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# ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

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Narcissism, And Perfectionism On  
Depression Tendency Among  
Undergraduate Students*

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Fakultas Ushuluddin dan Dakwah  
Universitas Islam Negeri Raden Mas Said Surakarta

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## ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

### The Influence Of Psychological Hardiness, Narcissism, And Perfectionism On Depression Tendency Among Undergraduate Students

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#### Abstract

##### Keywords:

depression  
tendency;  
pathological  
narcissism;  
perfectionism;  
psychological  
hardiness

The aim of this study was to examine the role of psychological hardiness, narcissism, and perfectionism in depression tendency among undergraduate students in Oyo State, Nigeria. A quantitative research design using a correlational approach was adopted for the study. A total of 1,086 participants were selected through stratified random sampling. Four measuring instruments were used to garner data: Depression Proneness Rating Scale-11 ( $\alpha=0.77$ ), Dispositional Resilience Scale ( $\alpha=0.73$ ), Almost Perfect Scale-Revised ( $\alpha=0.87$ ), and Pathological Narcissism Inventory ( $\alpha=0.91$ ). Data were analyzed using Pearson's product moment and multiple regression analysis. Findings revealed that predictors accounted for 42% of the total variance in depression tendency ( $R^2=0.417$ ;  $F(5, 1080)=154.768$ ;  $p<0.01$ ). Each predictor indicated a significant relationship with the criterion ( $p<0.01$ ). The study outcomes showed the need to consider variables analyzed in the present study while diagnosing depression symptoms among undergraduate students.



Kata kunci:	Abstrak
kecenderungan depresi; narsisme patologis; perfeksionisme; ketahanan psikologis	Tujuan dari penelitian ini adalah untuk menguji hubungan ketahanan psikologis, narsisme, dan perfeksionisme terhadap kecenderungan depresi di kalangan mahasiswa di Oyo, Nigeria. Desain penelitian kuantitatif dengan pendekatan korelasional digunakan sebagai uji coba penelitian ini. Sebanyak 1,086 partisipan penelitian dipilih melalui proses pengambilan sampel acak bertingkat. Empat alat ukur digunakan untuk mengumpulkan data: <i>Depression Proneness Rating Scale-11</i> ( $\alpha=0.77$ ), <i>Dispositional Resilience Scale</i> ( $\alpha=0.73$ ), <i>Almost Perfect Scale-Revised</i> ( $\alpha=0.87$ ), dan <i>Pathological Narcissism Inventory</i> ( $\alpha=0.91$ ). Data yang terkumpul dianalisis menggunakan Pearson's <i>product moment</i> dan analisis regresi berganda. Temuan menunjukkan bahwa predictor secara Bersama-sama menyumbang 42% dari total varian kecenderungan depresi ( $R^2=0,417$ ; $F(5, 1080)=154,768$ ; $p<0,01$ ). Secara mandiri, masing-masing predictor juga memiliki hubungan yang signifikan dengan variable dependen ( $p<0,01$ ). Hasil penelitian menunjukkan pentingnya mempertimbangkan variabel-variabel yang diteliti dalam penelitian ini saat mendiagnosis gejala depresi di kalangan mahasiswa.

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**INTRODUCTION*****Background Of The Study***

Existing studies have established that young adults between 18 and 24 years old are among a group of people who face more intense psychological distress and mental health challenges (Adewuya, Ola, Aloba, Mapayi, & Oginni, 2006; Dabana & Gobir, 2018). In addition, most of the individuals who experience persistent and acute types of mental health disorders as adults saw the onset of such disorders in emerging adulthood (Schlack, Peerenboom, Neuperdt, Junker, & Beyer, 2021). Specifically, the World Health Organization (WHO) (2023) estimated that more than 50% of mental health problems that occurred in adulthood started to manifest between the ages of 14 and 24. Within the global setting, close to one-quarter of young people suffer mental health problems

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(Chadda, 2018). Also, more researchers have reported that compared to previous years, the number of university students seeking counseling for mental health-related matters has increasingly grown in recent years (Osborn, Li, Saunders, & Fonagy, 2022). This suggests that more emerging adults are undergoing mental health challenges, which are detrimental to their survival and well-being. Owing to the prevalence of mental disorders among young adults and their consequences on the later life of individuals, a study of mental health has become necessitated among public health researchers and clinical psychologists, among others.

Mental disorders, including depression, anxiety, substance abuse, and psychosis, are a major focus of public health (Matlala, Maponya, Chigome, & Meyer, 2018). Of various mental health problems reported in primary care settings, depression was found to be the most common one, accounting for around 10% of the total cases (KourGulzar, Perakash, & Bhat, 2018). Depression is conceptualized by Bernard (2018) and Stringaris (2017) as a mental illness exemplified by the existence of sadness, loss of pleasure, sensations of guilt and low self-worth associated with insomnia and loss of appetite, inattentiveness, and senses of weariness, which can become protracted and cyclical, making the person maladjusted in their routine activities.

The DSM-V discussed nine criteria for diagnosing major depression episode (MDE) (American Psychiatric Association [APA], 2022). According to DSM-V, for an individual to be labelled as having depression, they must satisfy at least five of the nine criteria: Depressed mood as reported by oneself or statements by others; loss of interest or pleasure; decreased or excessive appetite or weight changes; psychomotor agitation or retardation; insomnia or hypersomnia; fatigue or loss of energy; a sense of worthlessness or guilt; weakened cognitive ability, inattentiveness, or indecision and; recurring contemplations on death, suicide ideation, or actual suicide attempts. These criteria must be present in the individual continually for at least two weeks, and it must have been reported by the individual or individuals privileged to observe the affected.

The prevalence of depression among young adults is not specific to a particular ethnicity or culture but rather emerges globally (Kessler, 2012; Patel, 2013). However, depression is more of an epidemic in the general populace of young adults, especially among students in post-secondary education (Dabana & Gobir, 2018; Ibrahim, Kelly, Adams, & Glazebrook, 2013), and the prevalence is significantly higher (Anyayo,



Kabunga, Okalo, Apili, & Nalwoga, 2022). The number of depression cases among students is twice as many as the number of distressed young adults in general (Jamil, Alakkari, Al-Mahini, Alsayid, & Al Jandali, 2022). In Nigeria, undergraduate students exhibit high levels of depressive symptoms ranging from mild to severe (Dabana & Gobir, 2018; Ezeudu, Eya, Nwafor, & Ogbonna, 2019). Studying the probable cause of widespread depression among young adults, Ginwright & James (2002) explained that young age is marked by contradictions, in which individuals pass several developmental adjustments like affective, behavioral, sexual, financial, educational, social changes as well as attempts at self-discovery. These efforts at integrating self, obtaining high scores, planning for the future, and leaving home are the stressors for university students (Buchanan, 2012). The dual experience of changes (developmental and institutional) fosters depressive mood among young adults (Mackinnon, Sherry, Pratt, & Smith, 2014).

The psychological, social, and academic effects of depression on affected young adults are discussed in the literature. For example, Banihani (2022) found that depression among university students lowers academic performance, reduces scholastic fulfilment, and limits educational attainment. Socially and health-wise, depression has been associated with school/academic failure, substance abuse, poor financial standing, and unhappiness with the health-associated quality of life (Fernandes et al., 2023). In addition, depression is found to be connected with dangerous behavior and non-suicidal self-harm (Kukoyi et al., 2023; Ladi-Akinyemi et al., 2023), poor sense of social safety, withdrawal from peers and compounded social relationship (Verboom, Sijtsma, Verhulst, Penninx, & Ormel, 2014). Depression also impairs social and familial performance (Kuczynski, Halvorson, Slater, & Kanter, 2022) and accelerates suicidal ideation (Vidal-Arenas et al., 2022; Tran, Le, & Nguyen, 2020). Nock et al. (2013) affirmed that about three-quarters of depressed youngsters would make suicide attempts later in life. Therefore, the probability that untreated depression in adolescence and young adulthood would continue into middle adulthood is high (WHO, 2023).

One of the factors that influence the tendency to depression is psychological hardiness (Ng & Lee, 2020; Tadayon, Dabirizadeh, Zarea, Behroozi, & Haghighizadeh, 2018). Psychological hardiness is a construct proposed by Kobasa (1979) and has since been conceptualized in various but related forms. For example, Cowdrey & Walters (2013) and Maddi (2013) discussed it as a form of attitudes and strategies that leads to assertiveness and motivation for resilience under stressful circumstances and

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environments, as well as the capacity to transform disasters and misfortunes into opportunities for progression. In the view of Mosalanejad, Kargar, Kalani, & Abdollahifard (2016), hardiness is defined as self-appraisal centered on personal abilities to assess and interpret external situations and stressors, so that the individual can handle these difficulties in a positive and beneficial way. It is a set of personality features that define the amount of resistance of an individual in traumatic conditions (Bradshaw, Chant, & Linneker, 2019). Psychological hardiness is equally hypothesized as a cluster of personal attitudes or beliefs that supplies courage and motivation to withstand stressful adjustments and turns likely misadventures into prospects (Allison et al., 2019).

According to the proponent of psychological hardiness, the construct is made up of three constituents: commitment (the propensity to be actively engaged in one's experience instead of being withdrawn from them), control (the optimism that the diverse life contingencies are subject to one's control and are predictable), and challenge (the belief that life's happenings and changes are expected as they offer the opportunity and benefits for development rather than serving as dangers to security) (Hu, Zhang, & Wang, 2015). Elucidating on the importance of psychological hardiness on life distress, Oral & Karakurt (2022) noted that people with high psychological hardiness are likely to become absorbed in uncertain situations and see it as the greatest opportunity to learn (commitment), may not easily yield to hopelessness when experiencing life difficulties (control), and will consider uncertainty as a normal life experience and consequently learn from the repulsive and positive incidents (challenge). Bartone (2012) specified that individuals with high hardiness generally construe life experience as charming and valuable, an experience they can control and challenge, which provides occasions to learn and improve. However, when hardiness is very low, individuals may not cultivate a sense of control over external circumstances, commit to their daily activities, and battle the unforeseen changes that happen (Oral & Karakurt, 2022).

Previous studies have examined the relationship between psychological hardiness and mental health-related issues, as psychological hardiness has been found to predict mental disorders (Moradi, Ebrahimi, & Rad, 2018). In a study conducted by Eschleman, Bowling, & Alacron (2010), hardiness was found to strongly relate to some psychological characteristics like distress, depression, emotional fatigue, and negative anxiety. Among police officers, Johnsen et al. (2013) and Bartone, Kelly, & Matthews (2013) found that

hardiness lowers depression indicators. Jindal (2013) established an inverse association between psychological hardiness and adverse health outcomes, as well as aspects of anxiety and depression. Among women with breast cancer, Tadayon et al. (2018) found that depression rate declines as hardiness increases. Allison et al. (2019) also discovered among police officers that a higher level of hardiness decreases the degree of depression.

The next factor that influences depression tendency is narcissism. Researchers have described narcissism in different ways as conceptual knowledge develops. For example, Pincus et al. (2009) defined narcissism as a person's ability to sustain a positive self-perception owing to an array of intellectual, affective, and behavioral adjusting procedures that support affirmation and self-advancement experiences from the social setting. This definition views narcissism as needed and desirable in human existence. On the contrary, narcissism is conceptualized by Semenyna (2021) as an epiphenomenon, resulting from numerous groupings and assemblages of underlying attributes and motivation manifested in the inclination of people to be entitled, self-important, egocentric, and vain, employing their considerable social influence and tendency towards manipulative conduct to pull themselves into ranks of power or social eminence. This definition presents the concept as unfavorable, irrational, and detrimental to psychological well-being. In line with this, two notable types of narcissism have been identified: adaptive and pathological narcissism. Adaptive narcissism is the type centered on assisting individuals in sustaining self-confidence and self-worth, developing resilience, and promoting aspiration and desire to attain targets (Malkin, 2015). On the other hand, pathological narcissism manifests when individuals become egocentric, self-absorbed, and show a deficiency in empathy (Lieberman, 2013).

Many narcissism scholars are believed to concentrate on the dysfunctional aspect of narcissism, perhaps because of its perceived danger to human positive self-perception (Akanbi, 2021). In line with this, the pathological typology has been classified into different phenotypic variations, with two major subtypes being conspicuously emphasized, namely grandiose and vulnerable narcissism (Akanbi, 2021; Erkoreka & Navarro, 2017). Gore & Widiger (2016) distinguished narcissism grandiosity from narcissism vulnerability, saying that grandiose narcissism involves inflexible self-worth, low empathy, aggression, and fascination toward supremacy. Meanwhile, vulnerable narcissism comprises compensatory behaviors for severely low self-worth, fear of negative comments, humiliation, and weak emotional adjustment.

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There has been some disagreement on research outcomes on the association between narcissism and depression due to the instruments used and emphasis on the typology of narcissism. While many of the findings established a significant association between narcissism and depression, there have been disparities in the nature of the association between the two variables (Brailovskaia, Bierhoff, & Rohmann, 2021). From the existing studies, Miller & Campbell (2011) found that narcissistic characteristics did not significantly predict the internalizing traits of psychopathology, such as depression. In another study, narcissism was found to increase substantially as the level of depression rises (von Känel, Herr, van Vianen, & Schmidt, 2017; Fang, Niu, & Dong, 2021). These studies did not establish which narcissism phenotypes are associated with depression and in what direction. Based on the incoherent nature of the studies above, examining the association of pathological narcissism with depression is essential.

Studies that have observed the relationship between grandiose narcissism and depression seem to be inconclusive. While it is not disputed that grandiosity is significantly related to depression (Kealy, Tsai, & Ogrodniczuk, 2012), the direction of the relationship, as found by previous researchers, is at variance. For instance, narcissism and grandiosity were noted to have a direct association with depression (Brailovskaia, Bierhoff, & Margraf, 2017). Also, based on the ego-threatening model, Brailovskaia, Bierhoff, et al. (2021) and Brailovskaia, Teismann, Zhang, & Margraf (2021) argued that grandiose narcissists are predisposed to depression because of typical high egoism level, which can possibly affect their emotions when an experience of failure intimidates their overblown self-esteem.

On the contrary, Brailovskaia et al. (2017) discovered that grandiose narcissism has both a negative and non-significant correlation with depression. In addition, Papageorgiou, Denovan, & Dagnall (2019) found that grandiosity decreases depression symptoms. Meanwhile, regarding vulnerable narcissism, available evidence suggests its direct association with depression. For instance, Brailovskaia, Bierhoff, et al. (2021) and Brailovskaia, Teismann, Zhang, & Margraf (2021) noted that vulnerable narcissists are liable to depression because they covet surreptitiously to take center position in social life but not having the courage and capability to impress others. Therefore, they are conscious of the conflicts between fantasy and realism. Krizan & Herlache (2018) equally attributed depression to anxiety and frustration. Erkoreka & Navarro (2017) also found

a strong relationship between depressive symptoms and vulnerable narcissism. In addition, the study of [Kaufman, Weiss, Miller, & Campbell \(2018\)](#) established that vulnerable narcissists are prone to mental health problems such as depression. Equally, the study of [Papageorgiou et al. \(2019\)](#) affirmed a direct association between vulnerable narcissism and depressive symptoms.

Another factor that can influence depression is perfectionism ([Chai et al., 2020](#)). Researchers have not agreed on what the precise meaning of perfectionism should be. This is due to the conflicting ideas regarding the dimensionality of the concept. While some researchers believe perfectionism is unidimensional and negative in nature ([Akanbi, 2016](#)), others consider it as a multidimensional construct and that, as it involves a negative side, perfectionism could also be positive ([Akanbi, 2020](#); [Mahasneh, Alwan, & Al-Rawwad, 2019](#)). Each definition determines how perfectionism is measured and the research results obtained on the concept. Nevertheless, quite several reviewed literature concurred on the multidimensionality of perfectionism, which is grouped under normal (adaptive) and neurotic (maladaptive) perfectionism ([Fang & Liu, 2022](#)). The concept, of perfectionism, is largely described as a behavior indicated by unusually high expectations of accomplishment and impracticable goals, complemented by excessively critical self-appraisal and apprehensions over making blunders ([Curran & Hill, 2016](#)). [Fang & Liu \(2022\)](#) defined perfectionism as a personality feature linked to struggles for high-performance standards and is complemented by a predisposition to judgmentally evaluate oneself. This personality facet is strongly connected to individual mental health and has a weighty effect on one's work, study and life.

However, other researchers who agree on multidimensionality have argued that perfectionism can be considered normal or neurotic ([Fang & Liu, 2022](#)). Normal (adaptive) perfectionism is defined as behaviors that reflect aspirations for perfection without negotiating their self-esteem ([Khatibi & Fouladchang, 2016](#)). Hamachek, who introduced the normal versus neurotic perfectionism dichotomy, explained that normal perfectionists strive for perfection without compromising their self-worth and obtaining happiness from their endeavors ([Hamachek, 1978](#)). They can acknowledge both self and conditional limitations, sustain reasonable expectations, and make realistic targets. On the other hand, neurotic (maladaptive) perfectionism is defined as the cognitive predisposition to strive for idealistic goals and constantly experience disappointment when they fail to attain them ([Khatibi & Fouladchang, 2016](#)). Neurotic perfectionists are

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propelled by a severe fear of failure and the underlying sensation of not doing their best (Mofield, Peters, & Chakraborti-Ghosh, 2016).

Previous studies have linked both normal and neurotic perfectionism with depressive symptoms (Lozano, Valor-Segura, García-Cueto, Pedrosa, Llanos, & Lozano, 2019; Lozano, Valor-Segura, & Lozano, 2015; Oros, Iuorno, & Serppe, 2017). For example, Noble, Ashby, & Gnilka (2014) found that diverse forms of perfectionists yielded significant differences in depression levels. Specifically, Smith, Saklofske, Yan, & Sherry (2015) reported that maladaptive perfectionism predicts a rise in depressive symptoms. Also, Dorevitch, Buck, Fuller-Tyszkiewicz, Phillips, & Krug (2020) found that maladaptive perfectionism could prompt university students to acquire depressive symptoms. Meanwhile, Abdollahi, Hosseinian, & Asmundson (2018) and Abdollahi, Hosseinian, Panahipour, Najafi, & Soheili (2019) found that while neurotic perfectionism positively predicted depressive symptoms, normal perfectionism is negatively associated with depression. Relatedly, Chai et al. (2020) also found maladaptive perfectionism significantly and directly predicted depression, while normal perfectionism inversely predicted it. Likewise, Wang & Zhang (2017) found that while normal perfectionism inversely predicted depression symptoms, neurotic perfectionism positively correlated with it.

### ***Rationale Of The Study***

University education is one of the major avenues through which adolescents and young adults are equipped with skills to achieve various lifetime accomplishments such as career, marriage, and public performance. Moreover, the population of Nigerian young undergraduates is relatively high, accounting for about 8% of the productive age group (15-64) and roughly 55% of the total population of Nigeria, meaning that they significantly contribute to national advancement (Agwu, Draper, & Croix, 2017). To attain this, individuals should be mentally healthy. However, with the recorded prevailing rate of psychological disorders, especially depression, and self-destructive behaviors like suicide and illicit drug usage, coupled with negative socio-emotional and psychological functioning among university undergraduates in Nigeria (Kukoyi et al., 2023; Ladi-Akinyemi et al., 2023), the goals may not be accomplished. The implication of this is that if the psychological health of these young adults is not properly checked, the nation will have to spend hugely in managing the physical, mental and social well-being



of this group as they grow older. It could also lead to a human capacity shortage in the nation.

### *Research Gap*

While a considerable number of studies have been carried out among Nigerian undergraduates on depression, much attention has been focused on its prevalence among undergraduate young adults. For instance, studies carried out by [Aminu, Yahaya, Adigun, Aminullahi, & Adio \(2021\)](#); [Chikezie & Okoro \(2021\)](#); [Isara, Nwokoye, & Odaman \(2022\)](#); [Cui, Ajayi, Kim, & Egonu \(2022\)](#); and [Ladi-Akinyemi et al. \(2023\)](#) have established high prevalence of depression among the university undergraduates. Only a few of the studies have concentrated on some antecedents and related variables to depression in this target group. Among the few studied risk factors include declining intelligence, negative thinking patterns, heredity, sexual ailment and loss of significant others ([Aminu et al., 2021](#)), smartphone addiction ([Ayandele, Popoola, & Oladiji, 2020](#)), lack of social support and negative body image perception ([Agwu et al., 2017](#)). Others include year of study, living arrangement, perception of living arrangement and academic performance ([Chikezie & Okoro, 2021](#)).

Although some of these studies have made some contributions to understanding antecedents of depression among undergraduates, other factors that could explain depression tendencies are yet to be examined. For instance, while some of these studies have suggested that economic, social and academic stress are contributing factors to depression, none of them has linked the degree of resilience with depression tendency, with the assumption that not all students affected by hardships manifest depression symptoms. In addition, whereas factors like maladaptive thinking patterns, smartphone addiction, negative body image perception and unsatisfactory academic performance have been linked to depression, some underlying factors perceived to be responsible for such behaviors, like pathological narcissism and perfectionism, have not been linked to depression tendency among Nigerian youths. However, they have been found prevalent among undergraduates ([Akanbi, 2021](#)).

In addition, some of the studies conducted on depression among Nigerian undergraduates focused on students of certain disciplines (such as medicine and nursing), bearing in mind the uniqueness of their educational programs. This makes the sample size relatively small and creates difficulties in generalizing the study to the entire population of Nigerian undergraduates. The small sample size creates difficulty in

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detecting the probability level at which the result is statistically significant. In recognition of this lacuna, more studies must be carried out to understand predisposing factors to depression tendency. This is because this research gap might answer questions as to why efforts at reducing depression among young adults have not yielded much positive results.

Nigerian undergraduates are believed to be generally liable to the psychological trauma caused by academic rigors, uncertain futures owing to a job shortage despite efforts put at schooling, erratic academic programs, and complex economic and insecurity confronting the nation, thereby subjecting them to emotional frailty. In addition, social media, which subjects young people to seeking societal approval and unwholesome perfectionism, is believed to contribute to the poor mental health of young people. Taking into consideration that not many studies have been carried out to establish the relationship between these variables and depression among students of higher education institutions in Nigeria's perspective and how research on this topic can help develop psychological interventions for young adults with depression tendencies. The current study investigated how psychological hardiness, narcissism, and perfectionism are related to depression tendency among undergraduate students in Nigeria.

### ***Novelty Of The Study***

This research is different from various previous studies which also tested the correlation of the same variables as this research. So far, there has been no research that has tested the influence of psychological hardiness, narcissism, and perfectionism on depression tendency simultaneously. Apart from that, this research is also different from various previous studies on the research sample. This research involved undergraduate students in Nigeria as research samples.

### ***Purpose Or Hypothesis Of The Study***

The following alternative hypotheses were raised. First, there is a significant relationship between the predictor variables (psychological hardiness, narcissism, perfectionism) and criterion measure (depression tendency) among undergraduate students. Second, there is a joint effect of psychological hardiness, narcissism, and perfectionism on depression tendency among undergraduate students. Third, each of

the predictor variables (psychological hardiness, narcissism, and perfectionism) will significantly predict depression tendency among undergraduate students.

## **METHODS**

### ***Research Design***

This is a quantitative study that used a correlational design. The design is necessary as it allows testing the association among variables without necessarily manipulating any variable. The study sought to find how predictors could influence depression tendency among undergraduates.

### ***The Area Of The Study***

Oyo State is one of the 36 states in Nigeria. It is located in southwestern Nigeria, with an estimated population of 7.5 million ([National Bureau of Statistics, 2020](#)). It covers an estimated area of 28,454 square kilometers. The state is located between latitude 8°00 N and longitude 4°00 E. Oyo is divided into five geopolitical zones (Ibadan, Ogbomoso, Oyo, Oke Ogun and Ibarapa) along three senatorial districts (Oyo North, Oyo Central and Oyo South). As of the time of the study, there were at least ten full-fledged universities in the state comprising one federal, two state and seven private universities, with an addition of two college of education affiliates. The universities are distributed across the three senatorial districts. The universities admit students from every part of the country regardless of gender, religion, ethnicity and nationality.

### ***Sampling And Research Sample***

The study population was undergraduate students of all the universities in Oyo State. As mentioned earlier, there were ten government-approved universities in the state at the time of the study. However, three public universities, one from each of the senatorial districts, were randomly selected to participate in the study. These include the University of Ibadan (UI, Oyo South), Ladoke Akintola University of Technology Ogbomosho (LAUTECH, Oyo North), and Ekiti State University (EKSU, an affiliate of Emmanuel Alayande College of Education, Oyo, Oyo Central). A stratified random sampling technique (using the division of academic level) was used to select 1,086 participants for the study (Table 1).

Table 1.  
Characteristics of the Participants

Variable	Subvariable	Frequency	Percentage (%)
University	UI	412	37.94
	LAUTECH	356	32.78
	EKSU	318	29.28
Total		1,086	100
Academic Level	First-year	256	23.57
	Second-year	317	29.19
	Third-year	302	27.81
	Fourth-year	109	10.04
	Fifth-year	102	9.40
Total		1,086	100
Sex	Male	488	44.94
	Female	598	55.06
Total		1,086	100
Age	16 – 20 years old	279	25.69
	21 – 25 years old	512	47.15
	26 – 30 years old	183	16.85
	31 – 35 years old	112	10.31
Total		1,086	100

### *Instruments Of Measurement*

Four major psychological instruments were used to gather data from the participants. *First*, Depression Proneness Rating Scale-11 (DPRS-11). The DPRS-11, a self-report measure of depression proneness developed by [Zemore \(1983\)](#), was adopted to assess depression tendencies among the participants. The scale comprises items in which participants are required to appraise the degree to which each symptom of depression they exhibited in recent years. The scale is measured on a 5-point rating format extending between 0 (Not At All Characteristic Of Me) to 4 (Very Much Characteristic Of Me). In this study, scores between 0-15 indicate low depression proneness, the 16- 50 range indicates moderate depression proneness and 31-44 indicates severe depression proneness. The DPRS-11 has been shown to possess construct validity as [Zemore, Fischer, Garratt, & Miller \(1990\)](#) reported items with factor loading of 0.40 or greater on a single factor for both males and females. For this study, the scale yielded a Cronbach's  $\alpha$  of 0.77.

*Second*, the Dispositional Resilience Scale (DRS-15). The brief hardiness scale developed by [Bartone \(1995\)](#) was used to measure the psychological hardiness of the

participants. The scale comprises 15 items that measure the three significant aspects of hardiness: commitment, control, and challenge. Each aspect contains five items, with the 4-point response varying from 0 (Not At All True) to 3 (Completely True). Six items were negatively worded and were scored in reverse order. Higher scores manifest higher psychological hardiness. Hystad, Eid, Johnsen, Laberg, & Bartone (2010) reported that the scale fulfilled goodness of fit criteria (CFI=0.92, GFI=0.93, IFI=0.92, and SRMR=0.07). Bartone (1995) reported a Cronbach's  $\alpha$  of 0.83 for the whole scale. For this particular study, however, the scale generated a value of  $\alpha=0.73$ .

*Third, Almost Perfect Scale-Revised (APS-R).* The scale was designed by Slaney, Rice, Mobley, Trippi, & Ashby (2001) to evaluate individual's attitudes toward themselves, their performance, and others. The scale has 23 items with three dimensions: standard, order, and discrepancy. Only two major aspects directly measured normal perfectionism (Standard=7 items;  $\alpha=0.76$ ) and neurotic perfectionism (Discrepancy=12 items;  $\alpha=0.78$ ) were adapted for the study. The participants were to respond using a 7-point rating system ranging between "Strongly Disagree" (1) and "Strongly Agree" (7). Higher scores show a higher level of perfectionism. A confirmatory factor analysis was carried out by Kira, Shuwiekh, Rice, & Ashby (2018) for the scale, yielding satisfying results for standard (CFI=0.992, RMSEA=0.032) and discrepancy (CFI=0.94, RMSEA=0.047). The reliability value of the whole scale is  $\alpha=0.87$ .

*Fourth, Pathological Narcissism Inventory (PNI).* The PNI designed by Pincus et al. (2009) was used to measure pathological narcissism. It contains 52 items that measure the two major aspects of pathological narcissism (grandiosity and vulnerability). The Narcissistic Grandiosity Subscale has 18 items that assess self-sacrificing, self-enhancement, and the grandiose fantasy aspect of narcissism. On the other hand, the Narcissistic Vulnerability Subscale consists of 34 items that measure contingent self-esteem, hiding the self, devaluing, and entitlement rage. The authors reported multiple complementary fit indices of the scale (CFI=0.97; SRMR=0.052; RMSEA=0.049). Overall, the scale yielded the internal consistent value of  $\alpha=0.91$ , with  $\alpha=0.79$  for narcissistic grandiosity and  $\alpha=0.86$  for narcissistic vulnerability.

### ***Data Collection Technique***

Data were collected with the assistance of several 400-level students in the Department of Guidance and Counselling, Ekiti State University (an affiliate of Emmanuel Alayande College of Education, Oyo), who were trained in data

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administration and analysis. They followed the rules guiding data collection, obtained consent from the participants, and explained the risks involved in study participation. Participants were also made to understand that they could withdraw at any stage of the study if they did not think they could continue. Of the 1,200 questionnaires administered, 1,086 were found usable.

### **Data Analysis Technique**

After the research data was collected, the data was calculated and analyzed using Pearson's product moment and multiple regression analysis.

## **RESULTS AND DISCUSSION**

### **Research Results**

The descriptive analysis of all the examined variables was computed. Table 2 shows participants' data of depression tendencies ( $\bar{x}$ = 18.41; SD= 7.32), psychological hardiness ( $\bar{x}$ = 27.35; SD= 8.06), normal perfectionism ( $\bar{x}$ = 23.78; SD= 8.11), neurotic perfectionism ( $\bar{x}$ = 44.17; SD= 16.01), narcissistic grandiosity ( $\bar{x}$ = 59.52; SD= 14.90) and narcissistic vulnerability ( $\bar{x}$ = 111.18; SD= 25.17). The table further revealed a symmetrical distribution for depression tendency, which signified the absence of a remarkable outlier. On the other hand, the psychological hardiness yielded negative but moderate skewness, which indicated that many participants scored much higher than the mean. Descriptive analysis results also showed that participants' scores in perfectionism and grandiosity were positively skewed, suggesting that most participants scored lower than the mean.

Table 2.  
 Descriptive Analysis of Research Variables

Variable	Min	Max	Mean	SD	Skewness	Kurtosis
Depression Tendency (DT)	5.00	41.00	18.41	7.32	0.006	-0.207
Psychological Hardiness (PH)	6.00	43.00	27.35	8.06	-0.419	-0.620
Normal Perfectionism (NP)	7.00	43.00	23.78	8.11	0.291	-0.443
Neurotic Perfectionism (NEP)	13.00	87.00	44.17	16.01	0.371	-0.396
Narcissistic Grandiosity (NG)	26.00	103.00	59.52	14.90	0.621	0.641

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Variable	Min	Max	Mean	SD	Skewness	Kurtosis
Narcissistic Vulnerability (NV)	43.00	204.00	111.18	25.17	0.685	0.915

The first hypothesis predicted that there would be no significant relationship between the predictors (psychological hardiness, narcissism, perfectionism) and criterion (depression tendencies). The findings (Table 3) showed that psychological hardiness ( $r=-0.404$ ;  $p<0.01$ ), normal perfectionism ( $r= -0.370$ ;  $p<0.01$ ), and narcissistic grandiosity ( $r=-0.206$ ;  $p<0.01$ ) had a significant negative correlation with depression tendency. The indication is that as each variable increases, the tendency to depression decreases. Meanwhile, the finding statistically indicated a direct and significant positive correlation between neurotic perfectionism ( $r=0.238$ ;  $p<0.01$ ) and narcissistic vulnerability ( $r=0.282$ ;  $p<0.01$ ) with depression tendency. This is an indication that maladaptive perfectionism and narcissistic vulnerability increase the manifestation of depressive behavior. Based on these outcomes, the first hypothesis was proven as each predictor was significantly related to depression tendency.

Table 3.

Correlation Matrix of Research Variables

Variable	DT	PH	NP	NEP	NG
Psychological Hardiness (PH)	-0.404**				
Normal Perfectionism (NP)	-0.370**	0.312**			
Neurotic Perfectionism (NEP)	0.238**	-0.007	0.358**		
Narcissistic Grandiosity (NG)	-0.206**	0.126**	0.404**	0.196**	
Narcissistic Vulnerability (NV)	0.282**	-0.099**	0.159**	0.444**	0.441**

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

*DT = Depression Tendency*

The test result for the second hypothesis (Table 4) indicated that all the predictors explained 42% of the variance in depression tendency ( $R^2=0.417$ ;  $F_{(5,1080)}= 154.768$ ;  $p<0.01$ ). Other variables outside the scope of this study might have accounted for the remaining variance of depression tendency. The F-ratio was significant at 0.05. Therefore, the hypothesis was proven as the contribution of the three main variables is significant in predicting depression tendency among undergraduates.

Table 4.  
 Multiple Regression Analysis

Source	Sum of Square	df	Mean Square	F	p
Regression	24290.913	5	4858.183	154.768	0.000
Residual	33901.293	1080	31.390		
Total	58192.206	1085			
$R = 0.646$	$R^2 = 0.417$	$Adjusted R^2 = 0.415$		$Standard Error Estimation = 5.60269$	

Meanwhile, for the third hypothesis, the analysis result (Table 5) signified that the two types of perfectionism, normal perfectionism ( $\beta=-0.355$ ;  $t=-12.530$ ;  $p<0.01$ ) and neurotic perfectionism ( $\beta=0.278$ ;  $t=10.031$ ;  $p<0.01$ ), were the strongest predictors of depression tendency. These were followed by narcissistic vulnerability ( $\beta=0.286$ ;  $t=9.866$ ;  $p<0.01$ ), psychological hardiness ( $\beta=-0.236$ ;  $t=-9.486$ ;  $p<0.01$ ) and narcissistic grandiosity ( $\beta=-0.213$ ;  $t=-7.532$ ;  $p<0.01$ ). In all, each of the predictor variables significantly predicted depression tendency.

Table 5.  
 Partial Regression Analysis of Psychological Hardiness, Narcissism and Perfectionism  
 on Depression Tendency

	B	Standard Error	Beta	t	p
Constant	23.272	1.055		22.064	0.000
Psychological Hardiness	-0.215	0.023	-0.236	-9.486	0.000
Normal Perfectionism	-0.321	0.026	-0.355	-12.530	0.000
Neurotic Perfectionism	0.127	0.013	0.278	10.031	0.000
Narcissistic Grandiosity	-0.105	0.014	-0.213	-7.532	0.000
Narcissistic Vulnerability	0.083	0.008	0.286	9.866	0.000

## Discussion

The intention of this study was to examine the direction of the relationship between psychological hardiness, perfectionism, and narcissism with depression tendency among undergraduate students. The composite effect of psychological hardiness, perfectionism, and narcissism on the depression tendency is found to be significant. The outcome is as expected because each of the predictors has been found to directly or inversely influence depression (Jindal, 2013; Papageorgiou et al., 2019; Smith, Saklofske, Yan, & Sherry, 2017). By implication, a combination of psychological

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hardiness, perfectionism, and narcissism is not negligible in determining the occurrence of university undergraduates' depression tendency.

Psychological hardiness was discovered to have an inverse but significant relationship with depression tendency. The outcome aligns with the earlier studies (Johnsen et al., 2013; Bartone, Kelly, & Matthews, 2013; Tadayon et al., 2018; Allison et al., 2019) on a diverse group of individuals and professions, which found that psychological hardiness decreases depressive tendencies. The inverse relationship could not be isolated from the fact that individuals who develop resilience against life challenges, whether educational, social, economic, or physiological, among many others, are likely to perceive these difficulties as not insuperable. Instead, they see them as ones that, if overcome through resilience, can improve the chance for successful attainment instead of frustration and dissatisfaction with life, which are often linked to nihilism and self-defeatism. Resilient individuals are less likely to develop depressive symptoms.

Nigerian undergraduates are at risk of mental health difficulties like depression due to a series of challenges. These include frequent school closures due to government-university workers' conflict that can lead to uncertainty of academic completion time, failing grades, economic strain, relationship problems, institutional adjustment, and adjustment to developmental changes. It can be inferred from this study that the ability to cope and adequately manage difficult times is a function of the hardiness they possess. Oral & Karakurt (2022) said students with psychological hardiness will likely see life strains as fascinating and important for one's existence rather than depressing. This is because students with hardiness will see difficult times as opportunities to learn from both positive and negative aspects of life. They perceive these challenges as stepping stones to achieve life and academic goals. On the contrary, students with a low degree of hardiness may easily experience hopelessness in the face of adversities and are likely to feel like they are losing control over external circumstances. These students are more liable to helplessness, less committed to daily activities, and may not likely cope healthily with unexpected life events. Such dispositions are likely to cause depression among young adults.

The two typologies of perfectionism also significantly predicted depression tendency. Specifically, the study revealed that there was a negative relationship between normal perfectionism and depression tendency. This suggests that the prevalence of normal perfectionist behavior decreases depression tendency. This result is in line with

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findings from [Wang & Zhang \(2017\)](#) and [Chai et al. \(2020\)](#) that indicate people who display normal perfectionism had lesser depression symptoms. This is because, although individuals with normal perfectionism set high-standard goals for themselves, they pursue these goals optimistically and are hardly discouraged by the failure to achieve the set goals. Alternatively, unrealized goals give them the basis for continuity in pursuing their realistic goals, prompting personal growth. They hardly negatively criticize themselves. Their pursuit for excellence is marked by high self-esteem, which is negatively linked to depression.

On the other hand, neurotic perfectionism was discovered to have a positive correlation with depression tendency. This association is plausible because, contrary to normal perfectionism, individuals with neurotic perfectionism tend to set unrealistic, high-standard goals for themselves, with an expectation of impeccability. The inability to meet those expectations is usually marked by frustration, self-condemnation, and hopelessness. These behaviors can prompt the development of depression symptoms. The finding aligns with the studies of [Abdollahi et al. \(2018\)](#), [Chai et al. \(2020\)](#), [Abdollahi, Allen, & Taheri \(2020\)](#), and [Dorevitch et al. \(2020\)](#) on university students, which found that an increase in maladaptive perfectionism fosters an increase in depression tendency.

Although narcissistic grandiosity is pathological and is hardly needed for maintaining good mental health, it was found in this study to decrease depression tendencies. This result is, however, not in line with the study of [Brailovskaia, Bierhoff, & Margraf \(2017\)](#), who found that although a relationship exists between narcissistic grandiosity and depression symptoms, the relationship is positive. Based on the egotism model, those who are high in grandiose narcissism will reject any threats to their self-esteem. Therefore, they are likely to respond depressingly to the disappointment they encounter in their pursuit of success.

Nevertheless, the current study agrees with the study of [Papageorgiou, Denovan, & Dagnall \(2019\)](#), who discovered an inverse relationship between grandiose narcissism and depression tendency. The reason that could be attributed to this outcome is connected with the fact that grandiose narcissists usually display overt behaviours, seeking admiration and approval from others, and showing exaggerated self-esteem and a sense of superiority over others. Therefore, students who experience failure and expect acceptance from others will likely act aggressively and blame others for their failure.

They react domineeringly and are likely to bully those they perceive as stumbling blocks to their goal's realization. Therefore, students with narcissistic grandiosity are generally more elated and exultant amid other people rather than feeling depressed.

Vulnerable narcissism is also found to have a positive association with depression tendency. The result is in tandem with the findings of [Erkoreka & Navarro \(2017\)](#), [Kaufman, Weiss, Miller, & Campbell \(2018\)](#), and [Papageorgiou, Denovan, & Dagnall \(2019\)](#), whose studies revealed that vulnerable narcissism strongly and positively related to depression symptoms. The justification for this outcome is lucid, as vulnerable narcissism is characterized by gloominess resulting from the sense of insecurity due to failure in gaining the anticipated respect for their demonstrated hyperbolic self-esteem. In addition, individuals with vulnerable narcissism are believed to be introverted and melancholic by nature, characteristics that are associated with depression.

Although students with vulnerable narcissism have the same disposition as grandiose narcissists to seek their counterparts' approval, they do not possess enough audacity and skills to request or enforce it, unlike grandiose narcissists. Therefore, their passive nature and sense of entitlement may give them the impression that people around them hate them and cause them to withdraw from their perceived enemies.

## CONCLUSIONS AND SUGGESTIONS

### *Conclusions*

The findings of the current studies have affirmed the potency of the examined predictor variables (psychological hardiness, perfectionism, and narcissism) in predicting depression tendencies. Psychological hardiness, normal perfectionism, and grandiose narcissism were found to tend to moderate depression symptoms. This implies encouraging the development of psychological hardiness and normal perfectionism in university students to develop tough skin against depression. It should be noted, however, that despite the finding showing that an increase in narcissistic grandiosity is associated with decreased depression tendency, grandiose narcissism should not be recommended as approved behavior, considering that its pathological effects may be found to be related to other mental health problems.

Meanwhile, neurotic perfectionism and narcissistic vulnerability were found to be the major aggravators of depression in this study. By inference, individual students

should not nurture these characteristics for positive mental health. If present and left untreated, they could prompt the development of depressive disorders in students.

### **Suggestions**

Based on the outcomes of this study, the following are recommended: First, universities should offer psychological hardiness programs through their counseling and human development centers to moderate the adverse effects of strenuous academic activities, economic difficulties and other life challenges that may cause psychological distress among undergraduates. Second, mental health professionals should include detecting the level of variables examined in this study while diagnosing depression symptoms among university students who are prone to mental health disorders. Third, psychotherapeutic measures that can reduce maladaptive perfectionism and pathological narcissism should also be developed and used to help university students who are prone to behavioral disorders.

### **AUTHORS CONTRIBUTION STATEMENT**

**Samuel Toyin Akanbi:** Conceptualization; Formal Analysis; Investigation; Writing Original Draft; Writing, Review & Editing

**Joyce Mcivir Terwase:** Investigation; Methodology; Project Administration; Resources; Writing, Review & Editing

**Benita Dooshima Aki:** Data Curation; Investigation; Methodology; Resources; Validation

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