



# Mental Health States of Housewives: an Evaluation in Terms of Self-perception and Codependency

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## Abstract

Housewives are individuals who assume the role of caregiver in the family in almost every society and experience serious psychological difficulties in line with this role. These psychological difficulties may develop due to the pathological relationships that women have, especially with their family members. In this context, the study aims to examine the mental health states of housewives within the framework of codependence and self-perceptions. This study, which was planned as descriptive, relational, and cross-sectional, by online questionnaire method, consists of 371 housewives. Personal information form, Codependency Assessment Tool (CODAT), social comparison scale (SCS), and the Symptom Checklist-90-Revised (SCL-90-R) were used to collect data. In the analysis of the research, a structural equation model was established by using SPSS 25 and AMOS 23 package programs. It was found that the mean age of the housewives included in the study was  $35.19 \pm 9.85$  and 35.5% of the participants were university graduates, 13.2% lived in an extended family, 13.7% had a poor relationship with their spouse, and 51.5% were only responsible for housework. Besides, according to the results of the study, it was found that the total mean score of SCS was  $75.16 \pm 21.73$ , SCL-90-R was  $1.96 \pm 0.95$ , and CODAT was  $76.16 \pm 17.75$ . In the case of analysis, there was strong correlation between the mental status of housewives and both their codependency levels and their self-perceptions. It has been determined that increased levels of codependency and negative self-perception of housewives increase the psychological symptoms experienced.

**Keywords** Housewives · Mental health states · Codependency · Self-perception

Mental health, which is an integral and fundamental part of the general state of health, is described by the World Health Organization (2018) as a state of well-being in which an individual can fulfill his/her abilities, cope with the normal stresses of life, work productively, and contribute to the society in which the individual lives (World Health Organization, 2018). Given all these qualities, it is noticed that social and cultural factors as well as genetic and biological factors are crucial markers for an individual's mental well-being

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(Craske & Stein, 2016; Kaplan, 2021a, 2021b). Within this regard, it is of great importance to analyze the effects of social roles, which are a social and cultural factor, on the mental well-being of the individual (Kaplan, 2021a, 2021b). Indeed, in numerous studies, it has been suggested that social roles imposed by society adversely impact the mental health of the individual and, in particular, women are more disadvantaged in this regard (Howard et al., 2017; Rosenfield & Mouzon, 2013; Vo et al., 2015; Wilhelm, 2014).

Housewifery is one of the main gender roles that are imposed on women and may lead to mental problems (Kaplan, 2021a, 2021b). Currently, housewifery is a heavy gender role that all women are obliged to do, whether they are working in any job or not, particularly in patriarchal societies (Vizard, 2019). Within the framework of this role, society often expects passive, emotional, obedient, and self-sacrificing behaviors from women (Boz et al., 2018). These expectations, which are exposed from childhood onwards, are internalized over time and adversely impact the existence and self-perception of women in social relations (Soylu & Kağnıcı, 2015).

Self-perception, which points out how an individual considered herself in general, is one of the factors impacting mental health (Cüceloğlu, 2018). Self-perception can be influenced by the experiences of the individual in interpersonal interactions and the assessments or expectations of other individuals (Tıraşoğlu & İpek, 2019). When housewives are considered in this regard, it is remarkable that they are compelled to behave in line with the well-being and expectations of others in their social structure in general (Malhotra & Shah, 2015). This, in turn, naturally affects women's feelings and thoughts about themselves, causing them to remain within the boundaries of a blurred ego and develop a negative self-perception (Özcan et al., 2013; Tıraşoğlu & İpek, 2019). Besides, being accepted only with the roles of mother and wife in the society would increase the social invisibility of housewives and cause them to evaluate themselves negatively as individuals who are dependent on their families and who are overburdened with responsibilities (Choudhary & Ahmad, 2017; Kaplan, 2021a, 2021b; Özcan et al., 2013; Pehlivan, 2015).

It has been suggested that the most fundamental factor causing this negative assessment may be the role of the caregiver (Daştan et al., 2015). This caregiver duty is often fulfilled through ensuring that family members have a healthy developmental period, recovery after illness/accident, and taking care of disabled/ill individuals in the family (Ançel, 2017; Malhotra & Shah, 2015). These continuous and unshared duties are the primary reasons that cause women to become codependent individuals over time (Ançel, 2017). Codependency is described as a characteristic that develops in dysfunctional families, which is associated with neglecting oneself and focusing excessively on others, not being able to express their feelings explicitly, and gaining special satisfaction from their relationships with others. It has been stated that it is more common among women (Ançel, 2017; Karaca and Ünsal, 2012; Orbon et al., 2021; Panaghi et al., 2016). Although there are various discussions about whether the codependency is a habit, genetic predisposition, defensive behavior, personality disorder, learned behavior disorder, or relationship/object addiction, it is noted that it is generally a problem arising from family interactions (Cermak, 1991; Cruse & Wegscheider-Cruse, 2012; Hands & Dear, 1994; Stafford, 2001). For this reason, it is stated that codependency is more common among women who are most negatively affected by family interactions and it is associated with the social roles attributed to women (Ançel, 2017; Lancer, 2014). Due to their roles, they generally have unhealthy relationships and there is an unequal giving-taking in these relationships. Such relationships, where personal boundaries are not clear, naturally fuel the picture of codependency, cause difficulties in taking care of themselves, and cause them to constantly focus on others (Karaca and Ünsal, 2012). It has been argued that it would naturally lead to severe mental problems such as

low self-esteem, obsessive thinking about the same issues, perfectionism, denial, inability to say no, burnout, loneliness, sexual problems, and exaggerated sense of responsibility (Ançel, 2017; Chmielewska, 2012; Cruse & Wegscheider-Cruse, 2012; Kaplan, 2021b; Reyome et al., 2010).

When the current literature is examined, it is seen that the relationship of codependency with various variables in different samples is a frequently studied subject (Aristizábal, 2020; Bacon et al., 2020; Happ et al., 2022; Karaşar, 2021; Orbon et al., 2021; Rozhnova et al., 2020). However, it has been determined that studies that examine a special sample such as housewives with a broad perspective such as general mental health are insufficient. In this regard, it is crucial to determine to what extent the mental health of housewives, who are an important stakeholder in public mental health, is associated with their self-perceptions and codependency levels and this study will contribute to the literature.

The present study aimed to assess the mental health states of housewives in the context of their codependency levels and self-perceptions. For this aim, the following research questions were tried to be answered.

- Is there a relationship between the mental health states of housewives and their level of codependency?
- Is there a relationship between the mental health states of housewives and their self-perceptions?
- Is there a relationship between the level of codependency of housewives and their self-perceptions?

## Materials and Methods

### Purpose and Design of the Research

The present research was conducted to examine the mental health states of housewives in the context of their self-perceptions and their level of codependence. In the study, a determination study was made by establishing a relationship between mental state and codependency, between mental state and self-perception, and between codependence and self-perception. While determining the relationships of these couples, it is aimed to determine to what extent they affect each other. Therefore, the study is a descriptive, cross-sectional, and correlational study utilizing an online-based data collection system.

### Research Sampling

The sample of the study was determined by the snowball method. Snowball sampling is a nonprobability sampling technique that current study subjects select from among researchers' acquaintances (Baltar & Brunet, 2012; Goodman, 1961). This method, which is used when there are difficult to reach groups or transportation difficulties, provides an advantage in terms of reaching unknown participants (Bal, 2014). Due to the measures implemented to prevent the risk of disease transmission during the COVID-19 pandemic process, there is a difficulty in reaching our sample housewives. Thus, the snowball method was used while creating the sample and a total of 371 housewives were included in the study sample.

In the sample, the first contact was established with the personnel (academic, administrative, and service personnel) in the institution where the researcher works, who met the

inclusion criteria, and they were asked to share the form with their relatives. In order to avoid bias, the researcher did not directly invite their relatives to the study. In addition, the system is arranged in such a way that participants can answer the questions only once.

## Data Collection and Inclusion Criteria

The study was conducted using an online-based data collection system. Firstly, the online questionnaire with the use of Google Forms was sent to all prospective women through their mobile phones (to women's WhatsApp and e-mail address). The first part of the online questionnaire comprised of brief information to inform the women about the purpose of the research and a letter seeking their permission to join in the study. Within the scope of the research, 521 women were sent the questionnaire, but 371 individuals agreed to participate in the research. The contact information of the researcher was shared at the end of the form for possible questions about the study. The online survey was conducted from September 15 to December 01, 2021.

The present study included participants who were willing to participate, who living in Turkey, over the age of 18, had no problem in terms of reading/understanding/filling in data collection tools and married women (because of the perception that housewives in Turkey—in the cultural context—are generally married women).

## Data Collection Tools

### Personal Information Form

The form was created by the researcher in light of the literature to determine the various sociodemographic and personal characteristics of the participants.

### Codependency Assessment Tool

The Turkish validity and reliability study of the scale developed by Hughes-Hammer et al. (1998) was conducted by Ançel and Kabakçı (2009), and the Cronbach reliability coefficient was found to be 0.91. The scale involves 25 items and is a 5-point Likert type. The scale has five sub-dimensions: other focus/self-neglect, self-worth, hiding self, medical problems, and family of origin issues. The total score obtained from the scale ranges between 25 and 125. High scores from the scale indicate a high level of codependency. The Cronbach's alpha reliability coefficient of the scale was found to be 0.75.

### Social Comparison Scale

The social comparison scale is used to find how a person perceives herself/himself as a result of comparing himself to another person. The scale was developed as five items by Gilbert et al. (1991), and Şahin and Şahin (1992) added some items and adapted them to Turkish. There are 18 reversible items on the scale, and these items are evaluated on a 6-grade line. A high score on the scale indicates a positive self-perception, and a low score indicates a negative self-perception. The Cronbach's alpha reliability coefficient of the scale was 0.75.

## The Symptom Checklist-90-Revised (SCL-90-R)

The Symptom Checklist (SCL-90-R) is a self-report psychiatric screening instrument that allows individuals to assess themselves, and the final version of the scale was developed by Degoratis (1977). The Turkish validity and reliability study of the scale was conducted by Dağ (1991) and the scale includes 90 items in total. These items consist of a total of 10 sub-dimensions: somatization, obsessive–compulsive, interpersonal sensitivity, depression, anxiety, anger and hostility, phobic anxiety, paranoid ideation, psychoticism, and other issues. The scale of other issues involves symptoms such as eating and sleeping disorders and feelings of guilt. The scale is in 5-point Likert type. The general symptom index (GSI) is the mean of the scores for all items and is suggested as the most important indicator that can vary between 0.00 and 4.00. The Cronbach's alpha value (internal consistency coefficient) of the scale was found to be 0.97.

### Analysis of Data

In the study, reliability analysis and multicollinearity analysis were conducted via the software of SPSS 25 (Statistical Program in Social Sciences). Subsequently, to analyze whether SCS and CODAT had an impact on SCL-90-R, observed variable path analysis was conducted via the software of AMOS 23, and a structural equation model (SEM) was established. The results were considered significant at  $p \leq 0.05$ .

### Multiple Normal Distribution, Reliability Analysis, and Multicollinearity Results

To conduct multivariate analysis, firstly, multiple normal distribution control was carried out on the data. In order for the variables to show multiple normal distributions, the value obtained from the “ $a*(a+2)$ ” formula must be  $>$  Mardia coefficient (multivariate value in the AMOS program), where “ $a$ ”: the number of observed variables.” When the skewness and kurtosis values of the data were analyzed, it was found that the variables met the  $\pm 2$  limit and it was accepted that the data were normally distributed (Gliem & Gliem, 2003; Mardia, 1974).

### Observed Variable Path Analysis

The fact that SEM analysis allows to test more than one relationship at the same time is a remarkable difference from traditional regression analysis. In SEM-based analyses where direct, indirect, or regulatory causality relationships exist between variables are tested, analysis is not always conducted on latent variables. The causality relationship between the variables can also be computed by modeling the observed variables (Gürbüz, 2019). Path analysis was conducted by including the means of the total scores obtained in testing the relationship between SCL-90-R consisting of 90 items, SCS consisting of 18 items, and CODAT consisting of 25 items.

### Ethical Principles of Research

Before conducting this study, ethical approval was obtained (number of meetings 2021/130 Date: 07/09/2021). Information form was sent to the participants before the measurement

tools. This form contains the purpose of the present study, its duration, and participant's rights. Through these form, the participants were told that they could withdraw from the study at any time they wished and all their information will be kept confidential. Besides, participants were also informed that they could contact the researcher for questions about the study or to get information about the result of the study.

## Results

It was found that the mean age of the housewives included in the study was  $35.19 \pm 9.85$  and they had an average of  $2.01 \pm 1.07$  children. It was determined that 35.5% of the participants were university graduates, 43.4% had high school graduates, 13.2% lived in an extended family, 13.7% had a poor relationship with their spouse, 62% of the participants had a good relationship with their children, 51.5% were only responsible for housework, and 32.9% had an individual in need of care at home. Besides, the participants stated that they could spare  $1.85 \pm 1.84$  h on average during the day, while 62.5% of them stated that they needed psychological support and 13.2% of them described themselves as emotional/fragile (Table 1).

When the fit indices were examined in the established structural equation modeling, it was seen that the related values were recommended as follows:  $CMIN/df=2.47$ ,  $RMSEA=0$ ,  $CFI=1$ , and  $GFI=0.998$  (Table 2). All of the fit indices were obtained within the recommended limits, and each of the paths presented in the model in Figs. 1 and 2 was found to be significant ( $p < 0.01$ ).

The data obtained from the analyses of the predictive relationships between the psychological symptoms of housewives, their level of codependence, and self-perception are presented in Table 3. As shown in Table 3, the level of codependency was a significant factor for the housewives' self-perception. The coefficient for this factor was determined to be  $\beta_0 = -0.778$ , and a strong negative correlation was found between housewives' self-perceptions and their level of codependency ( $p < 0.001$ ). The findings showed that a one-unit increase in the level of codependency leads to a 0.778 decrease in self-perception. Correlation analysis was conducted to scrutinize the relationship of this result with the sub-dimensions (Table 4). Based on the results of the analysis, there was a strong negative correlation between the sub-dimensions of self-perception and codependency scale's other focus/self-neglect, self-worth, hiding self, medical problems, and family of origin issues ( $p < 0.001$ ).

In the model, it was found that the level of codependency is an important variable in the mental problems experienced by housewives. The correlation coefficient for this variable was  $\beta_0 = 1.015$  (Table 3), and a strong positive correlation was found between the psychological symptoms of housewives and their level of codependency ( $p < 0.001$ ). A one-unit increase in the level of codependency results in an increase of 1.015 units in the psychiatric symptoms. Correlation analysis was conducted to scrutinize the relationship of this result with the sub-dimensions (Table 4). Based on the results of the analysis, a strong positive correlation was found between psychological symptoms of housewives such as somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, anger and hostility, phobic anxiety, paranoid ideation, psychoticism, and other issues, and codependency problems such as other focus/self-neglect, self-worth, hiding self, medical problem, and family of origin issues ( $p < 0.001$ ).

Moreover, it was determined in the model that self-perceptions had a significant impact on the psychological symptoms experienced by housewives. The correlation coefficient for

**Table 1** The distribution of socio-demographic and individual characteristics of housewives

Characteristics	Min.–max	X ± SS
Age	20–62	35.19 ± 9.85
Numbers of Children	0–5	2.01 ± 1.07
Level of Dependence on Family	1–10	8.21 ± 1.99
Private Time Allotted to Herself in a Day (Hour)	0–8	1.85 ± 1.84
Characteristics	Categories	%
Educational status	Illiterate	3
	Elementary school graduate	29.9
	High school graduate	28.6
	University graduate	35.5
	Postgraduate education	3
Spouse Educational Status	Illiterate	1.4
	Elementary school graduate	21
	Graduate high school graduate	43.4
	University graduate	25.6
	Postgraduate education	8.6
Family Type	Nuclear family (spouses and children)	83.6
	Extended family (spouses, children, and grandparents)	49
	Crowded family (more than one nuclear or extended family within the home)	12
Relationship with spouse	Good	168
	Medium	152
	Poor	51
Relationship with children	Good	230
	Medium	113
	Poor	28
		7.5

**Table 1** (continued)

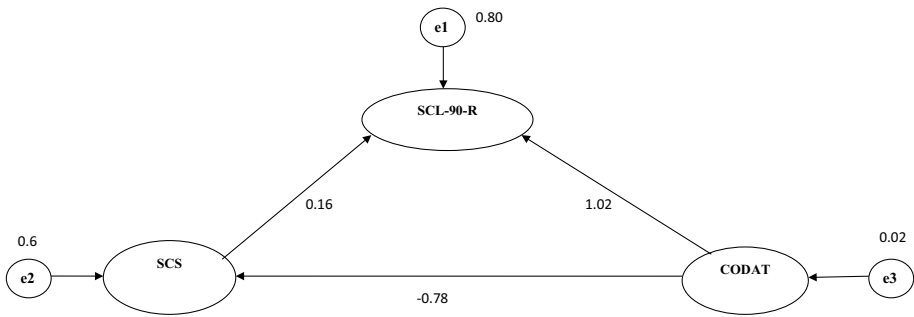
People responsible for housework	Only my responsibility as a housewife	191	51.5
Individual in need of care living at home	My responsibility but I get help	162	43.7
	There is work sharing at home	1	4.8
Need for psychological support	Yes	122	32.9
	No	249	67.1
Self-identification in the framework of your family relationships	Yes	232	62.5
	No	139	37.5
Need for psychological support	Responsible	74	19.9
	Emotional/fragile	49	13.2
	Thoughtful	15	4
	Passive	42	11.3
	Anxious	30	8.1
	Furious	43	11.6
	Sociable	31	8.4
	Cheerful/energetic	7	1.9
	Perfectionist	12	3.2
	Tired	6	1.6
	Victim	18	4.9
	Protectionist	5	1.4
	Insecure	39	10.5



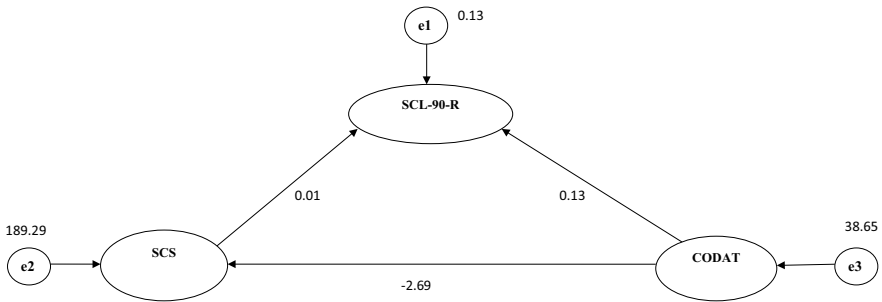
**Table 2** Statistical values regarding the fit of structural equation model

Fit criteria	Recommended level	Fitted measurement model
CMIN/df	1–5	2.47
RMSEA	≤ 0.08	0
CFI	≥ 0.90	1
GFI	≥ 0.90	0.998

*CFI*, comparative fit index; *CMIN/df*, Chi-square value to degrees of freedom; *GFI*, goodness of fit index; *RMSEA*, root mean square error of approximation



**Fig. 1** Measurement model with standardized coefficients



**Fig. 2** Measurement model with unstandardized coefficients

this variable was determined to be  $\beta_0 = -0.157$  (Table 3), and a strong negative correlation was found between the psychological symptoms of housewives and their level of codependency ( $p < 0.001$ ). According to the analysis, a one-unit decrease in the self-perception of housewives results in an increase of 0.157 in the psychological symptoms they experience. Correlation analysis was conducted to scrutinize the relationship of this result with the sub-dimensions (Table 4). Based on the results of the analysis, the findings showed that there was a strong negative correlation between the housewives’ psychological symptoms

**Table 3** The model for the predictive relationships between housewives' psychological symptoms, codependency levels, and self-perceptions

			$\beta_0$	$\beta_1$	SE	Test Statistic	P	R2
SCS	<—	CODAT	−0.778	−2.687	0.153	−17.536	<0.001	0.597
SCL-90-R	<—	CODAT	1.015	0.129	0.012	10.565	<0.001	0.795
SCL-90-R	<—	SCS	−0.157	−0.006	0.003	−2.239	0.025	0.795

$\beta_0$ , standardized coefficient;  $\beta_1$ , unstandardized coefficient; SE, standard error; R2, regression coefficient; SCL-90-R, Symptom Checklist-90-Revised; CODAT, co-dependency assessment tool; SCS, social comparison scale

such as somatization, obsessive–compulsive, interpersonal sensitivity, depression, anxiety, anger and hostility, phobic anxiety, paranoid ideation, psychoticism, and other issues and their self-perceptions ( $p < 0.001$ ).

The mean scores of housewives from the scales and sub-dimensions in the study are presented in Table 5. According to the results of the study, it was found that the total mean score of SCS was  $75.16 \pm 21.73$ ; the mean score of the housewives obtained from the SCL-90-R was  $1.96 \pm 0.95$ . When the mean scores of the sub-dimensions of the SCL-90-R were analyzed, it was found that somatization was  $2.16 \pm 1.04$ , obsessive–compulsive  $2.25 \pm 0.93$ , interpersonal sensitivity  $2.28 \pm 1.12$ , depression  $1.79 \pm 1.14$ , anxiety  $2.00 \pm 1.09$ , anger and hostility  $1.41 \pm 1.15$ , and phobic anxiety  $2.01 \pm 1.09$ , while paranoid ideation was  $1.63 \pm 0.98$ , psychoticism was  $1.96 \pm 1.02$ , and other issues were  $1.88 \pm 0.95$ . Lastly, it was determined that the mean CODAT score of the participants was  $76.16 \pm 17.75$ , and the sub-dimensions other focus/self-neglect were  $11.79 \pm 8.32$  and self-worth  $8.84 \pm 5.18$ , while hiding self was  $14.10 \pm 8.13$ , medical problems  $1.10 \pm 0.58$ , and family of origin issues was  $24.44 \pm 11.09$ .

## Discussion

This study focused on the relationship between the mental health states of housewives, their codependency levels, and their self-perceptions. This relationship has been investigated within the scope of the data obtained through the analysis.

Regarding the first question of present study, as a result of the structural equation models, it was determined that there was a strong correlation between the mental status of women and their level of codependency. The incidence of mental problems increased as the codependency levels of housewives increased. When current studies are examined, it is seen that housewives experience serious difficulties in mental health terms, regardless of society and culture, and their levels of anxiety, depression, loneliness, burnout, and somatization are at high levels (Durak and Durak, 2022; Garmsari & Safara, 2017; Khizer et al., 2020; Khunttey & Sahu, 2021; Panwar & Srivastava, 2019). These studies in the literature generally examined the economic situation, women's work, domestic violence, or burnout and associated the mental problems of housewives with these. The present study specifically explains the causes of the mental symptoms from a different perspective (in the framework of co-dependency). As a result of the analysis, it was determined that the codependency levels of housewives accounted for 79% of the psychological symptoms. Codependency as a cause of these symptoms, which is more common in families

**Table 4** Correlation between housewives' SCS, SCL-90-R, CODAT, and sub-dimensional mean scores

	SCS	CODAT	OF/SN	LSW	HS	MP	FOI	SCL-90-R	SOM	OC	IS	DEP	ANX	HOS	FA	PI	PSY	OI
SCS	1																	
CODAT	-0.504**	1																
OF/SN	-0.276**	0.436**	1															
LSW	-0.723**	0.619**	0.436**	1														
HS	-0.232**	0.350**	0.231**	0.311**	1													
MP	-0.484**	0.643**	0.422**	0.571**	0.379**	1												
FOI	-0.327**	0.215**	0.136**	0.449**	0.245**	0.194**	1											
SCL-90-R	-0.599**	0.898**	0.477**	0.773**	0.331**	0.620**	0.319**	1										
SOM	-0.508**	0.793**	0.415**	0.681**	0.343**	0.578**	0.431**	0.894**	1									
OC	-0.624**	0.837**	0.377**	0.725**	0.343**	0.594**	0.246**	0.904**	0.769**	1								
IS	-0.615**	0.800**	0.419**	0.776**	0.244**	0.542**	0.272**	0.944**	0.794**	0.860**	1							
DEP	-0.680**	0.819**	0.453**	0.807**	0.321**	0.539**	0.364**	0.932**	0.796**	0.891**	0.903**	1						
ANX	-0.462**	0.795**	0.491**	0.672**	0.290**	0.515**	0.330**	0.920**	0.843**	0.723**	0.843**	0.791**	1					
HOS	-0.552**	0.745**	0.365**	0.709**	0.179**	0.467**	0.318**	0.870**	0.789**	0.807**	0.812**	0.798**	0.798**	1				
FA	-0.265**	0.714**	0.397**	0.444**	0.226**	0.541**	0.107	0.779**	0.704**	0.586**	0.693**	0.558**	0.846**	0.665**	1			
PI	-0.461**	0.768**	0.446**	0.659**	0.232**	0.531**	0.184**	0.876**	0.688**	0.796**	0.870**	0.825**	0.761**	0.746**	0.631**	1		
PSY	-0.585**	0.841**	0.471**	0.744**	0.371**	0.638**	0.235**	0.943**	0.814**	0.842**	0.881**	0.868**	0.848**	0.789**	0.717**	0.860**	1	
OI	-0.504**	0.670**	0.436**	0.619**	0.350**	0.643**	0.215**	0.898**	0.793**	0.837**	0.800**	0.819**	0.795**	0.745**	0.714**	0.768**	0.841**	1

\*\*Correlation is significant at the 0.01 level (2-tailed)

SCS, social comparison scale; CODAT, Codependency Assessment Tool; OF/SN, other focus/self-neglect; LSW, self-worth; HS, hiding self; MP, medical problems; FOI, family of origin issues; SCL-90-R, Symptom Checklist-90; SOM, somatization; OC, obsessive-compulsive; IS, interpersonal sensitivity; DEP, depression; ANX, anxiety; HOS, hostility; PA, phobic anxiety; PI, paranoid ideation; PSY, psychoticism; OI, other issues

**Table 5** Total mean scores of housewives from SCS, SCL-90-R, CODAT scales, and sub-dimensions

Scales	Max and min points of scales	X ± SD	Max and min points of participants	Median
SCS	18–108	75.16 ± 21.73	31–108	80
CODAT	25–125	76.16 ± 17.75	29–107	80
Other Focus/Self-Neglect	5–25	11.79 ± 8.32	5–25	17
Self-Worth	6–30	8.84 ± 5.18	6–30	20
Hiding Self	5–25	14.10 ± 8.13	5–23	17
Medical Problems	4–20	1.10 ± 0.58	4–20	11
Family of Origin Issues	5–25	24.44 ± 11.09	5–22	15
SCL-90-R	(0–4)	1.96 ± 0.95	(0–4)	2.06
Somatization	(0–4)	2.16 ± 1.04	(0–4)	2.25
Obsessive–Compulsive	(0–4)	2.25 ± 0.93	(0–4)	2.40
Interpersonal Sensitivity	(0–4)	2.28 ± 1.12	(0–4)	2.44
Depression	(0–4)	1.79 ± 1.14	(0–4)	2.46
Anxiety	(0–4)	2.00 ± 1.09	(0–4)	1.60
Anger and Hostility	(0–4)	1.41 ± 1.15	(0–4)	2.33
Phobic Anxiety	(0–4)	2.01 ± 1.09	(0–4)	1.42
Paranoid Ideation	(0–4)	1.63 ± 0.98	(0–4)	2.16
Psychoticism	(0–4)	1.96 ± 1.02	(0–4)	1.70
Other Issues	(0–4)	1.88 ± 0.95	(0–4)	2.14

with pathological relationships in general, refers to the dependent relationship that the individual maintains with another individual/individuals due to the personality traits he/she develops as a result of these family relationships (Orbon et al., 2021). For Tousignant and Sioui (2009), this picture is most common among individuals who have a fear of developing confidence in others, have low self-worth, and feel powerless. When the research findings are examined, it is considered that the high level of codependency among housewives is because the study sample consists of women who grew up in patriarchal societies, who adopted gender roles such as being overly emotional, insecure, and fearful of their environment. Indeed, based on the results of the study, women generally describe themselves with terms such as “emotional/fragile, passive, tired, victim, and insecure” that overlap with traditional gender roles. This finding is consistent with the findings of Dear and Roberts (2002) who have found that codependence is directly associated with gender roles developed within the framework of feminism and masculism relations.

In this study, it has been found that 32.9% of the participants have individuals/individuals in need of care at home and 51.5% of them are solely responsible for all household tasks (cooking, cleaning, care needs, etc.). Besides, roughly 17% of the participants live as an extended and crowded family. These data indicate that the participant housewives live in a traditional family structure and undertake responsibilities within the scope of traditional gender roles. The traditional family structure exists because the woman should focus on her family first and expects the housewife to devote herself to her family (Koç et al., 2017; Tire, 2017). This view is also adopted in Turkish culture, and women in particular focus on the health and well-being of others by giving too much importance to “what others think” (Altuntaş & Altınova, 2015; Happ et al., 2022; Karaşar, 2021). When the studies in the literature are examined, it is stated that the codependence caused by this view causes

women to consume all their physical and mental capital and to experience serious mental problems (Karaşar, 2021; Khanna & Khatri, 2021). In fact, when the literature is examined, it has been stated that codependence may be associated with depression (Karaca and Ünsal, 2012), psychosomatic symptoms (Rozhnova et al., 2020), interpersonal sensitivity (Reyome et al., 2010), anxiety (Panaghi et al., 2016), and eating problems (Meyer, 1997). The present study findings are consistent with these studies in the literature and that there are a positive correlation between all sub-dimensions of the SCL-90-R and the level of codependency of housewives. Moreover, in the present study, codependency (apart from the symptoms investigated by the studies in the literature) is directly associated with the domains of obsessive–compulsive, somatization, anger and hostility, phobic anxiety, paranoid ideation, and psychoticism.

Regarding the second question of this study, as a result of the structural equation models, it was determined that there is a strong correlation between women’s mental status and their self-perceptions. Based on the results of the research, it has been found that having a negative self-perception increases the incidence of psychological symptoms in housewives. As a result of the analysis, it was determined that the negative self-perception of housewives accounted for 79% of the psychological symptoms.

On the theoretical ground, albeit negative self-perception is generally considered a psychological symptom (Şahin & Durak, 1994), it is noticed that it could also be a cause of mental symptoms, based on the results of this study. Self-perception is described as all of an individual’s feelings, thoughts, and considerations about herself/himself (Cüceloğlu, 2018) and is formed by internalizing what she/he is like in the perception of others (Yeung & Martin, 2003). Self-perception, which will be formed by the effects of numerous variables, can be adversely affected by the interaction of the individual with the other, especially in the social and cultural framework (Erbek et al., 2005; Uğurlu and Akin, 2008; Karaca & Ünsal, 2012).

According to Kohut’s (1986) self-psychology, an individual’s perception of self depends on the approval of others. Approval, which is a humanitarian need, is possible for housewives (especially in patriarchal societies) only if they can fulfill their social duties (Arslan et al., 2019; Boz et al., 2018). However, despite these difficult roles, women are considered by society as incompetent, weak, and incapable (Ançel, 2017). In various studies conducted within this context, especially women’s social interactions under social and cultural influences adversely impact their self-perceptions, and it has been underscored that this is a serious threat to women’s mental well-being (Başar, 2017; Sezgin, 2015). When the general behavior patterns of the individual with a low perception of self are analyzed, a profile that is particularly distrustful of others, tends to hide his/her feelings, has severe concerns about his/her life and the future, tries to make others happy for no reason, frequently experiences conflict in his/her social interactions, and is open to the abuse of others draws attention (Bayat, 2003). When the findings obtained in this study were examined, it was seen that in line with this profile, women generally made negative self-descriptions indicating mental health problems such as “tired, victim, anxious, furious, passive, and emotional/fragile.” When these descriptions are examined, it is remarkable that there is a problem that is an indicator of almost all sub-dimensions of the SCL-90-R. It is considered that this situation is due to the impact of variables, such as women being too busy to spare time for themselves due to housework, being solely responsible for housework and being dissatisfied with their relationships with their spouses. Although there are no studies in the literature investigating the relationship between housewives’ self-perceptions and mental health, the results obtained about women support the research findings. It has been reported that especially women with a low perception of self experience high levels of stress, anxiety,

and depression (Mutran et al., 1997; Oster and Scannell, 1999). Unlike the related studies, it was determined in the findings of the study that the negative self-perception of housewives as a woman might give rise to mental symptoms such as somatization, obsession, anger, paranoia, eating, and sleeping problems. Indeed, 62.5% of the participants stated that they needed psychological support that is noteworthy as an important result that shows the seriousness of these problems.

In the structural equation model established for the third question of this research, the relationship between the level of codependency and self-perception of housewives was analyzed. As a result of the modeling, there was a strong correlation between the level of codependency and self-perception, and that codependency is effective in developing a negative self-perception of the individual. The negative perception of self of housewives accounted for 59% of the observed levels of codependency. US Codependent Anonymous (Anonymous and (CoDA) 2010) reports that one of the problems caused by codependency is the self-domain of the individual. The codependent individual's making another person the main occupation of his/her life is a remarkable situation that damages his/her own boundaries of self-perception (Anonymous and (CoDA), 2010). Behaviors, such as denying one's own needs, inability to manage emotions, and seeking the approval of others, especially in order to please the other person, are serious problems that reduce the self-worth of the individual, destroy the self-limits, and cause a negative self-perception over time (Carothers & Warren, 1996; Wegscheider-Cruse & Cruse, 1990; Whitfield, 1997).

According to Gayol (2004), codependency impairs the woman's self-perception with an unresolved symbiosis. Typically, women internalize their "savior" role as an ego state in all their relationships (particularly in family relationships). With the continuity of this situation, the woman's undertaking the role of a "god" in her relationships, constantly taking responsibility on her own and trying to tackle all challenges, causes the woman to turn into the "victim" person in the relationship over time (Beattie, 2009). The findings showed that in this study, housewives often describe themselves with adjectives referring to codependency such as "perfectionist, victim, and protectionist."

### Limitations of the Study

Only married women were included in the study as housewives. The fact that the concept of housewife is generally used for married women in Turkish culture has led us to follow such a path. This situation can also be considered a limitation. Therefore, the results of the study can only be generalized to housewives with similar characteristics. Besides, the results obtained from the participants were limited to the values measured by the scales.

### Conclusion and Suggestions

The findings obtained in light of the analyses in this study showed that there was a strong correlation between the mental status of housewives and both their codependency levels and their self-perceptions. The increased levels of codependency and negative self-perception of housewives increase the psychological symptoms experienced. Furthermore, when the relationship between the level of codependency and self-perception of housewives was analyzed, there was a strong correlation between the level of codependency and self-perception, and that codependency was effective in developing a negative self-perception of the individual.

The fact that 63% of the women who participated in this research have reported that they did not feel well mentally and need support indicates a severe mental health problem at the social level. Hence, the protection and improvement of the mental well-being of women, who make up half of society, is of great importance in terms of the mental health of society. In this context, the following actions can be suggested.

Especially in patriarchal societies, governments need to provide services for the education rights of housewives, a significant number of whom have low and secondary education levels, and ensure the continuity of these services. It is necessary to identify the illiterate housewives by going down to the bottom of the society and to open literacy courses (taking into account family dynamics). The content of this course must also aim to develop skills such as accessing and using information.

In addition, governments or researchers (working in the field of health and social sciences) should conduct periodic studies to determine the physiological, psychological, and social needs of housewives, who generally take care of the family. It is of great importance that academic studies are designed with an intervention method. These studies should focus on identifying the reasons for the psychological problems experienced by women, especially in the social context. In this context, the results of the study should be studied by multi-disciplinary (academics working in health and social fields, state planning organizations) teams and services for social change should be produced. The content of these services should include subjects such as family communication, conflict resolution, I-you language, saying no, and assertiveness.

Considering the results of the study, it is thought that meeting the psychological support demands of housewives correctly is of great importance. Psychological support processes of housewives, who may have difficulties in accessing health services and who are under many social pressures, require extra sensitivity. In particular, stigmatizing expressions or perspectives that easily diagnose disease should be avoided. It is thought that it will be very useful for professionals working in the field of psychiatry to evaluate women with gender-sensitive approaches such as feminist therapy.

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**Data Availability** The data analyzed during the current study are available from the corresponding author on reasonable request.

## Declarations

**Informed Consent** Informed consent was obtained from all individual participants included in the study.

**Conflict of Interest** The author declares that he has done in the design, execution, and analysis of the paper, and that they have approved the final version. Additionally, there are no conflicts of interest in connection with this paper, and the material described is not under publication or consideration for publication.

**Ethical Approval** All procedures were approved by the ethics committee of the Harran University Social and Human Sciences Research Ethics Committee (File Number: E-76244175-752.01.01-59612).

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