J.H. and S.S.; resources, D.N.B., A.L., A.J.H. and S.S.; data curation, D.N.B., A.L., A.J.H. and S.S.; writing—original draft preparation, D.N.B., A.L., A.J.H. and S.S.; writing—review and editing, D.N.B., A.L., A.J.H. and S.S.; visuali-zation, D.N.B., A.L., A.J.H. and S.S.; supervision, D.N.B., A.L., A.J.H. and S.S.; project admin-istration, D.N.B., A.L., A.J.H. and S.S.; funding acquisition, D.N.B., A.L., A.J.H. and S.S. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board of Capitol Technology University (protocol code 982069 and date of approval 14 May 2025) for studies involving humans.

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References


1. Lopez, C. Military Spouse Survey Spurs DOD Review of Moving-Related Issues. *DOD News*, 20 May 2025. Available online: https://www.war.gov/News/News-Stories/Article/Article/4192588/military-spouse-survey-spurs-dod-review-of-moving-related-issues (accessed on 11 June 2025).
2. Mikolajczak, M.; Gross, J.J.; Roskam, I. Parental Burnout: What Is It, and Why Does It Matter? *Clin. Psychol. Sci.* **2019**, *7*, 1319–1329. [CrossRef]
3. Ren, X.; Cai, Y.; Wang, J.; Chen, O. A Systematic Review of Parental Burnout and Related Factors Among Parents. *BMC Public Health* **2024**, *24*, 376. [CrossRef] [PubMed]
4. Alfasi, K. The Loneliness of Early Parenthood. *The Atlantic*, 5 February 2020. Available online: https://www.theatlantic.com/family/archive/2020/02/loneliness-early-parenthood-mothers-estrange-friendships/606100/ (accessed on 11 June 2025).
5. Roskam, I.; Brianda, M.E.; Mikolajczak, M. A Step Forward in the Conceptualization and Measurement of Parental Burnout: The Parental Burnout Assessment (PBA). *Front. Psychol.* **2018**, *9*, 758. [CrossRef] [PubMed]
6. Mikolajczak, M.; Raes, M.E.; Avalosse, H.; Roskam, I. Exhausted Parents: Sociodemographic, Child-Related, Parent-Related, Parenting and Family-Functioning Correlates of Parental Burnout. *J. Child Fam. Stud.* **2018**, *27*, 602–614. [CrossRef]
7. Cook, C. *Staff Perspective: Military Couples—Challenges and Survival Strategies. Center for Deployment Psychology (CDP)*; Uniform Services University: Bethesda, MD, USA, 2016. Available online: https://deploymentpsych.org/blog/staff-perspective-military-couples-challenges-and-survival-strategies (accessed on 11 June 2025).
8. U.S. Department of Defense. Military Spouse Demographics and Employment Information. 2018. Available online: https://trumpwhitehouse.archives.gov/wp-content/uploads/2018/09/DoDMilitarySpouseDemographicsandEmployment_20180912.pdf (accessed on 11 June 2025).
9. Griffith, A.K. Parental Burnout and Child Maltreatment During the COVID-19 Pandemic. *J. Fam. Violence* **2022**, *37*, 725–731. [CrossRef] [PubMed]
10. Sorkkila, M.; Aunola, K. Resilience and Parental Burnout Among Finnish Parents During the COVID-19 Pandemic: Variable and Person-Oriented Approaches. *Fam. J.* **2021**, *30*, 139–147. [CrossRef] [PubMed]
11. McLester, Q. Exploring Healthcare Technologies and Their Role in Alleviating Parental Burnout. In *Innovations, Securities, and Case Studies Across Healthcare, Business, and Technology*; Burrell, D., Ed.; IGI Global Scientific Publishing: Hershey, PA, USA, 2024; pp. 396–415. [CrossRef]
12. Skjerdingstad, N.; Johnson, M.S.; Johnson, S.U.; Hoffart, A.; Ebrahimi, O.V. Parental Burnout During the COVID-19 Pandemic. *Fam. Process* **2021**, *61*, 1715–1729. [CrossRef] [PubMed]
13. Al-Elaimat, A.; Adheisat, M.; Alomyan, H. The Relationship Between Parenting Styles and Emotional Intelligence of Kindergarten Children. *Early Child Dev. Care* **2020**, *190*, 478–488. [CrossRef]
14. Vigouroux, S.L.; Scola, C. Differences in Parental Burnout: Influence of Demographic Factors and Personality of Parents and Children. *Front. Psychol.* **2018**, *9*, 887. [CrossRef] [PubMed]
15. Aronson, L. Age, Complexity, and Crisis—A Prescription for Progress in the Pandemic. *N. Engl. J. Med.* **2020**, *383*, 4–6. [CrossRef] [PubMed]
16. Balbo, N.; Billari, F.C.; Melegaro, A. The Strength of Family Ties and COVID-19. Contexts: Sociology for the Public. 2020. Available online: https://iris.unibocconi.it/handle/11565/4033174 (accessed on 11 June 2025).
17. Evans, T.R.; Roskam, I.; Stinglhamber, F.; Mikolajczak, M. Burnout Across Boundaries: Can Parental Burnout Directly or Indirectly Influence Work Outcomes? *Curr. Psychol.* **2022**, *42*, 14065–14075. [CrossRef] [PubMed]
18. Tisu, L.; Lupșa, D.; Vîrgă, D.; Rusu, A. Personality Characteristics, Job Performance and Mental Health: The Mediating Role of Work Engagement. *Personal. Individ. Differ.* **2020**, *153*, 109644. [CrossRef]
19. Usman, A. Psychological Well-Being on Employee Job Performance: Comparison Between Projected and Non-Projected Organizations. *J. Entrep. Organ. Manag.* **2017**, *6*, 8–12. [CrossRef]
20. Saleem, F.; Malik, M.I.; Qureshi, S.S. Work Stress Hampering Employee Performance During COVID-19: Is Safety Culture Needed? *Front. Psychol.* **2021**, *12*, 655839. [CrossRef] [PubMed]
21. Crane, M.F. (Ed.) *Managing for Resilience: A Practical Guide for Employee Well-Being and Organizational Performance*; Taylor & Francis: London, UK, 2017. [CrossRef]

22. Abramson, A. The Impact of Parental Burnout. *Monitor on Psychology*, 1 October 2021. Available online: https://www.apa.org/monitor/2021/10/cover-parental-burnout (accessed on 11 June 2025).
23. Ladika, S. Trust Has Never Been More Important. SHRM. 2021. Available online: https://www.shrm.org/hr-today/news/all-things-work/pages/trust-has-never-been-more-important.aspx (accessed on 11 June 2025).
24. Borah, E.; Fina, B. Military Spouses Speak Up: A Qualitative Study of Military and Veteran Spouses' Perspectives. *J. Fam. Soc. Work* **2017**, *20*, 144–161. [CrossRef]
25. Corry, N.H.; Radakrishnan, S.; Williams, C.S.; Sparks, A.C.; Woodall, K.A.; Fairbank, J.A.; Stander, V.A. Association of Military Life Experiences and Health Indicators Among Military Spouses. *BMC Public Health* **2019**, *19*, 1517. [CrossRef] [PubMed]
26. Corry, N.H.; Williams, C.S.; Radakrishnan, S.; McMaster, H.S.; Sparks, A.C.; Briggs-King, E.; Karon, S.S.; Stander, V.A. Demographic Variation in Military Life Stress and Perceived Support Among Military Spouses. *Mil. Med.* **2021**, *186*, 214–221. [CrossRef] [PubMed]
27. Hamouche, S. COVID-19 and Employees' Mental Health: Stressors, Moderators and Agenda for Organizational Actions. *Emerald Open Res.* **2020**, *2*. [CrossRef]
28. Maxwell, J.A. Designing a Qualitative Study. In *The SAGE Handbook of Applied Social Research Methods*; Sage Publications: Thousand Oaks, CA, USA, 2008. [CrossRef]
29. Creswell, J.W.; Miller, D.L. Determining Validity in Qualitative Inquiry. *Theory Pract.* **2000**, *39*, 124–130. [CrossRef] [PubMed]
30. Mikolajczak, M.; Roskam, I. A Theoretical and Clinical Framework for Parental Burnout: The Balance Between Risks and Resources ($BR^2$). *Front. Psychol.* **2018**, *9*, 886. [CrossRef] [PubMed]


**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.