



THE RESTING WOLF



AT A BREAKING POINT

Burnout in Women: Who's at Risk, How to Recognize the Signs,
and What Do If It Happens to You.

Mothers · Caregivers · Volunteers · Women in Midlife

If you have ever reached a point where you feel completely emptied — physically exhausted, emotionally numb, and profoundly disconnected from things that once brought you joy — you are not alone, and you are not broken. You are, in all likelihood, burned out. And if you are a woman, especially one caring for others, that experience is both *statistically predictable and systematically under-addressed*.

This guide compiles current research on burnout in women, with a particular focus on the roles and life stages that increase vulnerability: motherhood, family caregiving, volunteer and community work, and the hormonal transition of perimenopause and menopause. Our hope is that the data helps you feel seen — and that the practical guidance helps you begin to feel restored.

— The Scale of the Problem —

Women & Burnout: The Numbers

Burnout is not a character flaw or a failure of resilience. It is a physiological and psychological response to prolonged, unmanaged stress. And the data reveals that women are carrying a disproportionate share of it.

59% of women report experiencing burnout

vs. 46% of men — a gender gap that has more than doubled since 2019 (Gallup / International Journal of Indian Psychology, 2024)

42% of women in Corporate America

felt burned out in recent months, compared to 35% of men (McKinsey Women in the Workplace, 2022)

More than 50% of women in leadership positions

report feeling constantly burned out (Deloitte, cited in Spill Research, 2024)

— Mothers & Family Caregivers —

What is showing up in workplaces, starts at home. Women do not just carry workloads — they carry the invisible weight of emotional labor: the constant mental tracking of everyone's needs, appointments, moods, and wellbeing. This unpaid, unacknowledged labor is a primary driver of burnout in women across life stages.

Parental Burnout

A landmark 2018 study of 304 mothers found that parental stress significantly predicted all three burnout dimensions: *emotional exhaustion*, *depersonalization*,

and reduced sense of personal accomplishment. Parental stress and burnout are strongly correlated, with studies showing an $r = 0.62$ correlation between the two. (Lebert-Charron et al., 2018; Seo & Kim, in *Frontiers in Psychology*, 2024)

93% of mothers reported feeling burned out

16% say they feel burned out all the time (Motherly State of Motherhood Survey, 2021/2022)

That figure has not disappeared with time. Motherly's 2024 State of Motherhood data found that 39% of all moms still report burnout "frequently," and only 39% of millennial mothers say they get at least an hour to themselves per day. Even as awareness of maternal burnout has grown, the conditions producing it have not meaningfully changed. (Motherly, 2024)

Sandwich Generation Women

Women aged 40–54 — often simultaneously caring for children and aging parents — show the highest burnout risk of any demographic group. Seven in ten working caregivers struggle to balance career and caregiving responsibilities. (AARP & S&P Global, cited in Cleo, 2026) Caregivers at high burnout risk incur average medical costs 67% higher than lower-risk caregivers — roughly \$1,000/month vs. \$600/month. (Cleo, 2026)

64% of sandwich generation women are at high burnout risk

— and 46% of midlife women fall into the most severe burnout category (Cleo Family Health Index, 2026)

A 2025–2026 national survey of caregivers found that more than

three-quarters experience burnout, with many describing it as a weekly or daily occurrence. Caregivers spend an average of 22.8 hours per week providing care, with nearly 30% spending more than 30 hours per week. A full 64% are also juggling full- or part-time jobs. (A Place for Mom, 2025–2026)

A 2024 longitudinal analysis identified "tipping points" in caregiving intensity, where increased hours of care correlate directly with declining psychological wellbeing over time. (KVIA / A Place for Mom, 2026)

— Volunteers & Community Contributors —

Women who give their time to community organizations, nonprofits, schools, religious communities, and advocacy groups are a population rarely included in burnout research — yet their dedication places them at real risk.

A landmark 2026 national study of over 2,300 women volunteers (conducted through Western Michigan University and the Association of Junior Leagues International) found that volunteer burnout is less about time and more about disconnection. Organizational support only reduced burnout when women felt genuinely connected to those around them. When social connectedness was low, more support actually increased strain. (WMU / AJLI, 2026)

Volunteer burnout mirrors occupational burnout in its three core dimensions: emotional exhaustion, depersonalization (emotional detachment from the cause), and reduced sense of accomplishment. Women in caring-oriented volunteer roles are particularly susceptible to compassion fatigue — a secondary form of burnout caused by sustained empathetic engagement with others' suffering. (American Psychological Association; Faunalytics, 2024)

Women who experience burnout in



their paid work bring that depletion to their volunteer roles, and vice versa — creating a cumulative drain that research calls “role overload.” When multiple roles each demand emotional labor and commitment, the combined weight exceeds the individual’s capacity to restore.

Women aged 40–54 show the highest burnout risk of any age group

— the same window in which perimenopause typically occurs (Cleo, 2026; NCBI, 2024)

— Burnout at Midlife: The Hormonal Factor —

One of the most underacknowledged dimensions of burnout in women is the role of hormonal change. The perimenopausal transition — which typically begins in the mid-to-late 40s and can last 5–10 years — produces physiological changes that directly amplify stress vulnerability and are clinically indistinguishable from burnout in their surface presentation.

How Hormonal Changes Drive Burnout Risk

Estradiol (estrogen) plays a critical role in regulating the brain’s stress response system — the hypothalamic-pituitary-adrenal (HPA) axis. During perimenopause, fluctuating estrogen levels increase sensitivity to psychosocial stressors, creating a biological vulnerability that stacks on top of already heavy life demands. (Crafted Balance Naturopathic Clinic, 2025; NIH/ClinicalTrials.gov Research)

A cross-sectional study of nurses — a field with high baseline burnout — found that menopausal symptoms were significantly associated with increased emotional exhaustion, a core dimension of burnout. Typical menopausal symptoms (hot flashes, sleep disruption, mood changes, cognitive fog) overlap almost entirely with clinical burnout markers, making accurate identification — and targeted support — harder to access. (Converso et al., BMC Women’s Health, 2019)

Sleep disruption alone — one of the most common perimenopausal symptoms — is an independent

risk factor for burnout, impairing emotional regulation and depleting the cognitive resources required to manage multiple-role demands.

The convergence is striking: the years when women face peak caregiving demands (aging parents, adolescent children, peak-career pressures) are the same years when their biological stress-buffering systems are most compromised. This is not coincidence — it is a systemic gap that demands more than a self-care checklist.

— High-Level Drivers of Women’s Burnout —

Burnout in women rarely has a single cause. Research consistently identifies a cluster of interacting factors:

- Unpaid Mental Load: The invisible cognitive work of managing households, relationships, and caregiving — tracked, planned, and executed almost exclusively by women.
- Role Multiplicity: Simultaneously occupying high-demand roles (professional, mother, caregiver, volunteer, partner) with little

permission to deprioritize any of them.

- **Identity Erosion:** Gradually losing the sense of who you are outside of what you do for others — a slow disappearance of self that often goes unnoticed until collapse.

- **Chronic Sleep Deprivation:** Disrupted sleep from caregiving, stress, or hormonal changes degrades emotional resilience faster than almost any other factor.

- **Lack of Restorative Space:** Insufficient time, permission, or

- **Hormonal Vulnerability:** Perimenopausal shifts that reduce biological resilience to stress at precisely the stage of life when demands are highest.

— Red Flags: Are You Approaching Burnout? —

Burnout rarely announces itself all at once. It accumulates. Watch for these signals:

- **Physical:** Persistent exhaustion that sleep does not fix; frequent illness; body tension, headaches, or GI upset with no clear cause; feeling

of alcohol, food, screens, or other numbing behaviors; difficulty completing tasks; showing up but not being present.

- **Relational:** Increased irritability or conflict with loved ones; inability to be emotionally present with children, partner, or friends; feeling like everyone needs something from you that you do not have to give.

- **Existential:** Loss of meaning or purpose; feeling like nothing you do matters; wondering who you are outside of your roles; a quiet, pervasive sense of grief.

If you recognize three or more of these patterns as consistent experiences — not occasional, but persistent — you are likely in or approaching clinical burnout.

— Addressing the Drivers: A Role-Based Approach —

There is no single fix for burnout, because there is no single cause. But addressing each driver with a targeted, compassionate strategy — rather than broad “self-care” advice — can meaningfully reduce the cumulative load.

If your driver is the Mental Load:

- **Externalize the invisible:** write down everything you track mentally and make it visible. Then identify what can be delegated, dropped, or redistributed.

- **Have explicit “fair play”** conversations with partners, family members, or housemates about who owns which tasks — not just helps with them.

- **Practice protecting one hour** a day that is yours to plan — not managed around others’ schedules.

If your driver is Role Multiplicity:

- **Identify your non-negotiable** roles versus roles you have absorbed through expectation. Permission to renegotiate some is not abandonment.

- **Create protected time** for one role at a time — being fully present as a mother for an hour is more restorative than fractured attention



support for genuine rest, play, or self-restoration — not just sleep, but true psychological renewal.

- **Perfectionism & Social Conditioning:** Internalized pressure to “do it all” and do it flawlessly — often rooted in cultural expectations of what “good” women, mothers, and professionals look like.

- **Absence of Community:** Isolation from other women or from meaningful social connection, which research shows is a potent protective factor against burnout.

“wired but tired.”

- **Emotional:** Emotional numbness or detachment; crying more than usual or being unable to cry at all; feeling resentful of people or responsibilities you once loved; loss of empathy.

- **Cognitive:** Brain fog, difficulty concentrating, or trouble making simple decisions; forgetting things you normally would not; feeling mentally “full” all the time.

- **Behavioral:** Withdrawing from social connection; increased use

across roles all day.

- Seek communities of women in similar multi-role positions — shared recognition reduces isolation and provides practical strategies.

If your driver is Chronic Sleep Deprivation:

- Treat sleep as a non-negotiable health priority, not a luxury. Sleep debt is not a badge of dedication.

- If perimenopausal symptoms are disrupting sleep, consult a healthcare provider. Hormonal support, herbal interventions, or behavioral sleep protocols may all be relevant.

- Designate a “wind-down” transition between caregiving and sleep — even 20 minutes of quiet without screens begins to re-regulate the nervous system.

If your driver is Identity Erosion:

- Reconnect to at least one activity that is yours — not productive, not useful to others, just yours. Creativity, nature, movement, play.

- Journal the question: “Who was I before everyone needed something from me?” Reconnecting to earlier selves is not regression — it is retrieval.

- Consider somatic practices (breathwork, yoga, embodiment work) that help you feel at home in your body rather than just functioning from it.

If your driver is Lack of Restorative Space:

- Distinguish between rest that maintains you (sleep, breaks) and rest that restores you (activities that return you to yourself). Both are necessary.

- Consider structured retreat or immersive wellness experiences as a circuit breaker — research shows that intensive, repeated practices produce lasting benefits.

- Build micro-restoration into your daily rhythm: 10 minutes of silence, a solo walk, breath-based transitions between activities.

If your driver is Perfectionism / Social Conditioning:

- Notice the inner critic’s language — it is almost always cultural, not personal. The voice that says you should be doing more is not yours.

- Practice completing things at “good enough” rather than optimal. Imperfect rest is still rest. Imperfect care is still care.

Retreat improvements sustained at 6 weeks post-return

Mood, self-efficacy, and multi-dimensional wellbeing measures remained significantly elevated — not just immediately after, but weeks later (Cohen et al., JACM, 2017)

- Seek therapy, coaching, or group work that specifically addresses women’s conditioning around worthiness, productivity, and self-sacrifice.

If your driver is Hormonal Vulnerability:

- Get informed: understanding the physiological reality of perimenopause removes the self-blame that often accompanies these symptoms.

- Work with a practitioner knowledgeable in women’s hormonal health — burnout and perimenopause require a dual-lens approach, not just one or the other.

- Prioritize the lifestyle factors that most directly support hormonal regulation: consistent sleep, anti-inflammatory nutrition, strength-based movement, and stress reduction.

— Why Retreat Works: What the Research Shows —

Daily stress-reduction habits matter — but for women in burnout, they are often not enough. Here is why: when the nervous system has been in chronic stress activation for months or years, it cannot fully down-regulate in the same environment

that keeps triggering it. The dishes, the notifications, the to-do list, the needs of others — they are all stress cues. Even a Sunday afternoon “off” unfolds in the presence of everything that demands something from you. The research on what actually moves the needle on burnout recovery points clearly to one thing: immersive, sustained time away.

The Nervous System Needs More Than a Day

Chronic burnout is not just a psychological state — it is a physiological one. Prolonged stress dysregulates the hypothalamic-pituitary-adrenal (HPA) axis, disrupts cortisol rhythms, and keeps the autonomic nervous system in sympathetic overdrive (fight-or-flight). Research on HPA axis dysregulation confirms that once this baseline has shifted, ordinary rest is rarely sufficient to restore it. The body requires sustained signals of safety — reduced demands, sensory quiet, predictable rhythm, and relief from constant decision-making — before it will fully shift back into parasympathetic regulation. (HPA axis dysregulation research, reviewed in yourholistichq.com, 2026)

A randomized controlled study published in *Psychoneuroendocrinology* found that even a 3-day mindfulness retreat produced significant reductions in salivary cortisol and measurable reductions in pro-inflammatory cytokines — biological markers of stress that a single meditation session or a yoga class cannot meaningfully move. (ScienceDirect / PubMed, 2021)

A landmark observational study of wellness retreat participants found that statistically significant improvements across nearly all health and wellbeing measures — including psychological distress, mood, sleep, and self-efficacy — were not only present immediately after a one-week retreat, but were sustained at the six-week follow-up. Notably, some improvements continued to increase between the one-week and six-week marks, suggesting that the retreat initiated



a recovery arc that persisted long after participants returned home. (Cohen et al., *Journal of Alternative and Complementary Medicine*, 2017; NCBI PMC5312624)

A separate study of 195 participants in a one-week Vipassana meditation retreat found significant improvements in anxiety, depression, and emotional regulation — and that these improvements were sustained at the four-week follow-up, well after participants had returned to their ordinary lives. (Cohen et al., 2017; reviewed in *Mindfulness*, Springer, 2018)

The Unique Power of Being With Other Women

One of the most compelling findings in women's stress research is that female social connection is not just emotionally supportive — it is biologically restorative. Dr. Shelley Taylor's landmark research at UCLA introduced the "tend-and-befriend" model of stress response — finding that while men default to fight-or-flight under stress, women more commonly respond by seeking connection with other women. This response is mediated by oxytocin, a hormone whose stress-reducing effects are amplified by estrogen.

(Taylor et al., *Psychological Review*, 2000; Taylor, *Current Directions in Psychological Science*, 2006)

When oxytocin is released through positive female social contact, it actively suppresses HPA axis reactivity — reducing the same biological stress response that drives burnout. Research shows oxytocin administration decreases sympathetic nervous system reactivity, lowers blood pressure, reduces pain sensitivity, and dampens cortisol output. Social contact with other women is one of the most potent natural triggers of this response. (Taylor, 2006, *Biobehavioral Bases of Affiliation Under Stress*; Heinrichs et al., *Biological Psychiatry*, 2003)

A 2022 review published in *Philosophical Transactions of the Royal Society B* found that women's social ties are particularly protective against the health consequences of stress — and that support from another woman provides enhanced stress-reducing benefits compared to other forms of social contact. Female friendships also tend to involve higher self-disclosure and

deeper emotional exchange, which amplifies these restorative effects. ("Thriving Together," *Philosophical Transactions of the Royal Society B*, 2022; NCBI PMC9703221)

This is why the composition of a retreat matters. Being surrounded by other women in similar seasons of life — mothers, caregivers, women navigating midlife — creates a specific kind of witnessed recognition that is itself therapeutic. You are not performing. You are not managing anyone else's experience. You are simply, finally, among people who understand. Research from the 2026 WMU/AJLI study of women volunteers confirms that genuine social connectedness — not just the presence of others, but real belonging — is the factor that determines whether a shared experience restores or depletes. (WMU & AJLI, 2026)

Why Days Matter More Than Hours

A yoga class or a day of self-care is genuinely valuable. But the research is consistent: the nervous system changes required for meaningful burnout recovery operate on a different timeline. Most people begin

to feel genuine mental relief within the first couple of days of a retreat — not because of any single activity, but because the cumulative absence of demands allows the nervous system to stop restarting its stress response. Each day of sustained safety builds on the last. (Solomon Retreat / nervous system research, 2026)

A multi-day resort-based program for women incorporating yoga, Ayurveda, and meditation found improvements in spirituality, gratitude, self-compassion, and anxiety over and above the vacation effect — meaning benefits were attributable specifically to the structured, immersive program, not simply being away from home. These results were also documented at a molecular level: researchers noted measurable changes in phospholipid biosynthesis and lipoprotein metabolism pathways in retreat participants — biological shifts indicating real systemic restoration. (Cohen et al., JACM, 2017; citing Sadjja & Mills, 2013)

Put plainly: a one-day class gives you tools. A multi-day retreat gives your body the time and environment to actually use them. The nervous system is not a light switch. It is more like a tide — and it turns slowly, under the right conditions, when the pressure finally lifts long enough to let it.

A Final Note from The Resting Wolf

This guide was built from research, but it was also built from witness and experience. We see how much women carry, and have often been a part of these statistics. We see the gap between what culture demands and what the body and soul can sustain. We believe that rest, restoration, and community are not indulgences — they are medicine.

Whether you come to The Resting Wolf for a weekend retreat, a simple pause in your day, or because you needed to know that someone sees you — we are glad you are here.



REST DEEPLY. RETURN STRONG.

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