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Comparing obsessive-compulsive disorder, depressed mood, and alexithymia among housewives and employed women

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Abstract

Introduction: Approximately half of the nation's population included women who hold integral positions in the economically active community. This present study aimed to compare the levels of obsessions, depressed mood, and alexithymia between housewives and employed women.

Materials and Methods: The target population consisted of all female schoolteachers and housewives residing in the 7th district of Tehran from July to September 2023. The research employed a targeted sampling method for female heads of households and a convenient sampling method for housewives. The statistical sample comprised 60 individuals. The instruments included the Maudsley Obsessive-Compulsive Inventory (MOCI), the Toronto Alexithymia Scale-20, and Goldberg's Depression Scale (GDS). We analyzed the data using independent t-test and SPSS-27 software.

Results: The findings indicated a significant difference in the mean scores for washing and cleaning and slow-repetition components ($P< 0.05$). However, there was no significant difference in the scores for verification or checking and doubts ($P> 0.05$). Additionally, there was a significant difference between the groups in the depressed mood variable ($P< 0.001$).

Conclusion: Our findings indicated that there exists a distinction between housewives and employed women in terms of their obsessiveness and depressed mood; however, the variable of alexithymia does not vary significantly between employed women and housewives.

Keywords: Alexithymia, Depressed mood, Obsessive-compulsive disorder, Women

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Introduction

Traditionally, women were primarily responsible for domestic roles, while men served as the principal financial providers. Following the industrial revolution, however, women's participation in the workforce increased substantially, particularly in sectors such as education, childcare, and healthcare (1,2). Recent census data indicate that women now constitute 11% of the formal workforce,

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with more than 1.2 million employed women and nearly 14 million housewives (3). This transformation has brought growing scholarly attention to the psychological consequences of different social roles for women.

A considerable body of research suggests that employed women generally report greater life satisfaction and higher self-esteem than non-employed women (4). Nevertheless, the dual burden of occupational and domestic responsibilities often generates considerable stress, particularly for working mothers with young children (5-10). Housewives, in contrast, may be more vulnerable to diminished self-worth and limited social engagement, which are strongly associated with depressive symptoms (11-14). Although some studies have confirmed higher rates of depression among housewives, others have reported similar levels of depressive mood across both groups (15,16), highlighting the complexity of these associations.

Evidences have also examined other mental health difficulties that may accompany or exacerbate depressive states, such as obsessive-compulsive disorder (OCD). OCD is more prevalent among housewives compared to employed women, with higher obsessional tendencies linked to lower educational attainment and restricted social roles (6,7). Housewives not only display greater overall levels of obsession but also report higher rates of specific subtypes—such as checking, washing, and hesitation—alongside additional psychological distress, including anxiety and somatization (8-10).

Closely related to these findings is the construct of alexithymia, which involves difficulty in identifying and expressing emotions. Limited emotional processing can both worsen depressive mood and heighten vulnerability to compulsive tendencies. Prevalence estimates suggest rates of 5-10% among women, influenced by sociodemographic factors such as age, education, and socioeconomic status (17-19). Women with alexithymia frequently experience sexual dissatisfaction, increased depressive symptoms, and a greater risk of self-harm (17,20). Moreover, lower educational attainment and unmarried status have been associated with higher levels of alexithymia, anxiety, and depression (21,22).

Taken together, these strands of evidence underscore the importance of examining multiple psychological dimensions simultaneously. Despite substantial research on women's mental health, relatively few studies have investigated OCD, depressive mood, and alexithymia in parallel across employed women and housewives. Addressing this gap is critical for a more comprehensive understanding of women's psychological well-being and its broader implications for family and society. Accordingly, the present study aimed to compare obsessive-compulsive disorder, depressive mood, and alexithymia between housewives and employed women.

Materials ad Methods

This study was categorized as a cross-sectional research with regard to its practical objective, duration, and methodology, specifically as a causal-comparative study. The target population comprised all female schoolteachers and housewives residing in the 7th district of Tehran-Iran, from July to September 2023. The sampling method employed was a combination of targeted sampling for female heads of households and convenient sampling for housewives. The final sample size consisted of 60 individuals, evenly distributed with 30 participants in each group. The adequacy of the sample size was determined using G-Power software, taking into account an α value of 0.05, an effect size of 0.80, and a power test of 0.90 (23).

Based on the aforementioned, the researcher determined that a group size of 28 individuals was appropriate. However, in anticipation of potential sample size reductions, the researcher opted to include 30 individuals in each group. To qualify for participation, individuals had to meet certain inclusion criteria, including being between the ages of 20 and 60, being employed by a school in the 7th district of Tehran (for the group of employed women), and expressing a willingness to participate in the study. Additionally, participants needed to possess sufficient literacy and comprehension skills to answer the questionnaire effectively, particularly for the group of housewives. On the other hand, exclusion criteria comprised failure to complete more than ten questions on the questionnaire, the presence of any physical or mental disorders that hindered participation, and refusal to participate in the research. Before conducting the research and with the necessary approvals in place, the researchers approached schools within the 7th district of Tehran,

selecting four schools using the random cluster method.

Similarly, women from the group of housewives were selected from those residing in the 7th district of Tehran, utilizing the convenient sampling method. The researchers conducted the study over 28 days within three months. Seven women were excluded from the research because of incomplete questionnaires or deliberate errors during completion.

Research instruments

A) The Maudsley Obsessive-Compulsive Inventory (MOCI): Hodgson and Rachman developed a self-report questionnaire to evaluate the nature and extent of obsessive problems experienced by individuals. This questionnaire consists of 30 items and utilizes a 2-option Likert scale ("yes" or "no"). Within this questionnaire, specific subsets of questions are dedicated to measuring different aspects of obsessive behavior. The questions 2, 6, 8, 14, 15, 20, 22, 26, and 28 focus on checking behaviors (9 points), questions 1, 4, 5, 9, 13, 17, 19, 21, 24, 26, and 27 address washing and cleaning behaviors (11 points), questions 2, 4, 8, 16, 23, 25, and 29 pertain to slowness and repetition (7 points), and questions 3, 7, 10, 11, 12, 18, and 30 assess doubt (7 points) (24). In an Iranian study, the Cronbach's alpha coefficient for the checking subscale was 0.78, for washing and cleaning it was 0.76, for slowness it was 0.71, and for doubt, it was 0.80 (25). In the present study, we obtained a Cronbach's alpha coefficient of 0.70 for the checking subscale, 0.71 for washing and cleaning, 0.75 for slowness, and 0.74 for doubt.

B) The Toronto Alexithymia Scale-20: Bagby developed an initial version of a self-report questionnaire consisting of 26 questions aimed at assessing alexithymia. In 1994, Bagby, Taylor, and Parker revised it to a 20-item form (26). The questionnaire employs a 5-point Likert scale, ranging from 1 (completely disagree) to 5 (completely agree). The total score for the emotional dyslexia scale is derived by summing the scores of the 20 questions, with questions 4, 10, 18, and 19 being scored in reverse. The minimum and maximum scores are 20 and 100, respectively. It incorporates three subscales: difficulty in recognizing emotions, difficulty in describing emotions, and objective thinking. A total score of 60-61 is commonly regarded as the cut-off point for the alexithymia scale. Reliability coefficients obtained in an Iranian study for the total emotional dyslexia score and the three subscales (difficulty in recognizing emotions, difficulty in describing emotions, and objective thinking) were found to be 0.85, 0.79, 0.68, and 0.74, respectively, indicating a satisfactory level of internal consistency (27). In this particular investigation, the researcher calculated Cronbach's alpha coefficient for the three subscales of difficulty in recognizing emotions, difficulty in describing emotions, and objective thinking to be 0.80, 0.71, and 0.75, respectively.

C) Goldberg's Depression Scale (GDS): Goldberg developed a self-report questionnaire to assess the incidence and prevalence of depression disorders among individuals (28). This questionnaire comprises 18 items and employs a six-point Likert scale (ranging from very high (4) to not at all (0) to measure the severity. Scores on this scale can range from 18 to a maximum score of 198, with higher scores indicating a greater presence of depressive symptoms. The cut-off point for this measure is set at 45. When studied in Iran, the Cronbach's alpha coefficient for this scale was determined to be 0.74 (29). In the current study, the researcher obtained a Cronbach's alpha coefficient of 0.71 for this measure.

The scores of the two groups were compared using the independent t-test. SPSS-27 software was used for data analysis.

Results

In this study, 53 females (26 employed women and 27 housewives) participated. Initially, the researcher utilized the Kruskal-Wallis H test (Table 1) to compare the demographic variables in two groups. The demographic variables exhibited significant differences between two groups ($P<0.05$). In relation to the variables, Table 2 provides an overview of the descriptive statistics among two groups. The results of the Kolmograph-Smirnov test were also insignificant, suggesting that the distribution is normal. Furthermore, the equality of variance between the groups was tested, and Levene's Test did not indicate significant differences in the error variance of the variables. Table 3 presents t-test results to check the difference between groups in the scores of the questionnaires. Table 3 reveals that there was a noteworthy distinction ($P<0.05$) in the mean scores of washing and cleaning and slow-repetition components.

However, there was no significant difference (P> 0.05) observed in the components of verification or checking and doubts among the groups. The mean scores of the components support the assertion that the group of housewives has a higher presence of washing and cleaning and slow-repetition components in comparison to the group of employed women. Moreover, there was a significant difference in depressed mood between the groups (P< 0.001). housewives had higher score in depressed mood compared to the employed women. Likewise, there was no statistically significant difference in any components of alexithymia between the groups (P> 0.001).

Table 1. Demographic characteristics

Demographic information		Employed women	%	Housewives	%	Chi-square	P
Age	20 to 30 years	3	42.9%	4	57.1%	5.107	0.024
	31 to 40 years	5	26.3%	14	73.7%		
	40+ years	18	66.7%	9	33.3%		
Education	Diploma	6	35.3%	11	64.7%	6.143	0.013
	Bachelor's degree	9	39.1%	14	60.9%		
	Master's degree	11	84.6%	2	15.4%		
Number of children	Without children	10	66.7%	5	33.3%	7.964	0.005
	1 to 2 children	13	61.9%	8	38.1%		
	More than 2 children	3	17.6%	14	82.4%		

Table 2. Descriptive statistics of the variables

Variable	Group	N	Mean ± SD	Min	Max
Verification or checking	Employed women	26	5.692 ± 1.51	2	8
	Housewives	27	4.814 ± 1.68		
Washing and cleaning	Employed women	26	4.384 ± 1.23	2	10
	Housewives	27	6.222 ± 2.62		
Slow-repetition	Employed women	26	3.615 ± 1.47	1	6
	Housewives	27	4.444 ± 1.36		
Doubts	Employed women	26	3.615 ± 1.47	1	6
	Housewives	27	3.740 ± 1.53		
Depressed mood	Employed women	26	66.884 ± 11.78	55	98
	Housewives	27	79.888 ± 13.04		
Difficulty recognizing emotions	Employed women	26	13.923 ± 3.45	10	25
	Housewives	27	15.148 ± 2.68		
Difficulty describing feelings	Employed women	26	11.615 ± 2.66	7	16
	Housewives	27	11.111 ± 2.95		
Objective or extroverted thinking	Employed women	26	26.846 ± 8.28	10	36
	Housewives	27	24.370 ± 7.67		

Table 3. Analysis of t-test to check the difference between groups

Variable	t	df	P	Mean Difference
Verification or checking	1.988	51	0.052	0.87749
Washing and cleaning	-3.244	51	0.002	-1.83761
Slow-repetition	-2.125	51	0.038	-0.82906
Doubts	-0.303	51	0.763	-0.12536
Depressed mood	-3.803	51	< 0.001	-13.0043
Difficulty recognizing emotions	-1.445	51	0.154	-1.22507
Difficulty describing feelings	0.651	51	0.518	0.50427
Objective or extroverted thinking	1.129	51	0.264	2.47578

Discussion

The present study aimed to compare obsessive-compulsive disorder, depressive mood, and alexithymia between housewives and employed women. Results indicated that housewives reported significantly higher levels of washing, cleaning, and slowness-repetition, whereas no differences were observed in checking or doubting. These findings align with previous research reporting higher prevalence of obsessive behaviors among housewives, particularly those with lower educational attainment (7,12,30,31). One explanation for these differences is the socially reinforced expectation of maintaining an impeccably clean household, which is more pronounced for

women confined to domestic roles (32). Additionally, the relative isolation of housewives from broader social and occupational contexts may limit adaptive coping opportunities, making repetitive behaviors a compensatory strategy for managing distress (8,10). Regarding depressive mood, housewives exhibited higher levels of depression compared to employed women, consistent with prior studies (14,15). This may be attributed to reduced social support, financial dependency, and limited avenues for personal development among non-employed women (30). Employment, by contrast, offers both financial autonomy and social engagement, which act as protective factors against depressive symptoms (12,15). Nonetheless, these results diverge from Yılmaz et al. who reported comparable depressive levels between housewives and employed women (16), highlighting the potential influence of cultural context and sampling differences on psychological outcomes (33). In contrast, no significant differences were found in alexithymia between housewives and employed women. This result contrasts with previous studies that reported higher alexithymia among women with lower educational levels or unmarried status (21,22,34,35). A possible explanation is that alexithymia is largely influenced by stable personality traits and early developmental experiences rather than current occupational status (17,21). Moreover, both homemaking and employment expose women to stressors requiring emotional regulation, potentially mitigating group differences. Cultural factors, such as norms around emotional expression, may also reduce observable variation in alexithymia scores across groups (36).

The present study has several limitations. Some participants exhibited limited cooperation due to heavy workload and resulting fatigue, and distinguishing housewives from employed women was occasionally challenging because some housewives engaged in temporary or domestic work. Considering that employed women were selected from various occupational fields, this limitation is unlikely to have substantially affected the overall results, except in cases where comparisons between specific job categories are intended. Additionally, key variables such as educational background, socioeconomic status, and personal attitudes were not systematically controlled, and the potential relationship between occupation type and obsessive-compulsive disorder was not examined. The sample was drawn from a single geographic area and included only one gender, further limiting generalizability. Future research should employ more diverse samples and tools, include both genders, and explore the associations between occupational characteristics, OCD, depressive mood, and alexithymia, while also accounting for educational and socioeconomic factors.

Conclusion

The present study showed significant differences between housewives and employed women in obsessive-compulsive behaviors and depressive mood, while no significant difference was observed in alexithymia. Specifically, washing, cleaning, and slow–repetitive behaviors, as well as depressive mood, were more pronounced in housewives. Given the rising prevalence of OCD among housewives and their crucial role in family and societal well-being, timely recognition, treatment, and follow-up of this disorder are essential. Additionally, considering the potential impact of women's depressive mood on other family members, family therapists and counselors should pay special attention to this issue.

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Conflict of Interests

The authors claimed that they had no conflicts of interest.

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Ethical Considerations

This study was approved by the Ethics Committee of Islamic Azad University. All participants provided their informed consent, and the research process strictly adhered to maintaining the privacy of the participants, confidentiality of their information, and the impartiality of the researchers.

Code of Ethics

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Authors' contributions

Research design and data extract: Mahtab ahmadi Moghadam and Mohadeseh Ebrahimi; Study conduction and writing the paper: Sima Aryanfar and Neda Fatahi; Review and editing: Fatane Akhavan ziabari; Final approval: All authors.

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