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Ressentiment and symptoms of depression in mothers of hospitalised children[1]

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Abstract: Effective psychological, pedagogical and counselling assistance addressed to the family requires a reliable recognition of its resources, burdens and mechanisms of functioning in crisis situations, as indicated by Maria Ryś in her book *Psychological determinants of relationship formation in normal and dysfunctional family systems. Test methods* [Psychologiczne uwarunkowania kształtowania relacji w prawidłowych i dysfunkcyjnych systemach rodzinnych. Metody badań] (2025) indicate that an accurate diagnosis is a basic condition for effective support for marriages and families. It is particularly important in the situation of illness and hospitalisation of a child, which may disturb the emotional and relational balance of the entire family system. The aim of this article is to identify psychological risk factors, especially ressentiment as a silent destructor of these relationships, and to identify protective factors associated with the severity of depressive symptoms in mothers of children hospitalised in the paediatric ward. The study involved 198 mothers whose children were in the district hospital ward. The subjects completed a set of questionnaires including the Depression Scale, the Universal Life Needs Satisfaction and Frustration Measurement Scale, the Relationship Quality Inventory and the Ressentiment Questionnaire. The relationship between ressentiment, quality of the partner relationship, satisfaction and frustration of basic psychological needs, professional activity, hobbies and perceived involvement of the partner in childcare and household duties and the severity of depressive symptoms was analysed. The results obtained mostly confirmed the accepted research hypotheses. It has been shown that important predictors of depressive symptoms are ressentiment ($r = 0.67$; $p < 0.01$), frustration; needs for autonomy and competence ($r = 0.47$, $p < 0.01$), satisfaction of the need for competence ($r = -0.50$, $p < 0.01$), hobbies and perceived involvement of the partner in childcare and household duties. Relational and motivational variables were of particular importance, highlighting the role of satisfaction and competence. The results also indicate that the protective factors that weaken the relationship between ressentiment and the severity of depressive symptoms are the depth of the relationship with the partner, his involvement in household duties and childcare, and perceived support. An interesting result, however, turned out to be that having hobbies and professional activity strengthened the relationship between ressentiment and depression. This may suggest that, under high care workload, potentially supportive activities may lose their protective significance if the mother does not have a real possibility of implementing them satisfactorily. The results of the study are important for a psychological diagnosis that includes both individual emotional-cognitive mechanisms and family context. Also pointing to the need for further research, especially of a longitudinal nature, which would allow to better capture the dynamics of the relationship between ressentiment, quality of partner relationship, frustration of psychological needs and depressive symptoms in mothers of hospitalized children.
Keywords: depression, ressentiment, motherhood, relationship quality, family, child hospitalization

1. Introduction

Nowadays, the experience of motherhood is increasingly a subject of public discourse, in both individual and social dimensions, with particular emphasis on social media (Mary et al., 2025). Women in the role of mothers share not only the positive aspects of parenting, but also reflections on the emotional, cognitive and somatic burdens associated with caring for a child (Sabri et al., 2026). Although motherhood is often socially idealised and presented as a period of fulfilment, personal development and deepening the bond with the child, a growing body of research indicates that this experience is also ambivalent and may be associated with increased psychological distress (Sabri et al., 2026).

1 Article in Polish language: https://stowarzyszeniefidesetratio.pl/fer/67p_Karb.pdf

The literature emphasises that motherhood should not be understood solely in terms of positive experiences, satisfaction, and development, as it also encompasses overload, frustration, fatigue, limited autonomy, and emotional tension (Raneberg & MacCallum, 2024). Mothers who speak out on online forums describe parenthood as an experience sometimes associated with chronic fatigue, sadness, bitterness, loneliness and frustration (Rusu et al., 2025), resulting from the discrepancy between the social image of motherhood and its everyday practice (Garncarek, 2019). Similar conclusions appear in the research by Tataj-Puzyna et al. (2017), in which respondents pointed to the negative aspects of motherhood, such as fatigue, anxiety, irritability, repetition and monotony of everyday duties, limitation of autonomy, as well as temporary or permanent withdrawal from professional activity.

An important element of mothers' psychological functioning is also the confrontation with the realities of childcare, which do not always align with previous expectations and socially established patterns of motherhood. The collision with daily caregiving efforts, responsibilities, sleep deficits, the need to reorganise family and professional life, and social pressure can lead to mental and physical overload (Czerwionka, 2022). In this context, motherhood can be understood as a complex developmental experience that, in addition to its empowering potential, can also generate emotional tension, cognitive burden and the risk of reduced mental well-being (Mehra et al., 2026).

The importance of maternal mental health is particularly relevant in situations of increased family stress, which include the child's hospitalisation (Zdun-Ryżewska et al., 2021). A child's stay in a paediatric ward is a highly emotionally taxing experience for the mother, as it is associated with a sense of threat, diagnostic uncertainty, fear for the child's health, the need to comply with medical procedures and limited control over the course of treatment (Abdi et al., 2024). In such conditions, there may be an intensification of the stress reaction, an increase in anxiety, a decrease in mood and the development or intensification of depressive symptoms (Negri-Schwartz et al., 2026). Long-term psychological discomfort, especially when it co-occurs with a sense of helplessness, care overload and a lack of sufficient social support, can be a risk factor for mental deterioration (Holt-Lunstad, 2024). Postpartum depressive symptoms in mothers can manifest themselves not only in low mood, but also in loss of energy, guilt, irritability, sleep disorders, difficulty concentrating, pessimistic assessment of the situation and reduced ability to adjust emotions adaptively (Khamidullina et al., 2025). In the case of mothers of hospitalised children, these symptoms can be exacerbated by chronic tension, lack of predictability of the medical situation, and a sense of responsibility for the child's well-being (Verhelst et al., 2024). In this context, the level of ressentiment, understood as a relatively fixed set of negative emotions, beliefs, and evaluations associated with harm, injustice, bitterness, regret, frustration, and difficulty constructively working through incriminating experiences, is of particular importance (Karbowski, 2025). Ressentiment can be a psychological mechanism that sustains emotional tension, especially when an individual feels limited influence over a situation, perceives injustice, or interprets their situation as deprivation, loss, or misunderstanding (Karbowski & Nowicka, 2024). In the case of mothers of hospitalised children, ressentiment may co-occur with care overload, reduced sense of agency and intensification of depressive symptoms.

Parenthood, especially in the situation of a child's illness, is associated with the need to adapt to numerous changes in personal, family and social functioning, as pointed out by Gold et al. (2024) and Pfund et al. (2020). Previous studies have indicated that the transition to parenthood can have both positive and negative consequences for an adult's well-being (McLanahan & Adams, 1987). Contemporary approaches to health psychology and family psychology allow us to broaden this perspective, indicating that the level of mental burden on parents depends on personal resources, social support, the quality of family relationships, economic situation, prior stress experiences, and emotion regulation strategies. Therefore, it can be assumed that mothers of hospitalized children are a group particularly exposed to the intensification of depressive symptoms, especially when the child's experience of illness is accompanied

by chronic stress (Lazarus, 1993), feeling helpless after the child is hospitalized in the paediatric intensive care unit (Logan et al., 2020), frustration and persistent experience of harm or injustice (Karbowski et al., 2026). Therefore, it seems reasonable to further explore this area, because despite the growing number of studies on depressive symptoms among mothers, relatively little attention has been paid to the phenomenon of ressentiment as a complex psychological phenomenon that can play a role in these relationships. Ressentiment manifests as a relatively permanent emotional-cognitive attitude, developing under conditions of frustration, experienced injustice, and a sense of powerlessness in the context of illness (Karbowski, 2026b).

At this point, the author's position is justified because, from the perspective of mothers of hospitalised children, ressentiment appears as an imperceptible variable, where the effect of ressentiment intensifies especially in conditions of reduced satisfaction and long-term tensions in relationships (Karbowski, 2026c). Longitudinal studies by Bühler and Orth (2024) over a partnership show that its decline is associated with an intensification of negative affect (ressentiment) and costly patterns of interaction (e.g. negative communication and conflicts), which promote the accumulation of frustration and emotions, such as anger, ressentiment or jealousy (Bühler & Orth, 2024; Jolin et al., 2023; Pirrone et al., 2023; Zorlular & Uzer, 2022). Therefore, from this perspective, the analysis of the relationship between ressentiment and the severity of depressive symptoms in mothers of children hospitalised in the paediatric ward seems to be relevant both cognitively and clinically. It allows for a better understanding of the psychological mechanisms of mothers' functioning in the situation of a child's illness, as well as to indicate potential areas of psychological intervention, against the background of symptoms of depression that may be caused by interpersonal conflict, frustration of autonomy or competence, or key ressentiment.

2. Own research

2.1. Subject and purpose of the research

The aim of the study is to analyse the relationship between the level of ressentiment and the severity of depressive symptoms in mothers of children hospitalised in the paediatric ward. The study also aimed to determine whether the high quality of the partnership and the satisfaction of basic psychological needs can act as protective factors, reducing the risk of depressive symptoms in mothers in a situation of emotional and caring burden.

2.2. Research hypotheses

On the basis of the presented theoretical premises and the results of the empirical research to date, the following research hypotheses have been formulated:

H.1. It is assumed that a higher level of ressentiment will be positively associated with a higher severity of depressive symptoms in mothers of children hospitalised in the paediatric ward.

H.2. It is assumed that a higher quality of the partnership will be negatively associated with the severity of depressive symptoms in the mothers of children.

H.3. It is assumed that a higher level of satisfaction with the need for autonomy and the need for competence will be negatively associated with the severity of depressive symptoms, while a higher level of frustration of these needs will be positively associated with the severity of depressive symptoms.

H.4. It is assumed that having hobbies, professional activity and a higher level of perceived involvement of the partner in household chores and childcare will act as moderators, weakening the relationship between the level of ressentiment and the severity of depressive symptoms.

2.3. Data collection method, research sample, and research tools

The study group consisted of 198 mothers aged 19 to 39, whose children were hospitalised at the Paediatric Ward of the Independent Public Health Care Institution in Kępno. The recruitment of participants was carried out through targeted selection, taking into account the specific nature of the clinical situation and the direct experience of the child's hospitalisation. Empirical data were collected between June 2025 and March 2026. Participation in the study was voluntary and was preceded by obtaining informed consent from each participant. The research project received a positive opinion from the Ethics Committee of the Jan Kochanowski University in Kielce (consent no.: 5/2025), and the implementation of the project was carried out in accordance with the generally accepted ethical standards of conducting scientific research with the participation of the respondents (project no.: SUPB. RN.25.002). The criteria for inclusion in the study were: mothers of children hospitalised in the paediatric ward who gave informed consent to participate in the research project. The study was conducted in a stationary form, using the "paper-pencil" method.

The study used a sociodemographic metric, additional questions and four psychometric tools. The birth certificate included data on age, place of residence, relationship status, number of children and their age. Additional questions concerned the frequency of childcare support received, professional status, hobbies, current pregnancy, and previous diagnosis of depression, postpartum depression, or other mental disorders.

The Depression Scale (*Depression Scale – CES-D*) by Radloff (1977) adapted by Jankowki in Poland (2016). To measure satisfaction and frustration of needs, the Universal Life Needs Satisfaction and Frustration Measurement Scale (*Basic Psychological Need Satisfaction and Frustration Scale (BPNSNF)*) by Chen et al. (2015) was adapted in Poland by Kuźma et al. (2021). Ressentiment measurements were taken using the *Psychological Ressentiment Questionnaire (KRe-Psy)* prepared by Karbowski (2025). On the other hand, the Relationship Quality Inventory was used to measure the quality of the relationship and assess the dyadic relationships of the partners *The Quality of Relationships Inventory (QRI)* by Pierc and Sarason, adapted in Poland by Suwalska-Barancewicz; et al., (2012).

2.4. Results of the study

In order to verify the hypotheses, a statistical analysis of the collected data was carried out, presented in Table 1. In the first stage, descriptive statistics were calculated, and Pearson r correlation analysis and multivariate regression analysis were performed using the IBM SPSS package. Moderation analyses were then performed using the PROCESS macro developed by Hayes (2018). The significance of regression and moderation effects was assessed by bootstrapping using 10,000 samples and 95% confidence intervals.

Table 1. Descriptive statistics with Kolmogorov-Smirnov tests

	M	SD	Sk.	Kurt.	K-S	p
Perceived support	3.308	0.516	-1.149	1.007	0.145	< 0.001
Interpersonal conflict	2.078	0.626	-0.159	-0.023	0.132	< 0.001
Relationship depth	3.148	0.429	-1.289	1.915	0.179	< 0.001
Satisfaction of autonomy	3.485	0.839	-0.169	-0.629	0.083	< 0.001
Autonomy frustration	3.211	0.899	-0.041	-0.951	0.121	< 0.001
Competence satisfaction	3.872	0.799	-0.754	-0.049	0.139	< 0.001
Frustration of competence	2.435	1.084	0.695	-0.392	0.149	< 0.001
Ressentiment	2.617	1.533	0.869	-0.139	0.155	< 0.001
Symptoms of depression	1.999	0.659	0.661	-0.501	0.147	< 0.001

Source: Own study.

The Kolmogorov-Smirnov test indicated significant deviations from the normality of the distributions of the variables studied. At the same time, the values of skewness and kurtosis did not exceed ±2, indicating that the distributions are acceptably close to normal (Gravetter et al., 2021).

2.4.1. Correlation analysis

Pearson's correlation analysis (r) showed several statistically significant relationships among the psychological variables presented in Table 2. Of particular importance are the relationships between depressive symptoms and ressentiment, autonomy frustration, interpersonal conflict, competence satisfaction and autonomy satisfaction. A strong positive relationship was observed between ressentiment and depressive symptoms, $r = 0.67$, $p < 0.01$. It suggests that higher levels of ressentiment co-occur with greater severity of depressive symptoms. He points out that ressentiment may be a significant correlate of reduced emotional functioning of the mothers studied. A strong positive correlation was also noted between autonomy frustration and depressive symptoms, $r = 0.61$, $p < 0.01$. The result indicates that the greater the feeling of limited autonomy and the lack of the possibility of self-determination, the greater the severity of depressive symptoms. There was also a strong positive relationship between interpersonal conflict and depressive symptoms, $r = 0.59$, $p < 0.01$, indicating that a higher intensity of conflict in relationships co-occurs with a higher level of depression. Symptoms of depression are negatively correlated with competency satisfaction, $r = -0.50$, $p < 0.01$. This relationship is strong and proves that the higher the sense of effectiveness, agency and competence, the lower the severity of depressive symptoms. Similarly, autonomy satisfaction correlated negatively with depressive symptoms, $r = -0.45$, $p < 0.01$, indicating a moderate relationship: a greater sense of autonomy is associated with lower levels of depression.

A positive relationship was also found between competence frustration and depressive symptoms, $r = 0.37$, $p < 0.01$. It can be interpreted that the greater the feeling of ineffectiveness, lack of competence or difficulties in performing tasks, the higher the level of depressive symptoms. This relationship is moderate.

With regard to relational variables, it was found that the depth of the relationship was weakly and negatively associated with depressive symptoms, $r = -0.19$, $p < 0.01$. Perceived partner engagement

Table 2. Pearson's correlation matrix r

	1	2	3	4	5	6	7	8	9	10
1. Perceived partner engagement	–									
2. Perceived support	0.45**	–								
3. Interpersonal conflict	-0.28**	-0.57**	–							
4. Depth of relationship	0.33**	0.65**	-0.40**	–						
5. Satisfying autonomy	0.21**	0.33**	-0.37**	0.18*	–					
6. Autonomy frustration	-0.22**	-0.35**	0.53**	-0.17*	-0.57**	–				
7. Competence satisfaction	0.08	0.25**	-0.22**	0.05	0.58**	-0.31**	–			
8. Frustration of competence	-0.09	-0.28**	0.44**	-0.07	-0.61**	0.50**	-0.88**	–		
9. Ressentiment	-0.40**	-0.75**	0.59**	-0.61**	-0.51**	0.47**	-0.31**	0.39**	–	
10. Symptoms of depression	-0.13*	-0.27**	0.59**	-0.19**	-0.45**	0.61**	-0.50**	0.37**	0.67**	–

Source: Own study.

was also weakly negatively associated with depressive symptoms, r = -0.13, p < 0.05, which allows us to note that greater partner involvement may be associated with slightly lower levels of depression. Sentiment indicates a very strong negative relationship with perceived support, r = -0.75, p < 0.01, and a strong negative relationship with the depth of the relationship, r = -0.61, p < 0.01. The results indicate that the greater the perceived support and the deeper the relationship, the lower the level of ressentiment. Ressentiment also correlated strongly with interpersonal conflict, r = 0.59, p < 0.01, suggesting that greater conflict in relationships co-occurs with higher intensity of ressentiment. In addition, ressentiment was strongly negatively associated with autonomy satisfaction, r = -0.51, p < 0.01, and positively with autonomy frustration, r = 0.47, p < 0.01.

The results suggest that depressive symptoms in the mothers studied are particularly strongly associated with the severity of ressentiment, autonomy frustration and interpersonal conflict. At the same time, higher satisfaction with autonomy and competence, greater support and better quality of relationships can have a protective meaning, as they co-occur with lower levels of ressentiment and depressive symptoms.

2.4.2. Regression analysis

In order to check the cumulative effect of predictors on depressive symptoms, a hierarchical regression analysis was performed using the variable input method (Table 3).

The models showed good matching to the data. The analysis carried out in the first step showed that variables such as age, hobbies, professional status, and perceived engagement of the partner explained 5% of the variance of the dependent variable (*Skor.* $R^2 = 0.05$; $F(4.101) = 3.191$; $p = 0.01$). In the first model, the important predictors of depressive symptoms were having hobbies and the partner's perceived involvement. Having a hobby negatively predicted the severity of depressive symptoms, B = -0.24; SE = 0.10; p = 0.008; 95% CI [-0.45; -0.07]. This result indicates that mothers with their own activities, not directly related to caring responsibilities, obtained lower scores in terms of depressive symptoms. This suggests that hobbies serve as a protective resource, conducive to regulating emotions, maintaining a sense of autonomy, and keeping in touch with one's own needs in situations of caring overload. Perceived partner engagement was also a significant negative predictor, B = -0.11; SE = 0.05; p = 0.04; 95% CI [-0.18; -0.01]. This suggests that a higher rating of a partner's involvement in family and caring responsibilities was associated with a lower severity of depressive symptoms. This result can be related to the importance of partner support as a potential protective factor against the intensification of emotional burden in mothers of hospitalised children. Age and occupational status were not significant predictors of depressive symptoms in the first model.

In the second step, psychological and relational variables were additionally introduced into the model, including perceived support, interpersonal conflict, depth of relationships, satisfaction and frustration of autonomy, satisfaction and frustration of competence, and ressentiment. The second model was statistically significant, $F(10, 197) = 26.045$; $p < 0.001$, and explained 59% of the variance in depressive symptoms, $R^2 = 0.59$. This allows us to believe that, after taking into account psychological and relational variables, the accuracy of explaining depressive symptoms increased significantly. The results show that depressive symptoms in the study group are much more closely related to the experience of frustration of basic psychological needs, a sense of competence and ressentiment than to sociodemographic variables alone. In the second model, the important positive predictors of depressive symptoms turned out to be autonomy frustration, competence frustration and ressentiment. Autonomy frustration positively predicted the severity of depressive symptoms, B = 0.13; SE = 0.07; p = 0.04; 95% CI [0.003, 0.24]. This allows us to believe that the stronger the feeling of restriction of freedom, dependence on the situation and lack of influence on one's own actions, the greater the severity of depressive symptoms. In the context of hospitalisation of a child, this may indicate that loss of control and restriction of the mother's autonomy are a significant risk factor for the deterioration of emotional functioning.

Competence frustration was also a significant positive predictor of depressive symptoms, B = 0.22; SE = 0.06; p < 0.001; 95% CI [0.09, 0.32]. The data obtained allow us to notice that the stronger the feeling of ineffectiveness, helplessness or lack of agency, the higher the level of depressive symptoms. Competence frustration was among the strongest predictors in the model, suggesting that a reduced sense of competence and effectiveness in a child's illness may play a particularly important role in exacerbating depression. Ressentiment was also a significant positive predictor of depressive symptoms, B = 0.15; SE = 0.03; p < 0.001; 95% CI [0.08, 0.21].

3. Discussion of research results and hypotheses

The aim of the discussion is to interpret the results obtained in search of relationships between ressentiment and the occurrence of depressive symptoms in mothers of children hospitalised in the paediatric ward. In this respect, the verification of the partnership, satisfaction and frustration of basic psychological needs, the partner, and sociodemographic variables were also checked.

Hypothesis one assumed that a "higher level of ressentiment will be positively associated with a greater severity of depressive symptoms in mothers of children hospitalised in the paediatric ward". The results confirmed the hypothesis. The study found a strong positive relationship between the level of ressentiment and the severity of depressive symptoms (Table 2; r = 0.67; p < 0.01). This means that as the severity of ressentiment increases, so does the level of depressive symptoms. An important result was that ressentiment was the strongest predictor of depressive symptoms in the analysed model. This result can be interpreted as a confirmation of the importance of persistent emotional tension, feelings of harm and bitterness, and difficulties in the adaptive processing of burdensome experiences (Karbowski, 2026a). It allows us to believe that ressentiment is conducive to maintaining a negative assessment of one's own life situation and reinforces the feeling of helplessness and inaction. These mechanisms may increase an individual's susceptibility to the development or persistence of depressive symptoms. The result is consistent with the results of studies that indicate that negative emotional states such as grief, ressentiment, feelings of harm or hostility may co-occur with a higher severity of depressive symptoms (Sousa et al., 2017). In this approach, ressentiment can be understood as a relatively permanent affective-cognitive configuration that perpetuates negative patterns of interpretation of oneself, other people and one's own situation. As a consequence, it can act as a mechanism that maintains depressed mood and maladaptive ways of regulating emotions. In addition, it is indicated that some manifestations of ressentiment, especially chronic bitterness, a sense of worthlessness, aversion, emotional isolation and pessimistic assessment of reality, may coincide with selected components of the depressive picture (Wojnarska & Korona, 2017). This relationship can also be reinforced by the experience of emotional and social loneliness, which, as research shows, remains strongly associated with the severity of depression (Wolters et al., 2023). In this context, ressentiment can be treated not only as a correlate of depressive symptoms, but also as an important psychological indicator of difficulties in regulating emotions, processing experiences of harm, and maintaining adaptive coping strategies by the mother.

The second hypothesis assumed that a "higher quality of partner relationship will be negatively associated with the severity of depressive symptoms in mothers of children". The analysed relationship encompassed all aspects of partnership quality, i.e., perceived support, interpersonal conflict, and relationship depth. It turned out to be particularly important that the strongest positive association with the severity of depressive symptoms was observed with interpersonal conflict (Table 2; r = 0.59; p < 0.01). This result indicates that the higher the level of tension and negative interactions in the relationship, the greater the severity of depressive symptoms in the mothers studied.

The results obtained are consistent with the existing empirical findings, which indicated the significant importance of the quality of the partner relationship for the psychological functioning of

Table 3. Regression Analysis for Depression Symptoms as an Elucidated Variable

					95% confidence interval		
		B	*SE*	*p*	Lower limit	Upper limit	Model statistics
1.	Age	0.007	0.01	0,56	-0,01	0,03	
	Professional status	0.1	0.10	0.25	-0.08	0.30	R^2 = 0,05; F(5, 101) = 3,191; p = 0,01
	Hobbies	-0.24	0.10	0.008	-0.45	-0.07	
	Perceived partner engagement	-0.11	0.05	0.04	-0.18	-0.01	
2.	Age	-0.006	0.007	0.38	-0.02	0.006	
	Professional status	-0.004	0.07	0.95	-0.13	0.11	R^2 = 0,59; F(10, 197) = 26,045; p < 0,001
	Hobbies	-0.08	0.07	0.30	-0.22	0.05	
	Perceived partner engagement	0.06	0.04	0.07	-0.003	0.12	
	Perceived support	0.006	0.08	0.96	-0.17	0.18	
	Interpersonal conflict	0.07	0.08	0.32	-0.07	0.22	
	Relationship depth	-0.04	0.10	0.68	-0.22	0.14	
	Satisfaction of autonomy	-0.05	0.05	0.38	-0.17	0.07	
	Autonomy frustration	0.13	0.07	0.04	0.003	0.24	
	Competence satisfaction	0.13	0.09	0.06	0.003	0.24	
	Frustration of competence	0.22	0.06	<0.001	0.09	0.32	
	Ressentiment	0.15	0.03	<0.001	0.08	0.21	

Source: Own study.

the mother (Burke, 2003; Burns et al., 1994; Mackinnon et al., 2012). The literature emphasises that depression is associated with lower relationship satisfaction, a limited sense of support and security in the relationship, as well as a higher frequency of negative verbal and non-verbal interactions and fewer supportive and positive behaviours (Vujeva & Furman, 2011). In this approach, a partner relationship can be both a protective resource and a potential source of additional emotional burden. In light of psychological knowledge, the function of supporting a romantic relationship is particularly important. Partner relationships, by providing emotional support, a sense of belonging, acceptance and security, can promote mental well-being and better adaptation to stressful situations (Jakubiak & Tomlinson, 2020). Engaging in a satisfying romantic relationship can therefore reduce the risk of mental health problems, including the severity of depressive symptoms (Uecker, 2012). This is indicated by David Myers' research, which highlighted positive correlations between happiness and the number of relationships and concluded that the quality of interpersonal bonds remains significantly related to the level of depression (2000). In this context of successful relationships, successful relationships can be the most important source of happiness (McIntyre et al., 2023; Reis & Gable, 2003). The results of this study can also be interpreted in the light of the theory of basic psychological needs. Previous research indicates that the need for autonomy, competence and relationality is associated with higher levels of malaise, including the severity of depressive symptoms. In turn, satisfying these needs promotes greater life satisfaction, vitality and better mental functioning, and these relationships are observed in different groups of respondents (Vansteenkiste et al., 2020). Studies conducted among pregnant women also show that meeting basic psychological needs is associated with greater satisfaction with the partner relationship and a lower severity of depressive symptoms (Brenning et al., 2019). In light of the results obtained and the literature, it can be assumed that the quality of the partnership and the level of satisfaction of basic psychological needs are important psychosocial resources that can support mothers' psychological well-being. On the other hand, interpersonal conflict and a deficit of support in the

relationship can increase susceptibility to depressive symptoms, especially in a situation of increased emotional burden related to caring for a child.

Third hypothesis assumed that a "higher level of satisfaction with the need for autonomy and the need for competence will be negatively associated with the severity of depressive symptoms, while a higher level of frustration of these needs will be positively associated with the severity of depressive symptoms". The strongest predictors of depression symptoms turned out to be frustration with the needs for autonomy and competence and satisfaction with the need for competence. These results can be interpreted in the light of the assumptions of the Theory of Basic Psychological Needs (*Basic Psychological Need Theory*) according to which the satisfaction of psychological needs is a predictor of positive mental functioning (Klein et al., 2024), expressed, m.in example, by positive affect and satisfaction with life, while the frustration of these needs is more explained by negative psychological functioning, including m.in anxiety, stress and depression. The regression analysis presented in Table 3 also shows that the predictors of depressive symptoms – in addition to the previously indicated frustrations, needs for autonomy and competence, satisfaction, need for competence, and level of ressentiment – are hobbies and the partner's perceived involvement in childcare and household duties. The data obtained in the study support the hypothesis regarding the moderating role of several analysed variables: autonomy frustration, perceived partner involvement, hobbies and depth of the relationship – in the case of the level of ressentiment as an independent variable – as well as the depth of the relationship, hobbies and professional status in the case of the family level of ressentiment as an independent variable. This means that the indicated characteristics can appropriately intensify or weaken the relationship between ressentiment and depressive symptoms. The factors that intensified the symptoms of depression turned out to be: frustration of autonomy, professional status and hobbies. On the other hand, the factors that sought to protect women from symptoms of depression in this study were: the partner's involvement in household duties and childcare, as well as a deep relationship with the partner.

Fourth hypothesis assumed that "having hobbies, professional activity, and a higher level of perceived involvement of the partner in household chores and childcare will act as moderators, weakening the relationship between the level of ressentiment and the severity of depressive symptoms". An interesting result was a statistical tendency indicating the moderating role of professional status and hobbies. The results indicate that professional status strengthens the relationship between ressentiment and the severity of depressive symptoms. The explanation for this relationship can be found in studies indicating that working mothers often experience difficulties reconciling domestic and professional duties, a significant source of burden and stress for them (Cha & Lee, 2024; Farrell et al., 2023; Olivieri et al., 2024). According to this study, working mothers experience stress and anxiety due to the need to maintain a balance between family and work life (Ma et al., 2025). This tension can be especially strong due to guilt stemming from the belief that they do not devote enough time to their children and partner (Maclean et al., 2021). The relationship in question is sometimes described as mothers' separation anxiety, in which the woman experiences unpleasant emotional states related to separation from her child, even if it is short-lived, e.g. in a nursery (Zubair et al., 2021). An additional factor that can explain the results obtained is the work environment. Unsupportive working conditions, conducive to overload and emotional exhaustion, may increase the susceptibility of mothers to deteriorating mental functioning, including the occurrence of symptoms of postpartum depression (Fejfer-Szpytko et al., 2016; La Rosa et al., 2025; Thompson et al., 2022). Regarding hobbies, the hypothesis has not been confirmed. The results obtained indicate that having a hobby strengthens the relationship between ressentiment and depressive symptoms. This result requires careful interpretation, as in many countries, hobby activities are recommended as one way to support and improve mental health. This is also supported by studies indicating that hobbies can have a beneficial effect on various aspects of health, including mental functioning, as well as alleviating symptoms of depression and other mental disorders (Bone et al., 2022). On the other

hand, the intensification of the relationship between ressentiment and depression in the group of women with hobbies may result from a limited ability to fully pursue their own interests. In situations of significant childcare and family responsibilities, hobbies, instead of serving a protective function, can become a source of frustration, especially when a woman experiences a time deficit, a lack of autonomy, and a lack of space for herself. This interpretation remains consistent with the cited research, which highlights the importance of hobby activity but also suggests that its beneficial impact may depend on the real possibility of engaging in it satisfactorily. It is also worth noting that the partner's hobbies and involvement were significant in the first regression analysis model (Table 3), but lost their significance after the introduction of psychological variables. This may suggest that their protective significance is partly related to deeper psychological mechanisms, such as feelings of autonomy, agency, and ressentiment.

The presented study has some methodological limitations. Firstly, its transversal nature makes it impossible to draw cause-and-effect conclusions. Secondly, relying solely on self-report methods may limit the objectivity of the data obtained. Another limitation is the deliberate selection of the sample, including mothers with children during hospitalisation in the paediatric ward, which limits the generalisability of the results to the wider population. The relatively small sample size (N = 198) should also be taken into account, as it may have limited the statistical power of moderation analyses, especially since interaction effects tend to be weak and require larger research samples (Chaplin, 1991). Despite these limitations, the study makes an important contribution to the understanding of the psychological functioning of mothers of hospitalised children, pointing to the importance of ressentiment, quality of partner relationships and basic psychological needs as variables important for the severity of depressive symptoms.

Summary

The issue of this paper concerned "Ressentiment and severity of depressive symptoms in mothers of children hospitalised in the paediatric ward". To summarise, conclusions can be drawn that organise both the results of the empirical part and their embedding within the current psychological literature.

Firstly, the conducted study shows that ressentiment is an important psychological variable associated with the severity of depressive symptoms in mothers who are in a situation of particular emotional burden, which is the hospitalisation of the child. The obtained strong positive relationship between the level of ressentiment and depressive symptoms allows us to assume that a persistent sense of harm, bitterness, regret, injustice and difficulties in adaptive processing of burdensome experiences may contribute to the intensification of the depressive way of experiencing oneself and one's own situation. Ressentiment can perpetuate negative cognitive patterns, perpetuate feelings of helplessness, and limit the ability to constructively regulate emotions. In this sense, it is not only a simple consequence of a difficult life situation but also a mechanism that maintains low mood and maladaptive coping.

Secondly, an important result is the demonstration of the importance of partnership quality for mothers' mental functioning. A particularly strong relationship with the severity of depressive symptoms was obtained in relation to interpersonal conflict. This means that a peer relationship can be both a protective resource and an additional burden. The support, depth of the relationship, sense of security and emotional availability of the partner can promote better adaptation to the stress associated with the child's illness. On the other hand, conflict, tension and negative interactions in a relationship can increase susceptibility to depressive symptoms. This result is consistent with the psychological understanding of a close relationship as a space for regulating emotions, affirming one's own value and obtaining support in crisis situations.

Thirdly, basic psychological needs, especially autonomy and competence, are important. The frustration of these needs turned out to be one of the strongest predictors of depressive symptoms. Therefore, it should

be recognised that mothers who, in the situation of hospitalisation of their child, experience limited influence, lack of agency, overload of responsibilities or a sense of ineffectiveness, are more likely to have their mental well-being deteriorate. On the other hand, the satisfaction of the need for competence can support a sense of effectiveness, better organisation of behaviour, and greater resistance to stress. These results are consistent with the assumptions of the Theory of Basic Psychological Needs, according to which satisfying needs is conducive to positive functioning, while their frustration is associated with anxiety, stress and depression.

Fourth, moderation analyses indicated that selected psychosocial variables intensify or weaken the relationship between ressentiment and depressive symptoms. The results on professional status and hobbies were particularly interesting. Professional status increases psychological tension, especially when a woman experiences a conflict between the role of a mother, a caregiver of a hospitalised child and a professionally active person. On the other hand, hobbies, although often understood as a protective factor, can be associated with frustration in this group if the mother lacks a real opportunity to pursue her own interests. In such a situation, a hobby may not so much reduce tension as reveal a deficit of autonomy, time and space for oneself.

To sum up, protective factors include the partner's involvement in household duties and childcare, as well as a strong partnership. Because the support of a partner reduces the care overload, strengthens the sense of community and reduces the experience of ressentiment. Therefore, from a practical perspective, these results indicate the need to provide psychological help not only to the mother herself, but also to the family system.

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