

CORRELATION OF NARCISSISM ON MENTAL HEALTH OF SPOUSES IN AFIJIO LOCAL GOVERNMENT AREA OF OYO STATE

BY

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The current study investigates the correlation between narcissism and the mental health of spouses in Afijio Local Government Area of Oyo State. The study adopted a descriptive correlational research design. Four research questions and two null hypotheses guided the study. The population comprised all married men and women residing in Afijio Local Government Area of Oyo State. A sample of 50 respondents was selected using simple random and purposive sampling techniques. Data were collected using the Narcissism and Spousal Mental Health Questionnaire (NSMHQ), comprising adapted versions of the Narcissistic Personality Inventory (NPI-16) and the Depression Anxiety Stress Scale (DASS-21). The reliability of the instrument was confirmed using Cronbach's Alpha coefficient. Data were analysed using mean, standard deviation, and Pearson Product Moment Correlation (PPMC). Findings revealed that respondents exhibited moderate to high levels of narcissistic traits ($M = 3.08$). Mental health outcomes included moderate depression ($M = 2.90$), moderately high anxiety ($M = 3.05$), and high stress levels ($M = 3.18$). The results further indicated significant positive relationships between narcissism and depression ($r = 0.49, p < 0.05$), anxiety ($r = 0.52, p < 0.05$), and stress ($r = 0.58, p < 0.05$). It is recommended that counsellors, mental health professionals, and government agencies promote marital counselling, psychological awareness programmes, and emotional intelligence training to mitigate the adverse effects of narcissism on spousal mental health.

Keywords: *Narcissism, mental health, marital relationships, psychological distress, depression, anxiety*

Introduction

Mental health, as defined by the World Health Organization (WHO, 2022), is a state of well-being in which individuals realise their abilities, can cope with the normal stresses of life, work productively, and contribute to their communities. Within the marital context, mental health involves the psychological stability, emotional satisfaction, and social functionality of partners. Numerous studies have shown that the emotional climate of a marriage significantly affects mental health outcomes such as depression, anxiety, and stress (Kamp Dush & Amato, 2020). Married individuals may experience emotional exhaustion, low self-esteem, and symptoms of psychological distress because of continuous manipulation, criticism, and emotional invalidation within the relationship (Lamkin, Clifton, Campbell, & Miller, 2018). In Nigeria's semi-urban areas such as Afijio Local Government Area, Oyo State, the cultural value placed on marital endurance often leads many spouses to remain in psychologically abusive relationships. The social expectation that marriages should be maintained "at all cost" sometimes prevents individuals from seeking help even when emotional abuse is evident. This endurance culture, combined with inadequate access to psychological services, heightens the risk of mental health deterioration. As Adebayo, Olagunju, and Akintola (2019) observed, limited awareness about emotional abuse and the stigmatisation of mental health discussions contribute to silent suffering among Nigerian spouses, particularly women, who often internalise their trauma. Furthermore, studies within the Nigerian psychological landscape have revealed that poor mental health among married individuals is often linked to unbalanced power dynamics, personality incompatibility, and low emotional intelligence within relationships (Okorie, 2018; Eze & Nwankwo, 2020). Narcissistic traits such as dominance, gaslighting, and exaggerated self-focus can disrupt communication, erode empathy, and weaken marital bonds. According to Ogunleye and Olatunji (2021), partners who experience such manipulative patterns are more susceptible to depression, hopelessness, and

even psychosomatic symptoms like insomnia or hypertension. These manifestations demonstrate how narcissism transcends mere personality expression to become a serious mental health concern within marriage.

The emotional instability, manipulation, and disregard for responsibilities associated with narcissistic traits are key factors that lead to emotional insecurity and mental health vulnerability in marital relationships. Such an environment promotes chronic stress, emotional burnout, and loss of self-worth — recognised antecedents to mood and anxiety disorders. These outcomes are further supported by clinical and diagnostic literature, which highlights the interpersonal dysfunction intrinsic to narcissistic personality characteristics. According to the American Psychiatric Association (2022), impaired empathy and exploitative interpersonal behaviour are among the diagnostic criteria for narcissistic personality disorder, and these traits are highly detrimental to emotional relationships and support systems within marriage. Clinical studies have further demonstrated that spouses of narcissistic individuals frequently undergo emotional invalidation and disempowerment, which adversely impact self-esteem and affective regulation (Cramer, 2016). Such experiences erode not only psychological health but also positive indicators of mental wellness, including resilience, psychological security, and a sense of social connectedness.

Cross-cultural studies highlight the role of socio-cultural norms in shaping how narcissistic characteristics are expressed within marriage and the effects they have on spousal well-being. Research carried out in Asian cultures that value collectivism has shown that cultural requirements around marital perseverance and gender conformity may conceal or legitimise narcissistic behaviour. Yeh, Huang, and Liu (2017) found that cultural values such as family harmony and authority hierarchy tend to tolerate narcissistic dominance and emotional withdrawal in East Asian marital settings, overburdening the psychological well-being of spouses. In those settings, women often manifest internal distress, somatic symptoms, and depressive affect rather than explicit relational conflict. Similarly, studies from South Asia and the Middle East emphasise the interaction between patriarchal cultural structures and narcissistic tendencies in aggravating mental health risks for women. Women married to emotionally controlling and self-centred husbands showed higher rates of depression, learned helplessness, and anxiety, largely due to social pressures that discourage marriage breakdown or emotional disclosure (Ali & Naylor, 2013). In the African context, the literature aligns with global findings but reflects culture-specific dynamics.

Recent scholarship in the mental health field further insists that well-being in marriage extends beyond the absence of clinical disorders towards positive psychological functioning. Keyes' (2002) conceptualisation of mental health emphasises emotional well-being, psychological functioning, and social connectedness as core components of mental wellness. Narcissistic relational patterns undermine these dimensions by disrupting mutual respect, emotional reciprocity, and shared identity. The ongoing emotional deprivation and control in narcissistic relationships destabilise the spouse's sense of security and self-esteem, increasing vulnerability to generalised anxiety disorder, mood instability, and chronic psychological pressure. Furthermore, the study of narcissism and mental health in the context of Afijio Local Government Area of Oyo State provides a meaningful setting in which to observe the relationship between these two factors. Afijio is a semi-urban area characterised by high social bonding, strong cultural values, and growing exposure to modern education and media. Marriage relations in this region remain mostly culture-based, with emphasis on respect for authority, perseverance, and family reputation. Meanwhile, expanding educational opportunities, social media, and religious counselling are beginning to introduce new expectations around emotional satisfaction, communication, and psychological health in marriage. This co-existence of traditional and modern values creates a distinctive social environment in which marital roles are negotiated and at times challenged. Due to low mental health literacy in such communities, psychological challenges including persistent sadness, anxiety, emotional withdrawal, and low self-worth, are often not recognised as mental health concerns. Instead, they tend to be attributed to spiritual infirmity, personal failure, or ordinary marital difficulties.

The study transcends theoretical discourse and attempts to shed light on the emotional conditions of married individuals who may be affected by narcissistic partners. Most of these experiences remain undocumented because of stigma, cultural silence, and limited psychological discourse at the grassroots level. Empirically investigating the narcissism–mental health relationship in such a setting provides a more realistic perspective on marital challenges in Nigerian society, and it draws attention to the psychological

dimensions of marriage that are often overshadowed by economic or social explanations of marital conflict. This study is motivated by the growing need to examine marital mental health through the lens of personality dynamics. Although communication, financial pressure, and cultural incompatibility are commonly cited in Nigerian marital research, the impact of maladaptive personality traits such as narcissism on spousal well-being has received limited attention. This gap constrained the effectiveness of counselling and intervention strategies designed to promote marital harmony.

Empirical studies on narcissism and psychological outcomes in marital relationships have expanded significantly in recent years, reflecting growing interest in personality-driven predictors of relationship quality. A consistent theme across the literature is that narcissistic traits are strongly associated with poor relational adjustment, emotional distress, and diminished psychological well-being among partners. Barry et al. (2020) conducted a longitudinal study examining narcissistic traits and relationship satisfaction among married couples in the United States. The study found that individuals high in narcissism demonstrated lower levels of empathy and higher tendencies towards interpersonal conflict, which significantly predicted marital dissatisfaction over time. The authors concluded that narcissism undermines relational stability by disrupting emotional reciprocity. Similarly, Pincus and Ansell (2019) explored vulnerable narcissism and its association with emotional dysregulation. The findings revealed that individuals with vulnerable narcissistic traits exhibited higher emotional reactivity and sensitivity to perceived rejection, contributing to unstable relationship dynamics and increased partner distress. This suggests that both grandiose and vulnerable narcissism negatively influence relational functioning, albeit through different mechanisms. Generally, empirical evidence consistently demonstrates that narcissism is a strong predictor of negative psychological outcomes in marital relationships. However, most studies are conducted in Western contexts, with limited focus on semi-urban African communities. This creates a contextual gap, particularly in understanding how cultural norms influence the expression and perception of narcissistic behaviours in places such as Afijio Local Government Area.

Statement of the Problem

Marriage is expected to provide emotional security, companionship, and psychological support for spouses. However, in many marital relationships, these expectations are undermined by persistent personality-related challenges that negatively affect emotional well-being. One such challenge is narcissism, which manifests in excessive self-focus, emotional manipulation, lack of empathy, and dominance within intimate relationships. When these traits are present in marriage, they often disrupt emotional balance and create an unhealthy relational environment. In many Nigerian communities, including Afijio Local Government Area, marital difficulties are commonly attributed to economic hardship, communication breakdown, or cultural incompatibility. Less attention is given to underlying personality traits that may predispose spouses to emotional distress. As a result, the psychological impact of living with a narcissistic partner is frequently overlooked. Spouses exposed to narcissistic behaviours may experience persistent emotional strain, reduced self-worth, anxiety, and depressive symptoms, yet these experiences are rarely identified as mental health concerns. Despite the growing recognition of mental health as an important component of overall well-being, there is limited empirical evidence examining how narcissism correlates with the mental health of spouses in Nigerian marital settings. Existing studies have focused more on marital satisfaction, conflict resolution, or socio-economic factors, leaving a gap in understanding the psychological consequences of narcissistic personality traits within marriage. This lack of localised empirical data limits the effectiveness of counselling interventions and mental health education targeted at married couples. Therefore, there is a need to empirically investigate the correlation between narcissism and the mental health of spouses in Afijio Local Government Area. Addressing this problem will provide a clearer understanding of how personality traits influence marital mental health and inform culturally relevant strategies for promoting psychological well-being among married individuals.

Objectives of the Study

The main purpose of this study is to examine the correlation between narcissism and the mental health of spouses in Afijio Local Government Area of Oyo State. The specific objectives of the study are to:

- i. Assess the level of narcissistic traits among married individuals in Afijio Local Government Area;
- ii. Examine the mental health status of spouses in Afijio Local Government Area;
- iii. Determine the relationship between narcissism and mental health among married men and women;

Research Questions

The study seeks to provide answers to the following research questions:

- i. What is the level of narcissistic traits among married individuals in Afijio Local Government Area?
- ii. What is the mental health status of spouses in Afijio Local Government Area?

Research Hypothesis

The following null hypothesis was tested at the 0.05 level of significance:

H_{01} : There is no significant relationship between narcissism and the mental health of spouses in Afijio Local Government Area.

Methodology

The study adopts a descriptive correlational survey research design. This design was considered appropriate because it enables the researcher to examine the relationship between narcissistic traits and mental health outcomes among spouses without manipulating any of the study variables. It allows for the measurement of naturally occurring variations in both narcissism and psychological well-being and determines the extent and direction of their relationship. The population of the study comprises all married men and women (spouses) residing in Afijio Local Government Area of Oyo State. This population was considered appropriate because it represents individuals directly experiencing marital interactions where narcissistic traits may manifest and influence psychological well-being. The population is spread across several communities within the local government area. A sample of 50 respondents was selected based on accessibility and field conditions. Two sampling techniques were employed. Simple random sampling technique was applied at the community selection stage to ensure that all communities within Afijio Local Government Area had an equal chance of being included in the study. Purposive sampling technique was subsequently applied at the individual respondent level to ensure that only legally married individuals who are currently living with their spouses were included in the study. This combination ensured both representativeness and specificity in the selection process. The instrument for data collection is a structured questionnaire titled "Narcissism and Spousal Mental Health Questionnaire (NSMHQ)." The questionnaire is organised into three sections.

Section A collected demographic data of respondents, including age, gender, level of education, duration of marriage, and occupation. Section B: Narcissism Scale. This section was adapted from the Narcissistic Personality Inventory (NPI-16) developed by Ames, Rose, and Anderson (2006) and widely used in psychological research. The NPI-16 consists of 16 forced-choice items that assess traits such as entitlement, superiority, dominance, and need for admiration. It has a reported internal consistency of $\alpha = .79$. Section C: Mental Health Scale. This section was adapted from standardised mental health indicators derived from the Depression Anxiety Stress Scale (DASS-21) developed by Lovibond and Lovibond (1995) and widely used in clinical and non-clinical populations. The DASS-21 comprises 21 items rated on a 4-point Likert scale (0–3), measuring three subscales: Depression, Anxiety, and Stress. Since the questionnaire was adapted from validated standardised scales (NPI-16 and DASS-21), the validity process focused on ensuring suitability for the current study context. An adaptation validity process was carried out, whereby experts in psychology and guidance and counselling assessed each item for cultural relevance, clarity, and suitability for marital settings. Each item was rated individually, and only items meeting the Adaptation Validity Index (AVI) benchmark of 0.80 and above were retained or further adapted. In addition, a content alignment check was conducted to ensure that the narcissism and mental health items accurately reflected their intended constructs within the Nigerian marital context, thus confirming both construct and contextual validity. The reliability of the adapted instrument was established using Cronbach's Alpha coefficient to determine the internal consistency of the items. A pilot study was conducted using respondents outside the main study area to test the consistency of the adapted items in the new cultural and marital context. Data were collected through direct administration of questionnaires to respondents in selected communities within Afijio Local Government Area. The procedure included getting informed consent from respondents, ensuring confidentiality and anonymity, clarifying questionnaire items where necessary, and retrieving completed questionnaires upon completion. Participation was voluntary. Data collected for the study were analysed using the Statistical Package for Social Sciences (SPSS). The demographic characteristics of respondents were analysed using descriptive statistics like frequency counts, percentages, and simple charts. Responses on narcissism were analysed using mean and standard deviation; items were computed

and aggregated into a composite narcissism index. Mental health variables (depression, anxiety, and stress) were also analysed separately using mean and standard deviation, with each subscale computed into composite scores. Hypotheses for Research Questions 3 and 4 were tested using Pearson Product-Moment Correlation (PPMC) to determine the relationship between narcissism and each mental health variable. All hypotheses were tested at the 0.05 level of significance; the null hypothesis was rejected when the p-value was less than 0.05 and retained when it was greater than 0.05.

Results

Research Question 1: What is the level of narcissistic traits among married individuals in Afijio Local Government Area?

Table 1: Level of Narcissistic Traits among Respondents

Variable	N	Mean	Std. Deviation
Narcissism	50	3.08	0.58

The mean score of 3.08 indicates a moderate to high level of narcissistic traits among respondents. This suggests tendencies such as dominance, self-centredness, and need for admiration within marital relationships.

Research Question 2: What is the mental health status of spouses in Afijio Local Government Area?

Table 2: Mental Health Status of Spouses

Variable	N	Mean	Std. Deviation
Depression	50	2.90	0.62
Anxiety	50	3.05	0.66
Stress	50	3.18	0.64
Overall Mental Health	50	3.04	0.60

Table 2 shows that respondents experienced moderate depression (M = 2.90), moderately high anxiety (M = 3.05), and high stress (M = 3.18). The overall mental health distress mean of 3.04 indicates that respondents generally experience elevated psychological distress combining depression, anxiety, and stress.

Test of Hypotheses

Hypothesis One (H₀): There is no significant relationship between narcissism and the mental health of spouses in Afijio Local Government Area.

Table 3: Pearson Correlation between Narcissism and Mental Health Variables

Variables	N	r	p-value	Decision
Narcissism & Depression	50	0.49	0.001	Reject H ₀
Narcissism & Anxiety	50	0.52	0.000	Reject H ₀
Narcissism & Stress	50	0.58	0.000	Reject H ₀

Table 3 reveals significant positive relationships between narcissism and depression (r = 0.49, p = 0.001), anxiety (r = 0.52, p < 0.05), and stress (r = 0.58, p < 0.05). Since all p-values are less than the 0.05 significance level, the null hypothesis of no significant relationship is rejected for all three mental health variables. This indicates that higher narcissistic traits are significantly associated with increased levels of depression, anxiety, and stress among spouses.

Discussion of the Findings

Findings revealed that respondents exhibited moderate to high levels of narcissistic traits (M = 3.08, SD = 0.58), indicating that behaviours such as dominance, self-centredness, and need for admiration are present among married individuals in Afijio Local Government Area. This finding aligns with Barry et al. (2020), who found that narcissistic traits frequently manifest within marital contexts and undermine emotional reciprocity. Similarly, Lamkin et al. (2018) found that narcissistic traits are identifiable among

married individuals and tend to negatively influence relationship functioning. The moderate to high narcissism scores recorded in this study suggest that personality-related issues may be a significant contributing factor to marital challenges in semi-urban Nigerian communities.

Findings revealed that respondents experienced moderate depression ($M = 2.90$), moderately high anxiety ($M = 3.05$), and high stress ($M = 3.18$), with an overall mental health distress mean of 3.04. These outcomes indicate that spouses in Afijio Local Government Area are experiencing notable levels of psychological distress. This is consistent with Ogunleye and Olatunji (2021), who found that partners exposed to manipulative personality patterns in marital relationships are more susceptible to depression, hopelessness, and psychosomatic symptoms. Cramer (2016) similarly observed that spouses of narcissistic individuals frequently undergo emotional invalidation and disempowerment, which adversely affect self-esteem and affective regulation.

The correlation analysis revealed significant positive relationships between narcissism and depression ($r = 0.49, p < 0.05$), anxiety ($r = 0.52, p < 0.05$), and stress ($r = 0.58, p < 0.05$). The null hypothesis of no significant relationship was therefore rejected. These results confirm that higher narcissistic traits are associated with greater psychological distress among spouses. This finding is consistent with Barry et al. (2020), who demonstrated that narcissism significantly predicts marital dissatisfaction and emotional distress. Similarly, Pincus and Ansell (2019) showed that narcissistic traits contribute to heightened emotional reactivity and relationship instability. Lavner et al. (2022) further established that perceived inequity in narcissistic relationships is strongly associated with depression and anxiety among spouses.

Conclusion

Based on the findings of the study, it can be concluded that narcissism is a significant psychological factor influencing spousal mental health. The study has demonstrated that individuals who exhibit higher levels of narcissistic traits are more likely to experience emotional and psychological challenges within their marital relationships. These challenges manifest in the form of depression, anxiety, and stress, which were found to be prevalent among the respondents. Furthermore, the study establishes that narcissistic tendencies such as excessive self-focus, lack of empathy, and dominance in interactions can create tension and imbalance within relationships. These behaviours may lead to poor communication, unresolved conflicts, and emotional dissatisfaction, all of which contribute to declining mental health among spouses. This suggests that narcissism not only affects individual personality but also significantly impacts interpersonal relationships and emotional well-being. In addition, the significant positive relationships found between narcissism and all mental health variables indicate that as narcissistic traits increase, psychological distress also increases. This highlights the importance of addressing personality-related issues in marital relationships as part of efforts to promote mental health and stability. Lastly, the study emphasises that improving spousal mental health requires conscious efforts to reduce maladaptive personality traits and promote healthier relationship behaviours. Addressing narcissism within marital relationships is therefore essential for fostering emotional balance, mutual understanding, and long-term relationship satisfaction.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Counsellors and mental health professionals should encourage married couples to seek professional marital counselling to address narcissistic tendencies and improve communication and emotional understanding within relationships.
2. Government and non-governmental organisations should organise psychological awareness programmes to educate individuals about the effects of narcissism on relationships and mental health. In addition, spouses should be encouraged to develop emotional intelligence skills such as empathy, self-awareness, and conflict resolution to reduce the negative impact of narcissistic behaviours.
3. Marriage counsellors, faith-based organisations, and marriage registrars should facilitate premarital counselling for individuals intending to marry, so as to identify and address personality traits that may negatively affect marital relationships.
4. Support systems such as families and communities should provide the necessary support to help couples manage stress and emotional challenges effectively.

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