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Marital Satisfaction and Personality Traits as Correlates of Psychopathological Symptoms among Married Christian Women

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Abstract:

The study examined marital satisfaction and personality traits as correlates of psychopathological symptoms among married women. Three hundred (300) participants of age range between 30 to 65 years with mean age of 32.78 years and standard deviation of 8.55 were selected from Catholic Women Organisation, Onitsha Archdiocese. Three instruments were used for the study, Symptom Distress Checklist 90 (SCL-90), The Big-Five Inventory (BFI), and Index of Marital Satisfaction. The study was a survey and a correlational design. The Pearson product moment correlation coefficient was used to test for significant relationship. The result indicated a significant relationship between marital satisfaction and psychopathological symptoms ($r = 0.69, p < .05$), ($r = 0.31, p < .05$) and ($r = 0.61, p < .05$). Also, the second hypothesis was confirmed indicating a significant relationship between personality traits and psychopathological symptoms ($r = -.49, p < .01$). It was recommended that personality assessment of both intending couples and married couples is very crucial to enhance marital satisfaction thereby reducing the manifestation of psychopathological symptoms.

Keywords: Marital satisfaction, personality traits, psychopathological symptoms, married Christian women

1. Introduction

Marriage is believed to be a source of joy, and a life altering event that seems to be generally acceptable by all. It may be viewed as a gain and not a loss. Perhaps this could be the reason why so many males and females and old and young people struggle to be married. Epstein and Gottman (1993) opined that more than 90% of the world's population marries at least once. In some parts of the Nigerian society today, it is believed that any man or woman who is not married is not complete apart from those ordained for celibate life style. Although marriage seems to be admirable and also interesting event, it has been indicated that marital satisfaction is not easily achieved (Brubacker & Kimberly, 1993). Considering the high rates of divorce in the world as stated by Rosen-Grandon, Myers and Hattie (2004), it becomes very necessary to explore further the possible predisposing factors to marital distress and failure. Marriage is believed to be the most important and fundamental human relationship because it provides the platform for establishing a family relationship and nurturing the next generation. Marital union is an important institution that determines the well-being of the society in general and the individual members of the society in particular (Agu, 2017).

Neglected intrapersonal factors such as personality traits have been found to influence marital satisfaction (Saggino, 2015). Choi and Marks (2008), opined that while depressive symptoms predict increase in marital conflict, marital conflicts also predict increase in depressive symptoms. Similarly, studies by Sandberg and Harper (2000) and Whisman, Uebelacker, Tolejko, Chatar and Mckalvie (2006) revealed that greater marital discord is associated with greater depression, lower life satisfaction and lower self-esteem. Uebelacken, Courtange and Whisman (2003), confirmed that marital satisfaction is a function of depressive symptom, communication and self-silencing in women. They further stated

that the negative relationship between depressive symptoms and marital satisfaction was significant for women and not for men. These observations have led to a greater interest on the part of the scientific community to identify intrapersonal factors such as personality traits and their relationship with marital satisfaction and psychopathological symptoms among married Christian women.

Psychopathological symptoms can be defined as non-specific mental health problems which include a combination of symptoms ranging from depression and general anxiety symptoms, functional disabilities and behavioural problem (Dohrenwend & Dohrenwend, 2000). Psychopathological symptoms stand out as a group of mental health conditions which had in the past been misunderstood. Hence, sufferers are perceived in negative light and often left in the hands of religious and untrained care-givers (Craig, 2014). They can be referred to as certain psychosocial conditions which obstruct one's daily life activities, actions, thoughts and feelings. Furthermore, they are symptoms that cause mental, emotional and physical pains. There are numerous psychopathological symptoms in existence, for example: somatization, anxiety, paranoid ideation, obsessive-compulsion, hostility, neuroticism, and psychoticism. For the purpose of this study, three psychopathological symptoms namely depressive symptoms, paranoid ideation and somatization were explored as they were related to marital satisfaction. Satisfaction in marital relationship is an essential element for successful family life and personal growth (Bradbury & Karney, 2014). Marital satisfaction can be seen as a mental state which reflects the perceived joy and pain of marriage to a particular partner. The more pain a marriage partner inflicts on the other partner, the less satisfied one is with the marriage and with the marriage partner.

Indeed, marital satisfaction is strongly associated with emotional distress in some men and women (Whisman, et.al 2006). Good partner relationship, both as perceived by oneself and by the spouse, quite strongly moderates adverse effects of various types of emotional strain (Gun-Mette, Eberhard-Gran, Espen & Kristian 2016). In studying the association between psychopathology and marital satisfaction, Karney and Bradbury (1997), generally adopted one of these two perspectives. From the first perspective Karney and Bradbury (1997), the association between one person's level of psychopathology and relationship satisfaction (actor effects) was examined and the result on the actor effects revealed that marital satisfaction is causally related to psychopathology.

Furthermore, a second perception on the relationship between psychopathology and marital satisfaction was examined on the relationship between psychopathology in one person and relationship satisfaction in the partner (partner effects). For example, partner effects have been studied to evaluate the perspective that there are burdens associated with being in a relationship with someone with mental health problems and that these burdens may result in lower relationship satisfaction for the partner (Hetherington, 2003; Kieclt-Glaser & Newton, 2001). Personality traits of an individual may affect the relationship between marital satisfaction and psychopathological symptoms by functioning as a moderator variable in the relationship.

Personality includes stable and enduring traits that reveal themselves in various situations (Costa & McCrae, 2015). However, Allport (1961), defined it as the dynamic organization within the individual of those psychophysical systems that determine his characteristics, behaviour and thought. Personality involves an individual's behaviour, thought, attitude, interest, and abilities. Global assessments of personality have shown that personality characteristics have twisting relationship with psychopathological symptoms among unsatisfied couples (Kaur, 2016).

Since marriage requires equilibrium in the level of psychopathological symptoms of the people involved, the present study examined marital satisfaction and personality traits as correlates of psychopathological symptoms (Depressive symptoms, paranoid ideation and somatization) among married Christian women only and not the couple. The study drew strength from existing theories and models and other relevant empirical studies to test the hypotheses that examined the relationship between personality traits (neuroticism, extroversion, conscientiousness, openness to experience and agreeableness) and marital satisfaction and also psychopathological symptoms among married Christian women.

Gun-Mette Kari, Eberhard-Gran, Espen and Kristian (2016) investigated the contribution of a set of risk factors for emotional distress among men and women in couples, with a special focus on satisfaction with partner relationship and the extent to which high relationship satisfaction in couples acts as a buffer against stressful events. Pregnant women and their husbands ($n = 62,956$ couples) that enrolled in the Norwegian Mother and Child Cohort Study; completed a questionnaire with questions about emotional distress, relationship satisfaction, and other risk factors. Twelve potential risk factors were included in the analyses, including relationship satisfaction, demographic characteristics, and somatic diseases in men and women. Associations between the predictor variables and emotional distress were estimated by multiple linear regression analysis. Cross-spousal effects, in which data reported by one of the spouses predicted emotional distress in the other, were also investigated.

Possible interaction effects between certain risk factors and self-reported and partner's relationship satisfaction were tested and further explored with regression analyses in subsamples stratified by relationship satisfaction scores. The unique effects of relationship satisfaction were of similar sizes for both men and women: substantial for self-reported ($b = -0.23$ and $b = -0.28$, respectively) and weak for partner-reported satisfaction ($b = -0.04$ and $b = -0.02$, respectively). Other relatively strong risk factors were somatic disease, first-time motherhood, and unemployment. Self-reported as well as partner-reported relationship satisfaction appeared to strongly buffer the effects of a number of stressors.

Khan and Aftab (2013) investigated the predictive association of marital satisfaction with depression and whether perceived social support mediates the relationship of marital satisfaction with depression in married couples. Kansas Marital Satisfaction Scale (KMSS) by (Schumm, Scanlon, Crow, Green & Buckler, 2012), Multidimensional Scale of Perceived Social Support (MSPSS); by (Zimet, Dahlem, Zimet & Farley, 1998) and Center for Epidemiologic Studies Depression Scale (CESD); were administered on a sample of 100 couples. Linear and Stepwise Regression analyses were

applied to analyze the data. The analyses revealed a significant predictive relationship of marital satisfaction with depression ($R^2 = .068$, $F = 7.196$, $p < .05$) and perceived social support ($R^2 = .221$, $F = 27.874$, $p < .05$). Moreover, perceived social support significantly mediated the relationship of marital satisfaction with depression ($F = 14.682$, $df = 2, 97$, $p < .05$).

Zafer, Yeliz, and Fatma, (2016) examined the personality traits and marital quality in married couples. Four hundred eighty-eight (488) couples that lived in different cities in Turkey took part in the research. The level of marital quality of men was higher than that of women, while agreeableness and neuroticism were higher in women than in men. Marriage duration and neuroticism of women negatively, and educational level positively predicted marital quality. Openness to experiences of men positively predicted marital quality, while neuroticism of them negatively predicted it. Personality traits of men were not predictors of the marital quality of women while personality traits of women were not predictors of marital quality of men.

Ashley and Glenn (2016) explored links between Big Five Personality traits and the quality of romantic relationships, interpersonal functioning was operationalized at three levels of analysis (self-reported quality, observed emotional tone, and physiological reactivity) in three samples (dating, engaged, and married couples). Couples completed questionnaires about their own and partners' personalities and then discussed a disagreement in their relationship while being physiologically monitored. Two conceptual frameworks were examined; the first predicted that personality would be consistently associated with all indicators of functioning. The second framework predicted that personality would be consistently linked to perceived quality and trivially associated with observed emotional tone and electrodermal/cardiac reactivity.

1.1. Research Questions

Based on the foregoing, this study provided answers to the following questions.

- Will there be a relationship between marital satisfaction and psychopathological symptoms among married Christian women?
- Will there be a relationship between personality traits and psychopathological symptoms among married Christian women?

1.2. Purpose of the Study

The major purpose of this study was to examine the relationship between personality traits, marital satisfaction and psychopathological symptoms. Therefore, the specific purposes were:

- To evaluate the relationship between marital satisfaction and psychopathological symptoms among married Christian women.
- To examine the relationship between personality traits and psychopathological symptoms among married Christian women.

1.3. Hypotheses

- There will be a significant relationship between marital satisfaction and psychopathological symptoms among married Christian women.
- There will be a significant relationship between personality traits and psychopathological symptoms among married Christian women.

2. Method

2.1. Participants

A total of 300 participants who have been in marriage between five years and above within the age range of 30 to 65 years were drawn from Catholic women organization of Onitsha Archdioceses. The participants have a mean age of 32.7 and standard deviation of 8.55 respectively. The participants were from Catholic women of Onitsha Archdiocese. However, the participants for the study were selected using convenient sampling because the study was for only married women who are Christians members of Catholic women of Onitsha Archdiocese willing to participate in the study. All participants were literate with at least secondary school education who were able to communicate in English.

2.2. Instruments

The following instruments were used for the study:

2.2.1. Symptom Distress Checklist 90 (SCL-90)

It was developed by Derogatis, Lippmann and Covi, (1977). It was validated and adapted for use in Nigeria by Omoluabi (1996). 12 items (Somatization, 13 items (Depression) and 6 items (Paranoid Ideation) scales were extracted for measuring somatization, depressive symptoms and paranoid ideation respectively. The scale is scored directly on 5- point Likert scale format: 0 = Not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, 4 = extremely. Derogatis et al., (1977) reported alpha coefficient of 0.77 to 0.90 and one-week test retest of 0.78 to 0.90. It has a concurrent validity coefficient of 0.26 to 0.47 with stress inventory by Omoluabi (1995) using one-week interval test-retest reliability, reported alpha coefficient for the symptoms Checklist 90 (SCL-90) subscales which ranged from .77 to .90. Furthermore, Joe-Akunne and

Onyekuru (2013) reported a reliability coefficients Cronbach alpha which ranged from .70 to .89 while it has a cronbach alpha of .88 for this present study.

2.2.2. The Big-Five Inventory (BFI)

It is a 44-item inventory, developed to measure the Big Five Factors (dimensions) of personality. It was developed by (Goldberg, 1993) and recreated by John and Srivastava, (1999). The response options for each item ranged from 'Strongly agree' to 'strongly Disagree', with numerical value of 1 to 5 assigned to each response. Direct scoring was used for all the items and subscales are scored separately.

John (1991) reported a Cronbach alpha reliability coefficient of .80 and a 3 month time test –retest reliability coefficient of .75 and .85 with the Big Five instrument authored by Costa and McCrae (1992). Divergent validity coefficients obtained by Umeh (2004) with University Maladjustment Scale were .05 for Extraversion, .13 for Agreeableness, .11 for Conscientiousness, .39 for Neuroticism and .24 for Openness. Umeh (2004) reported norms for Nigerian samples for male and female on each of the subscales which was used for this study.

2.2.3. Index of Marital Satisfaction

This is a 25-item inventory developed by Hudson (1982) to measure the degree, severity, or magnitude of the problems one spouse or partner perceives to be having in the marital relationship with his or her partner. IMS is administered individually or in groups after establishing rapport with the clients. The scoring is done on 5-point Likert format of 1 – Rarely or none of the time, 2 – A little of the rare, 3 – Some of the time, 4 – Good part of the time and 5 – Most of all of the time. Separate norms have been reported for male and female Nigerian samples as follows: males = 28.09, females = 31.28 (Omoluabi, 1994). In this study, the Nigerian norm for the female sample was the basis for interpreting the scores of the participants. Scores lower than the norm indicates normal or adequate marital satisfaction while scores higher than the norm indicates poor or problematic marital satisfaction. The instrument has been used in research with Nigerian samples (Omoluabi, 1994) and has been shown to be a reliable and valid measure. Agu (2017) reported a Cronbach Alpha of .82.

2.3. Procedure

Permission was sought from the Archbishop of Onitsha Archdiocese to be allowed to carry out the research on the catholic women organization of the archdiocese during their diocesan meetings. The researcher employed the help of 4 members of the organisations who served as research assistants and helped to administer the instruments. The participants were individually administered the inventories by the researcher and research assistants. The participants were instructed on how to complete the questionnaire and were encouraged to do so honestly. Out of 310 copies of questionnaires administered, 300 copies were properly filled and considered as data in the present study, 4 copies were not properly filled, while 6 copies were not returned. The properly filled copies were analyzed using the appropriate statistics.

2.4. Design and Statistics

The study was a survey that adopted a correlation design. Based on the foregoing, the statistics used for data analysis was Pearson Product Moment Correlation Coefficient. These statistics were used because the primary objective of the study was to examine the relationship between the study variables.

3. Results

		1	2	3	4	5	6	7	8	9
1	Ma Satisfaction	1								
2	Depression	.69**	1							
3	Paranoid I	.31**	.42**	1						
4	Somatization	.61**	.67**	.14*	1					
5	Extroversion	-.41**	-.49**	-.17**	-.41**	1				
6	Neuroticism	-.05	.36**	.11	.27**	.03	1			
7	Conscientiousness	-.53**	-.52**	-.33**	-.27**	.42**	-.01	1		
8	Openness	-.56**	-.38**	-.19**	-.32**	.38**	.04	.56**	1	
9	Agreeableness	-.4**	-.61**	-.44**	-.24**	.59**	-.19**	.66**	.46**	1

Table 1: Descriptive Statistics and Zero-Order Correlations of the Study variables

** Correlation was significant at the 0.01 level

*Correlation was significant at the 0.05 level

4. Discussion

The present study investigated marital satisfaction and personality traits as correlates of psychopathological symptoms. The findings from the analysis of the result revealed that hypothesis one which stated that there will be a significant relationship between marital satisfaction and psychopathological symptoms (depressive symptoms, paranoid ideation and somatization) among married Christian women was accepted.

Hence, depression, paranoid ideation and somatization predict marital dissatisfaction. One explanation of the finding is that women, who are uncomfortable with their marriage, are sad with their spouse and experience poor personal interaction with their spouse and such women may exhibit depressive, paranoia and somatic symptoms. A woman who does not have a sense of protection, love and safety in marriage may exhibit these psychopathological symptoms.

The second hypothesis was also accepted. Personality traits (neuroticism, extroversion, conscientiousness, openness to experience, and agreeableness) were significantly related to psychopathological symptoms (depressive symptoms, paranoid ideation and somatization) among married women. The researchers' findings from the study was that some personality traits has a great effect on the relationship between marital satisfaction and psychopathological symptoms as explained in the result of this study. Extroversion was negatively correlated with depression, paranoid ideation and somatization. Neuroticism was positively related to depression and somatization; meaning that the more neurotic an individual is, the more depressed and somatic the person becomes.

5. Implications of the Study

The significance of this knowledge is such that when imbibed by both couples or intending couples the level of marital satisfaction will be enhanced and manifestation of psychopathological symptoms reduced. This is because having the ability to be friendly (extraversion), having leadership skills (conscientiousness), being able to forgive and believe in cooperation (agreeableness) and being open to experience have been detected to enhance marital satisfaction and reduce the manifestation of psychopathological symptoms. Psychologists, couple therapists, counselors, social workers, the clergy and clinicians will now have an insight that personality is one of the most triggering factors in marital dissatisfaction which is always not mentioned. The ability to understand the personality of one's spouse, the better understanding of the spouse, increase in marital satisfaction and the less manifestation of psychopathological symptoms if properly guided.

In view of the foregoing findings, the researcher therefore recommended that personality assessment must be carried out on intending couples to assess their compatibility status and seminars organized for those in marriage to make them understand and resolve conflict in homes.

Based on the outcome of the results, the researchers concluded that the study will be useful not only to married women but intending couples and the general public as a whole. This may contribute in better understanding and treatment of marital problems in our society.

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