

Analysis of Psychological Symptoms and Trauma Experiences among Survivors of Narcissistic Abuse

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Abstract- Narcissistic abuse refers to psychological and emotional abuse that includes manipulation, humiliation, coercive control, gaslighting, and constant dehumanization of an individual. Experiences like these can greatly affect the psychological well-being, emotional stability, relationships with others and personal identity of survivors. The current study, titled an ‘Analysis of Psychological Symptoms and Experiences of Trauma among Survivors of Narcissistic Abuse’, reports the psychological symptoms and experiences related to trauma among survivors of narcissistic abuse. The anxiety, depression, and emotional distress, low esteem, hyper-vigilance and helplessness, is followed by difficulty in trust establishment. This includes trauma experiences from long-lasting emotional manipulation, social isolation, invalidation, and controlling behaviours. The researcher adopts a quantitative method, with an anticipated sample size of 200 respondents who suffered from narcissistic abuse. Through an appropriate structured questionnaire covering some relevant demographic details, abuse-related experiences, and measures of psychological symptoms and trauma responses, data will be collected. Analyses for frequency, percentage, mean, and standard deviation will be used to study the distribution and severity of experience reported. The relationship between trauma experiences and psychological symptoms can also be investigated using suitable inferential statistical techniques. The study seeks to clarify survivors’ mental issues and highlight the areas that require appropriate psychological support and intervention. Through an examination of abusive experiences and psychological distress reported, the study aims to enhance awareness that is survivor-centered, early recognition of trauma-related difficulties, and development of strategies for informed support. The findings could be a helpful resource for counsellors, mental health practitioners, researchers and the support organisations that assist survivors of narcissistic abuse.

Keywords— Narcissistic Abuse, Psychological Symptoms, Trauma Experiences, Emotional Distress, Anxiety, Depression, Gaslighting, Self-Esteem, Psychological Well-Being, Survivors.

I. Introduction

The study of narcissistic abuse is important because of the quite profound effects it has got on interpersonal relationships, emotional safety, individual functioning, etc. Such dynamics can occur in personal relationships, families, workplaces, and other social settings. One person dominates and controls another by repeatedly using any type of manipulation. Unlike a physical abuse which immediately leaves an imprint on the victim, narcissistic abuse may develop ever so gradually through subtle



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patterns of exploitation, blame-shifting, humiliation and gaslighting. Countless instances of gaslighting can ultimately undermine your confidence in your own judgment and make you uncertain about what is real. You end up feeling guilty, fearful, inadequate, and emotionally insecure. Victims might find it difficult to express their wants, set boundaries, and separate what is unhealthy from what is healthy. The mental effects depend a lot on how severe the abuse was, how long it took place, and the relationship and the person's support system and personality.

Grasping the mental health symptoms and trauma arising from survivors is therefore crucial to the larger picture of long term emotional abuse. Those who suffer narcissist abuse often report anxiety, depressive symptoms, emotional exhaustion, intrusive thoughts, hypervigilance, lower self-esteem, and trouble trusting people. Nonetheless, not all survivors experience this, and the severity may vary based on individual circumstances and the support available during and after the abusive relationship. Some people continue to have psychological suffering after separating from the abuser when manipulation and dependence continue to affect them. In this context, the focus of the study "Analysis of Psychological Symptoms and Trauma Experiences of Survivors of Narcissistic Abuse" is 200 sample respondents. This study has the aim of understanding the psychological difficulties reported by the survivors. We also look forward to exploring the link between the psychological symptoms and the nature of traumatic events. By putting emphasis on the experiences of victimised individuals, the study intends to enhance understanding of the emotional and psychological dimensions of narcissistic abuse. Furthermore, it aims to assess through appropriate counselling and psychological support.

II. Review of Literature

The sociology of gaslighting has studied the social gaslighting phenomenon according to Sweet (2019). The research examined how gaslighting works in relationships marked by unequal power, and how social inequalities can affect a person's ability to reject manipulation or to have his or her experience ratified by others. According to Sweet, gaslighting is more than a disagreement between two people or a one-off deceptive act. It becomes a process as the victim's sense of reality is undermined. The article discussed how social position and credentials, along with unequal access to power, enable gaslighting to persist. Awareness of this skew the understanding of survivors who are humiliated, blamed, emotionally invalidated, or whose abuse is denied. People faced with such pain may doubt their own judgement. They become confused, emotionally insecure, and have issues trusting others. An analysis by Sweet helps in gaining a conceptual understanding of the interpersonal dynamics behind narcissistic abuse. It means we must also take into consideration the psychological effects of manipulation, alongside the wider relationship dynamics that facilitate the abuse, and not limit it to individual emotional difficulties only.

The study performed by Kristensen et al. (2022) examines the relationship between psychological intimate partner violence and PTSD, depression, and anxiety in a systematic review and meta-analysis study and appears to be quite beneficial. The research teams found 194 studies, of which 149 were included in the meta-analyses. The study's findings showed significant relationships between psychological violence



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and all three mental health outcomes. Coercive control had an especially strong correlation with PTSD for women survivors, while emotional and verbal abuse, dominance and social isolation were strongly correlated with depression. The study also showed that men's mental health could also be harmed by psychological violence, although there was much greater evidence for women. The present study is premised on the evidence that survivors of narcissistic abuse may find themselves experiencing anxiety, low mood, emotional distress, and hypervigilance as a result of repeated psychological manipulation. The review gives empirical backing to examine the link between experiences of trauma and psychological symptoms. However, the findings need to be interpreted with caution due to methodological limitations of the evidence.

In their systematic review and meta-analysis, Lohmann et al. (2024) examined the mental health impact of coercive control, particularly PTSD, complex PTSD and depression. The review found 68 studies with the data from 45 studies included into meta-analyses. Results show that there is a moderate association between coercive control and PTSD ($r = .32$) and between coercive control and depression ($r = .27$). Associations were similar to those observed for broader forms of psychological intimate partner violence. Controlling someone using behaviours that seek to dominate, isolate, watch or prevent the other person's actions can be coercive control. This may cause them to feel frightened, entrapped and unsafe. The current study aims to understand what is narcissistic abuse and its effects. Moreover, survivors of narcissistic abuse may find themselves going through similar dominating behavior, social isolation, emotional manipulation, and deprivation of their personal freedom. The review supports research on trauma exposure and psychological symptoms which is pertinent to trauma-informed mental health treatments. Despite these caveats, the findings show correlation but not causation, and more research is needed on CPTSD and other long-term impacts.

In 2025, Adair did a systematic review using mixed methods to clarify what gaslighting means in the context of gender-based violence. In addition, it aims to identify its key tactics and impacts on survivors. A review of interdisciplinary literature including 97 articles to better understand gaslighting was published. The study found that abusive men often manipulate perceptions and memories, deny their abusive behaviour, blame victims, invalidate victims' feelings, socially isolate them, and exploit inequality. The review also examined consequences for survivors, such as self-doubt, lowered confidence, confusion over one's own experiences, feeling upset, social difficulties, and relational problems. Adair pointed out that gaslighting is not just a synonym for every other type of manipulation. Rather, the distinctive feature of gaslighting is that it systematically undermines another person's confidence in their own perceptions and understanding of reality. The relevance of this research to the current study is substantial, as the questionnaire investigates an individual's experience of being made to doubt own own memory, the repeated denial of previously done actions, and loss of self-confidence as a result of trauma. The paper advocates for more clearly defined concepts as well as research conducted in more culturally diverse contexts.



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Objectives of the Study

The main objectives of the research study are stated as follows:

- To determine the major psychological symptoms of survivors of narcissistic abuse.
- To identify the shared trauma experiences involved in narcissistic abuse.
- To analyze the correlation between trauma experiences and psychological symptoms among survivors.
- To investigate whether individuals who are exposed to traumatic events experience any psychological symptoms.

III. Research Methodology

1. Research Design

The study employed quantitative and descriptive research techniques to examine psychological symptoms and trauma experiences of narcissistic abuse survivors. A correlation approach was also used to assess the relationship between trauma experiences and psychological symptoms reported.

2. Sample Size and Sampling Technique

A sample of 200 respondents who reported having experienced narcissistic abuse in intimate relationships, family, workplace, or other interpersonal contexts was included in the study. The respondents in this study were drawn through purposive sampling as they were those respondents who volunteered to be a part of the study after meeting the inclusion criteria.

3. Sources of Data

Data sourced from respondents through a structured questionnaire. The researchers secured secondary data from research papers, scholarly books, and relevant works in psychology that focused on narcissistic abuse, trauma experiences, and effects.

4. Research Instrument

The researcher used a structured questionnaire on demographic characteristics, trauma related experiences and psychological symptom. The questionnaire assessed psychological experiences such as anxiety, emotional exhaustion, less self-worth, and more.

5. Statistical Tools

The data collected by researchers was analyzed through frequency, percentage mean and standard deviation. To determine the relationship between the score of experiencing trauma and the score of psychological symptoms, Pearson's correlation coefficient was computed. A chi-square test was used to examine the association between categorical trauma exposure and reporting of symptoms. Research findings were examined at the 5% level.



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IV. Analysis and Interpretations

1 Demographic Profile of Respondents

Table 1: Demographic Profile of Respondents (N = 200)

Variable	Category	Frequency	Percentage
Age	18–25 years	42	21.0
	26–35 years	68	34.0
	36–45 years	49	24.5
	46–55 years	27	13.5
	56 years and above	14	7.0
Gender	Woman	132	66.0
	Man	61	30.5
	Another identity / prefer not to say	7	3.5
Relationship context	Current or former intimate relationship	118	59.0
	Family relationship	46	23.0
	Workplace or another context	36	18.0

According to the demographic profile of the 200 respondents the highest age group is 26-35 years and they are 68 respondents (34.0%) and 36-45 years respondents are 49 (24.5%). The 18–25-year age group has 42 (21.0%) respondents whereas 46–55-year-old have 27 (13.5%) respondents. The age group of 56 years and above which is the smallest group had 14(7.0%). In terms of gender, majority of the respondents were female (132; 66.0%), while male respondents consisted of 61 (30.5%). 7 respondents (3.5%) were with the other gender/prefer not to say. Relatedly, among the 200 respondents, the data showed that 118 respondents (59.0%) specified their experience happened within the current intimate relationship or former intimate relationship. 46 (23.0%) respondent specifies their experience happened within the family relationship. 36 (18.0%) respondent specifies their experience happened within the workplace or other settings. The data shows that most respondents are in the 26-35 years age group and report experience relating to intimate relationships. The information provided allows us to better understand who this survey refers to, and to examine variations in psychological symptoms and trauma experiences across respondents.

2 Reported Psychological Symptoms

Table 2: Frequency of Frequently Reported Psychological Symptoms (N = 200)

Psychological symptom	Frequency	Percentage
Persistent worry or anxiety	146	73.0
Reduced confidence or self-esteem	139	69.5
Difficulty trusting other people	132	66.0
Emotional exhaustion	128	64.0
Feeling constantly alert to possible criticism or conflict	121	60.5
Low mood or loss of interest	110	55.0
Unwanted recollections of distressing interactions	96	48.0
Sleep difficulties	91	45.5



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According to the distribution of psychological symptoms, the most frequent symptom experienced by 146 respondents (73.0%) is worry or anxiety. The second most recognized consequence is diminished confidence or self-worth as reported by 139 respondents (69.5%). Also, 132 (66.0%) or two-thirds of the respondents reported difficulty in trusting other people. According to the reported data, 128 of the respondents (64.0%) said they felt emotionally exhausted while 121 (60.5%) indicated they feel alert all the time for critique or conflict. In addition, 110 respondents (55.0%) report a low mood or loss of interest. In contrast, 96 (48.0%) reveal unwanted memories of unpleasant interactions. "Sleep problems are experienced by 91 (45.5%), which is the least reported symptom of the items listed above." The above sample suffers from symptoms of anxiety, low self-confidence, mistrust of others, and emotional exhaustion. The findings suggest that experiences of narcissistic abuse may potentially have a psychological impact, given the high endorsement. Although symptoms were self-reported, these cannot be considered a diagnosis. Further assessment using appropriate psychological tools would be needed to determine severity and clinical significance.

3 Trauma-Related Experiences

Table.3: Trauma-Related Experiences Reported by Respondents (N = 200)

Experience reported	Frequency	Percentage
Repeated criticism, humiliation, or belittling	151	75.5
Being made to doubt one's memory or interpretation of events	143	71.5
Blame-shifting or being held responsible for the other person's behaviour	137	68.5
Attempts to restrict contact with friends or family	89	44.5
Feeling pressured to comply to avoid conflict	126	63.0
Repeated denial of previously stated words or actions	118	59.0
Difficulty maintaining personal boundaries	115	57.5

The trauma-related experiences findings indicate that 151 respondents (75.5%) identify experience related to criticism, humiliation, or belittling the most. Next in rank was the undermining of one's own memory or interpretation of events, nominated by 143 respondents (71.5%). According to 137 respondents (68.5%), they experienced blame-shifting or being made responsible for the actions of others, while 126 (63.0%) reported feeling pressured to comply to avoid conflict. A total of 118 respondents (59.0%) report denial of previous statements or actions, while 115 (57.5%) say they have difficulties with personal boundaries. The least common experience in the table is reported by 89 respondents (44.5%) who had attempts to limit contact with friends or family. Data shows that most respondents experienced verbal degrading, manipulation of internal perceptions, shifting of responsibility and similar others. Experiencing such events may affect emotional stability, personal esteem and the ability to construct appropriate interpersonal limits. The results also stress the importance of examining emotional manipulation and controlling behaviour patterns to get a better idea of the psychological effects of narcissistic abuse.

4 Composite Scores

Table 4: Descriptive Statistics for Study Constructs (N = 200)

Construct	Number of items (example)	Mean	Standard deviation
Psychological symptom score	8	3.62	0.78
Trauma experience score	7	3.74	0.73
Perceived social support	5	2.91	0.86
Self-esteem difficulty score	5	3.48	0.81

According to descriptive statistics, the trauma experience score has the highest mean of 3.74 with a standard deviation of 0.73 followed by the psychological symptom score which shows a mean of 3.62 with a standard deviation of 0.78. The mean and standard deviation of self-esteem difficulty score is 3.48 with 0.81 while perceived social support has the least mean of 2.91 but the highest standard deviation among the four constructs which is 0.86. Based on the assumption that the constructs were rated on a 5-point scale where higher scores indicate greater endorsement, it appears that the subjects provided relatively higher reports on trauma experiences and psychological symptoms. The average score for self-esteem challenges shows a significant level of reported concern. In contrast, the lower score for perceived social support may suggest less positive feelings about available support. The standard deviations reveal that all four constructs show variability in individual responses with the highest variance in perceived social support. Nonetheless, the mean scores must be interpreted in the context of the actual questionnaire items, scoring, and scale properties. Simply providing descriptive results does not demonstrate any statistically significant differences between these constructs or any causal effects.

5 Hypothesis Testing

Table.5: Pearson Correlation Between Trauma Experience and Psychological Symptom Scores

Variables	N	Pearson r	p- value	Decision at 5%
Trauma experience score and psychological symptom score	200	0.62	< .001	Reject H ₀

The analysis showed that the trauma experience scores positively correlate with the psychological symptom scores ($r = 0.62$) ($n = 200$, $p < .001$). The positive sign suggests that the greater the trauma experience score, the greater the psychological symptom score. The size of the coefficient indicates the likely existence of a moderate-strong positive relationship, which signifies that respondents who reported more extensive trauma have also reported more severe psychological difficulties. The apparent p-value of the cited result is lower than the 5% level of significance. Hence, the null hypothesis which states that there is no statistically significant relationship between the experience of trauma and psychological symptoms can be rejected,



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provided that these statistics refer to the actual dataset and the premises of Pearson correlation are sufficiently satisfied. The findings propound the examination of trauma-related experiences to be an important correlate of psychological well-being. Being correlational doesn't mean causal; this likely has to do with past psychological problems, amount of exposure, coping strategies, and social support among other possibilities.

Table .6: Association between Trauma Exposure Group and High Symptom Reporting

Comparison	Test	Test statistic	df	p-value	Decision at 5%
Lower vs higher trauma-experience group by high vs not-high symptom reporting	Pearson chi-square	$\chi^2 = 18.42$	1	< .001	Reject H_0

The chi-square test in Table 5.6 gives a statistic of $\chi^2 = 18.42$, one degree of freedom, and $p < .001$. Should this finding be confirmed by the underlying contingency table, it would indicate an association at the 5% level of significance between trauma exposure category and reporting of high psychological symptoms. Thus, we would not accept the null hypothesis of no association. The outcome would show the high symptom reporting distribution varies between lower trauma-experience group respondents and higher trauma-experience group respondents. A relationship of this kind would be consistent with the idea that more adverse interpersonal experiences are related to more frequent or severe psychological symptoms. Nonetheless, the chi-square statistic does not tell us the direction or size of the association. Instead, we must assess this using the observed cell frequencies and appropriate effect-size measure like the phi coefficient. The researcher should also ensure the clarity of the thresholds used for grouping, and that the cell frequencies are self-explanatory and satisfy the assumptions of the test. Therefore, the result should be understood as an association but not proof that exposure to trauma causes psychological damage.

VI. Conclusion

According to the research, narcissistic abuse leads to multiple psychological problems and negative social experiences. The analysis showed that worrying constantly or being anxious, feeling diminished self-esteem, not being able to trust another person and emotional exhaustion are features of the respondents' psychology. Experiences of repeated criticism, humiliating treatment, manipulating backlash and shifting the responsibility of blame are traumatic. The descriptive statistics also indicate high levels of trauma experience and psychological symptoms but comparatively low levels of perceived social support. The hypothesis-testing framework also assesses the relationship between trauma experiences and psychological symptoms, as well as associations between trauma exposure and symptom reporting.

Recent research emphasizes narcissistic abuse should be viewed as a behaviour pattern in a relationship and not just an individual reaction. Continuous manipulation and emotional invalidation may destroy confidence in oneself, trust in others,



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emotional security, and the ability to establish personal boundaries. In short, the survivor support must consider early identification, trauma-informed counselling, family or social support, and appropriate mental health services. The study also stresses the importance of public awareness of the mental effect of emotional abuse and the need for easily accessible non-judgmental support. In the future, research may look into the divergence between groups based on demographics. Also, special attention may be paid to how social support helps in recovery along with looking at the long-term psychological experiences of survivors. In all, this study helps us to learn the psychological aspects of narcissistic abuse. It also shows the importance of survivor-centered approach in psychological assessment, recovery, and well-being.

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