EXPLORING THE RELATIONSHIP BETWEEN SELF-ESTEEM, DEPRESSION AND NARCISSISM OF UNDERGRADUATE UNIVERSITY STUDENTS IN WINDHOEK, NAMIBIA

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF MASTERS DEGREE OF ARTS IN CLINICAL PSYCHOLOGY

OF

THE UNIVERSITY OF NAMIBIA

BY

GREGORIUS TUGAMENA AMADHILA

201512260

OCTOBER 2023

SUPERVISOR: PROFESSOR POONAM DHAKA (UNAM)

Abstract

The relationship between narcissism, depression and self-esteem is worth exploring for the benefit of mental health awareness and promotion. This study's primary objective was to investigate the association between these variables among undergraduate university students in Windhoek, Namibia. The study was conducted with 147 undergraduate university students. The levels of self-esteem, depression and narcissism were assessed by deploying the Rosenberg Self-Esteem Scale, Beck Depression Inventory and Narcissistic Personality Inventory 40 respectively. Information was obtained through online self-administered questionnaires. Data was analysed using Microsoft Excel and then imported into Statistical Package for the Social Sciences Software (SPSS) version 25.0. The study found that there is a strong negative correlation between self-esteem and depression (-0.81), a moderate positive correlation between self-esteem and narcissism (0.67) and a weak negative correlation between depression and narcissism (-0.47). An observed limitation is that the sample size used for the study is relatively small. The researcher recommends that further research be carried out at other institutions of higher learning in Namibia. Furthermore, the study did not focus on the direction and strength of the relationship between these variables. The researcher thus recommends that further research be carried out to fully understand the nature, direction as well as strength of the relationship between self-esteem, depression and narcissism. In view with the findings by Rousseau et al. (2021), the findings from the present study imply the necessity of preventive interventions during vulnerable undergraduate study periods and lay the

groundwork for treatment plans that are specifically adapted to the needs of the most susceptible undergraduate students at the University of Namibia (UNAM).

Table of Contents

List of Tables

List of Figures

Acknowledgements

First and foremost, I would like to acknowledge God's guidance, for the gift of knowledge and wisdom as well as the strength that he has granted me to complete this thesis. It would only be right and just to acclaim his praises with Psalm 103:1-2: Praise the Lord My soul, from the depths of my being His holy name. Praise the Lord my soul and do not forget all his acts of kindness.

Secondly, I would like to thank my parents for their continued support and words of encouragement which contributed to the realization of this thesis. I would also like to acknowledge the support from my sister and brothers.

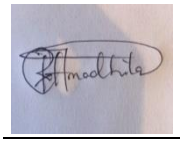
Thirdly, I would like to express my sincere gratitude to Professor Poonam Dhaka, my supervisor, for the key and significant role she played in the completion of this thesis. I would particularly like to thank Professor for the expert advice, valuable suggestions and extended discussions which have enriched the content of this thesis.

Fourthly, I would like to thank the entire Okonguarri Psychotherapeutic Centre team for the role they played in the actualization of this thesis. In a very special way, I would like to thank Dr. Herman Raath for granting me the opportunity to complete my fieldwork attachment practical at this prestige Centre. I would also like to thank Mr. William Chiremba my onsite supervisor at Okonguarri for the supportive role he played throughout my journey.

Fifthly, I would like to thank the Masters of Arts (Clinical Psychology) class of 2020. It was a memorable experience and you all made it special.

Declarations

I, **GREGORIUS TUGAMENA AMADHILA**, hereby declare that this study is my own work and is a true reflection of my research, and that this work, or any part thereof has not been submitted for a degree at any other institution.



GREGORIUS TUGAMENA AMADHILA		October 2023
Name of Student	**Signature**	**Date**

Chapter 1

Introduction

1.1. Background of the Study

Self-esteem is a pivotal concept in mental and physical well-being. It is regarded as the secret to achieving financial security, personal fulfilment and good health. Self-esteem is also seen as the cure for drug misuse, underachievement and crime (Branden, 1994; Mecca, Smelser & Vasconcellos, 1989). Furthermore, self-esteem is well-liked among academics. It has been linked to theories of conformity (Brockner, 1984), attraction (Hatfield, 1965), persuasion (Rhodes & Wood, 1992), cognitive dissonance (Steele, Spencer & Lynch, 1993), subjective well-being (Diener & Diener, 1995) and social comparison processes (Aspinwall & Taylor, 1993; Gibbons & Gerrard, 1991; Wood, Giordano-Beech, Taylor, Michela & Gaus, 1994) to mention a few in the domains of personality and social psychology. Keane and Loades (2017) state that self-esteem plays a crucial role in psychological functioning and in the development and prevention of mental disorders.

Students at tertiary level are presented with instances that test their self-esteem. Self-esteem is the manner in which a person evaluates himself/herself and it can be understood as an internal assessment of one's qualities and attributes (Ackerman, 2020). Studies found that high self-esteem can be a crucial defense against depression and anxiety, while low self-esteem has been associated with somatic complaints, depression and anxiety (Bairagi, 2021). Ackerman (2020) notes that genetics, personality, life

experiences, age, health, mental processes, social conditions and comparing oneself to others are among the many variables assumed to affect self-esteem.

Researchers have found that self-esteem is not fixed. It is malleable and measurable. Failure, betrayal and disapproval from significant others are all possible factors that can have an impact on students' self-esteem (Masselink, Van Roekel & Oldehinkel, 2018). Low self-esteem can be linked to depression (Adler & Stewart, 2017). Yu, Yoon and Yang (2016) explain that challenging tasks or academic activities may cause students to doubt their skills or abilities, which can negatively affect students' self-esteem. Despite the negative experiences that students go through at tertiary level, there are also positive experiences such as achieving good academic results and maintaining meaningful relationships. These positive experiences also have an impact on self-esteem. In some cases, individuals however develop overly inflated self-esteem which does not match with their actual abilities, tasks and worth, which may lead to narcissism (MacInnes, 2015). Narcissism is often perceived in a negative light, however in proportion it can be something constructive (Brenner, 2020). Narcissism in excess can become pathological and jeopardizes interpersonal relationships. All these aspects of narcissism can affect the mental functioning of a student in a university setting.

1.2. Statement of the problem

According to Arshad (2015), the academic performance and social life of a college student have an impact on their self-esteem. Both are recognized to have a significant role in the typical student's university experience.

There is a link between a student's self-esteem, academics and social life (Arshad, 2015). Both aspects shape students' experiences (Arshad, 2015). Students claimed that carrying their self-image in the collegiate atmosphere and the sense of responsibility that comes with a new scenario are two reasons they felt more mature (Baker, 2014). The social components of one's daily life on a college campus and the people involved have a lot to do with the collegiate environment. In his research, Arshad (2015) found that there is a link between a person's self-esteem and social life which is defined as time spent with others doing enjoyable activities.

According to Baker (2014), narcissistic college students generally struggle academically. During university years, narcissistic students often grow more miserable and disengaged from their studies (Baker, 2014). They may also be "academic underachievers," meaning that while being highly clever, they do not reach their full potential in a learning environment, especially in university (Baker, 2014). Narcissists have trouble setting goals, controlling their emotions and motivating themselves to finish their work (Bembenutty, 2016).

Jean Twenge, a psychologist, is one of the established figures researching narcissism among university students. Twenge's (2018) research shows that narcissism is becoming more prevalent among people in their university years. The extremely detrimental characteristics of narcissism such as exploitative tendencies, an inability to tolerate criticism and arrogance cause students to exhibit high levels of narcissistic behavior in institutions of higher education (Twenge, 2018). People that are narcissistic frequently have inflated egos. Brenner (2020) discovered that those with narcissistic personality

traits were more likely to have exaggerated expectations for their post-graduation professions, earnings and promotions. Furthermore, Brenner (2020) claims that grandiosity and vulnerability are two linked but separate aspects of narcissism. Grandiose narcissism refers to the conceited personality that is sometimes described with crude epithets and is marked by an exaggerated ego, a propensity to take advantage of others and a sense of actual superiority (Brenner, 2020).

Self-esteem, depression and narcissism are factors that play a significant role in human social development and interactions. Therefore, the broadening of research on these variables have suggested that psycho-sociological factors like self-efficacy, social support, social perception and interpersonal relationships have an influence on self-esteem, depression and narcissism (Brenner, 2020). Basing upon the emergence of these issues, the current study realised that there have been a few studies that have primarily aimed to assess the relationship between self-esteem, depression and narcissism, specifically among undergraduate university students. Students who exist in an environment that constantly challenges, affects or impacts self-esteem have the probability of becoming depressed or to have high narcissistic traits.

Aacademic failure and underperformance are some of the challenges that students face. Equally, high academic performance and achievement are also possibilities that undergraduate students face. According to Tibber, Zhao and Butler (2020), a link can be made between success or failure and self-esteem. Mann, Hosman, Schaalma and De Vries (2004) go as far as stating that one of the symptoms of depression is low self-esteem. The study of depression and its relationship to students' self-esteem is critical.

Self-esteem is a crucial variable in psychology which impacts a student's mental health either positively or negatively. Low self-esteem can cause depression while overly high and unrealistic self-esteem can lead to narcissism (Orth, Erol & Luciano, 2018). Independent studies on self-esteem, depression or narcissism as single variables have been conducted over the years. Still, there have been few notable studies on the relationship between these variables. The researcher aimed to explore the relationship between these three variables in one study.

1.3. Objectives of the study

The main aim of the study was to explore the relationship between self-esteem, depression and narcissism of undergraduate university students.

The specific objectives of the study were as follows:

1.3.1. To measure the levels of self-esteem, depression and narcissism of` undergraduate university students.

1.3.2. To explore the correlation between self-esteem and depression of undergraduate university students

1.3.3. To explore the correlation between self-esteem and narcissism of undergraduate university students.

1.3.4. To explore the correlation between depression and narcissism of undergraduate university students.

1.4. Significance of the study

The study aimed to explore the relationship between self-esteem, depression and narcissism among undergraduate university students. This study is significant because it sought to establish awareness about the relationship between these variables in a university setting and context. Furthermore, by establishing such awareness, the study aims to guide health professionals on how depression and narcissism can be understood from a self-esteem perspective solely with the view that this will help professionals in the field to better assist undergraduate university students who have depression and

narcissism which may occur as a result of low self-esteem or high self-esteem. The study additionally will help the university to have empirical data that can be used when establishing counselling or psychological programmes for students. This will ensure that whatever initiatives are developed speak directly to the needs of students and improve targeted interventions.

1.5. Limitations of the study

Students who did not have access to the internet were unable to participate in the study because the study deployed online questionnaires. In addition, the questionnaires were made available to undergraduate students only. Therefore, findings could not be generalized to postgraduate students. The researcher employed a quantitative approach due to the large sample; a qualitative approach would however have provided richer information. Furthermore, the study could only be conducted with a limited sample and relied on the availability and willingness of the students to be part of the study. Another limitation of the study was that the limited timeframe to conduct the research only permitted the researcher to collect data from undergraduate students at the University of Namibia (UNAM) Windhoek based campuses, as opposed to ideally extending the research to other universities and institutions of higher learning.

1.6. Delimitation of the study

The parameters of this study were the sample, setting and instruments used. This included boundaries set for the study. The study only involved undergraduate university students who are based at UNAM campuses within Windhoek.

1.7. Operational definitions

The following operational definitions will be used for the purpose of this study:

Self-esteem: Self- esteem is how a person evaluates himself/herself and it can be understood as an internal assessment of one's qualities and attributes (Ackerman, 2020).

Narcissism: Narcissism is a grandiose sense of self-importance, a lack of empathy for others, a need for excessive admiration, affection for one's idealized self-image and attributes and the belief that one is unique and deserving of special treatment (Brailovskaia, Bierhoff & Margraf, 2019).

Depression: The term depression is frequently used to refer to a wide range of experiences, from a barely perceptible and brief mood drop to a mild sense of fatigue and sadness to the most profound state of apathy and severe symptoms of anhedonia, depressed mood and a set of related cognitive, affective and somatic symptoms.

Relationship: The way in which two or more things are connected/linked (Johnson & Gallagher, 2021).

Undergraduate: A university student who is not yet a graduate (Johnson & Gallagher, 2021).

1.8. Chapter Summary

Chapter 1 outlined the background information of the study. This chapter also covered the statement of the problem as well as the objectives of the study. Additionally, the chapter covered the significance of the study and highlighted the limitations as well as

the delimitations of the study. Furthermore, the operational definitions that were employed by the study were stated and explained.

Chapter 2

Literature Review

2.1. Introduction

This chapter provides a review of the established literature. The review focuses on; self-esteem, depression and narcissism; the association between self-esteem, depression and narcissism; the relationship between socio-demographics variables, depression, self-esteem and narcissism; and the theoretical framework which discusses the theory best suited for this study.

2.2. Self-esteem, depression and narcissism

Self-esteem is an evaluation of one's abilities and it consequently determines how individuals perceive themselves (Ackerman, 2020). Masselink et al. (2018) state that a negative perception of oneself may lead to low self-esteem which eventually results into depression, while individuals who view themselves positively are more likely to have high self-esteem. Studies have also found that a very high and unrealistic perception of one's abilities and worth may result in narcissism (Miller, Sleep, Crowe & Lynam, 2020). Orth et al. (2018) explain that when negative thoughts about the self are persistent, individuals with low self-esteem may develop depression. On the other hand, individuals who continuously receive positive compliments may develop high self-esteem. However, when their perception of the self does not match with their actual abilities, individuals may start to portray traits of narcissism (Orth et al., 2018). Psychology as a field concerned with mental wellbeing emphasizes the development and preservation of a healthy and balanced self-esteem.

2.2.1. Self-esteem

Self-esteem is an integral term in this study. Over the years researchers have explored this concept. This section looks at how different researchers and studies understand and explain the concept of self-esteem.

Three Meanings of Self-Esteem

(a) Global Self-Esteem

The phrase "self-esteem" is most frequently used to describe a personality trait that describes how people typically feel about themselves. This type of self-esteem is known by researchers as trait or global self-esteem since it tends to last across settings and time (Kaufman, 2017). Academics have defined self-esteem in different ways. Some emphasize primal libidinal drives (Bosson, Lakey, Campbell, Zeigler-Hill, Jordan & Kernis, 2008) and others put an emphasis on the belief that an individual is an important part of a meaningful cosmos (Solomon, Greenberg & Pyszczynski, 1991). Self-esteem can also be understood in terms of love for oneself (Brown, 1993; Brown & Dutton, 1995), which is a far less exotic definition. High self-esteem is defined in normal populations as love for oneself, whereas low self-esteem is defined as somewhat unpleasant or ambivalent attitudes about oneself. Extreme examples of self-hatred are present in individuals with poor self-esteem and clinical populations experience this type of hatred (Baumeister, Tice & Hutton, 1989).

(b) Self-Evaluations

Self-esteem is a term that is also used to describe how individuals view their unique skills and qualities (Kaufman, 2017). For instance, someone who has poor academic self-esteem is sometimes described as having low self-confidence in their academic abilities, but someone with strong social self-esteem believes he/she is popular and is loved by most people (Kaufman, 2017). People often talk about having low self-esteem when it comes to sport activities or high self-esteem at work in a similar vein. These ideas have also been referred to as "self-confidence" and "self-efficacy" (Kaufman, 2017). Self-confidence is often confused with self-esteem. Since they apply to how people judge or appraise their skills and personality traits, these views can be referred to as self-evaluations or self-appraisals. Self-evaluations and self-esteem are connected. Although they are not the same, people with high self-esteem believe they possess many more admirable traits than do those with low self-esteem. Even though they are not confident at school, people high in confidence may nevertheless think highly of themselves. On the other hand, people who believe they are attractive and well-liked could not feel very good about themselves if they received negative feedback regarding their looks. Affective models of self-esteem presuppose a causal relationship between general self-esteem and particular self-evaluations: People who are generally happy with themselves tend to think they have a lot going for them (Kaufman, 2017).

(c) Feelings of Self-Worth

The phrase "self-esteem" is also used to describe fleeting emotions, especially those that follow a successful or unsuccessful event (Kaufman, 2017). Situations that boost or

undermine self-esteem are equivalent to this type of self-esteem (Kaufman, 2017). William James (1890) refers to these sentiments as feelings of self-worth. Examples of sentiments of self-worth include feeling satisfied or proud of oneself on the positive domain or ashamed and embarrassed of oneself on the negative domain (Mann et al., 2004).

Tus (2020) states that self-related perceptions which include self-esteem, self-concept and self-efficacy are self-related perceptions which have become crucial subjects in education due to their impact on students' behaviour and academic performance. It is important to note that there is a link between self-esteem and self-concept. According to the definition by Mann et al. (2004), a person's self-concept is the result of their reflections and understanding of their own personal qualities. Furthermore, self-concept is regarded as a type of cognitive schema that manages how information about the self is processed and organizes both abstract and concrete notions of the self (Mann et al., 2004).

Self-esteem can be defined as an individual's innate personal values which reflect their acceptance or disapproval of themselves as well as their level of self-confidence in their abilities, importance and value (Manna, Falgares, Ingoglia, Como & De Santis, 2016). Furthermore, Manna et al. (2016) elaborate that self-esteem can be identified by analyzing the variations in how an individual views himself/herself. Self-esteem also requires evaluating the disparities between one's self-image and the ideal self. Rosenberg (1989) describes self-esteem as an individual's positive and negative sentiments toward themselves that are the result of self-evaluation. Numerous aspects of

psychology such as behavioral, cognitive, personality and clinical ideas like depression are connected to self-esteem (Rosenberg, 1989).

The Nature, Origin and Development of Self-Esteem

After providing the various ways self-esteem is understood, the next part goes into greater detail about the characteristics of self-esteem and the sources of self-esteem. For the purpose of answering these points, various models have been created.

The two types of sentiments that make up self-esteem are thought to develop early in life according to affective models of self-esteem. One of these emotions, which is referred to as feelings of belonging has its roots in social interactions, whilst the other, which is known as feelings of mastery is more individualized. Being a part of anything is the experience of individuals having awareness that they are cherished and loved for who they are, without regard for any other person or circumstance. People feel safer in life when they feel like they belong. They get the impression that they are appreciated and valued regardless of what occurs. This facet of self-esteem was emphasized by American psychologist Carl Rogers (1951) decades ago when he spoke about people's need for unconditional positive regard. A sense of mastery is the second crucial component of self-esteem and it entails having the confidence that one is changing the world, even if it is small-scale and in the context of daily life (Rosenberg, 1989).

The Development of Self-Esteem

Affective models of self-esteem presuppose that feelings of mastery and belonging typically emerge in adolescence (Kaufman, 2017). To understand how these feelings

emerge, Erik Erikson's concept of psychosocial development serves as a great starting point. According to Erikson, building trust with their caretakers is the first developmental job that infants must do. These trusting emotions which are assumed to emerge in the first year of life are comparable to the belonging emotions that are essential to a high sense of self-esteem (Kaufman, 2017). Erikson then goes on to the "autonomy versus shame and uncertainty" stage. In this phase the emergence of a sense of mastery is crucial. When children are encouraged to explore, create and alter their environment, they feel a sense of mastery which can be linked to high self-esteem; but when their caregivers undermine, make fun of, or are unduly critical of their efforts, they may end up feeling ashamed which consequently leads to low self-esteem (Kaufman, 2017).

Cognitive Models of Self-Esteem

According to cognitive models, self-esteem is understood as a deliberate choice people make about their value as persons (Kaufman, 2017). Individuals with high self-esteem believe they have a lot of attributes that are seen as desirable by society. Cognitive models emphasize that people's total sense of self-esteem is influenced by how they rate themselves across a range of categories.

Sociological Models of Self-Esteem

Sociological approaches provide an additional viewpoint on the nature and development of self-esteem. Sociological approaches imply that self-esteem is influenced by societal variables, building on Cooley's (1902) model of the "looking-glass self" and Mead's

(1934) theories about perspective taking and the generalized other (Kaufman, 2017). Individuals have high self-esteem if they believe that society as a whole highly values and respects them. According to this viewpoint, sociological factors like social standing (race, religion and gender) and professional prestige are thought to have an impact on self-esteem (Kaufman, 2017).

Positive Effects of Self-Esteem

Self-esteem is considered a personality quality linked to the ideas of self-image and self-conscience (Kaufman, 2017). One aspect of a person's personality that can be viewed as a continuum or a bipolar dimension is their level of self-esteem. Kaufman (2017) explains that many grades and levels are covered by the continuum of individual differences. Self-approval is a basic human need and a high level of self-esteem is a requirement for experiencing happiness. Furthermore, self-esteem is a key factor in determining emotional well-being (Baumeister et al., 1989).

William James (1890), one of the pioneers of Western psychology asserted that self-esteem is a crucial component of mental health as early as 1890. Studies that compared people with low self-esteem and high self-esteem found that those with high self-esteem report feeling happier, more optimistic, more motivated, less depressed and less anxious. Self-esteem was found to be significantly and favorably linked to love of life, mental health, pleasure, hope and happiness using a number of Arab participants (Abdel-Khalek, 2016). Furthermore, high self-esteem increases the likelihood that an individual will persevere through difficult tasks compared to individuals with low self-esteem (Baumeister et al., 1989). People with high self-esteem are more tolerant of life's ups and

downs and they are better able to overcome problems, embrace happy moments, deal with bad circumstances, form close connections and develop their strengths. High self-esteem is also thought to positively limit the emergence of dysfunctional schemata and depressive symptoms when adverse life experiences are encountered (Abdel-Khalek, 2016). Numerous studies have shown that those with high self-esteem are more resilient in the face of failure than people with low self-esteem. Individuals with high self-esteem in addition appear to be more adept at managing their own behavior that is goal-directed (Campbell, Rudich & Sedikides, 2002).

Self-esteem is relevant for positive psychology as well as for self-regulation and quality of life. Self-esteem provides the drive to move human conduct forward while also influencing its course (Mackinnon, 2015, p. 18). Self-esteem is dependent on one's own judgement as well as on other people's judgments. Earlier studies found that self-esteem increases whenever a person succeeds, receives praise, or feels the affection of another (Campbell et al., 2002). Self-esteem is a crucial component of life success. Good personal and social adjustment thus greatly depend on the growth of a healthy self-esteem.

Negative effects of Self-Esteem

People with low self-esteem experience emotions of unworthiness, inadequacy and emotional instability which can make them unhappy with their lives (Harter, 2006). Persons with low self-esteem in addition tend to have a general negative attitude about a variety of topics such as other people and their own personal circumstances (Mackinnon, 2015). Low self-esteem has been connected to depression, violence, a lack

of ability to handle challenges and a lower degree of well-being in adolescence (Harter, 2006). According to Weber, Puskar and Puskar (2010), university students who experience emotional abuse are predicted to have lower self-esteem than those who do not.

Andreassen, Pallesen and Griffiths (2016) explained how the addictive use of social media reflected a need to feed the ego, for example, narcissistic personality traits and an attempt to inhibit a negative self-evaluation, for example self-esteem. They did this using a cross-sectional convenient national sample of 23,532 Norwegians.

According to the sociometer model, subjectively experienced self-esteem acts as "a psychological gauge or indication" that people can use to effectively track other people's responses to them. Self-esteem problems are viewed as an experiential sign of social rejection (Weber et al., 2010).

The link between low Self-Esteem and Psychopathology

Individuals with low self-esteem have a neutral or negative overall view of themselves, a vague and conflicted self-concept, are very susceptible to and dependent on other cues related to themselves and exhibit cautious or conservative behaviour in social situations (Campbell & Lavallee, 1993). Low self-esteem can be explained in terms of a lack of positive resources inside oneself, a persistent internal struggle, a careful and protective way of living and confusion or doubt in one's understanding of oneself (Campbell & Lavallee, 1993). Individuals with low self-esteem are vulnerable to events and they shift

circumstances because they lack a distinct, cohesive idea of who they are (Baumeister, 1993). Psychiatric illnesses typically go hand in hand with decreased self-esteem.

Low self-esteem is an etiological factor in a number of psychiatric disorders as well as in people who are suicidal. Silverstone and Salsali (2003) state that mental patients have some level of decreased self-esteem. Furthermore, Silverstone and Salsali (2003) state that patients with major depressive illness, substance abuse and eating disorders had the lowest levels of self-esteem. Silverstone and Salsali (2003) came to the conclusion that there is a negative feedback loop between low self-esteem and the beginning of mental illnesses.

Donnellan, Trzesniewski, Robins, Moffitt and Capsi (2005) discovered a strong correlation between low self-esteem and externalizing issues based on three investigations (aggression, antisocial behavior and delinquency). This relationship held true for participants from several nationalities, age groups, self-esteem measures and externalizing difficulties based on self-reports, teacher evaluations and parental evaluations (Donnellan et al., 2005).

Moksnes and Espnes (2012) found that self-esteem was highly and adversely correlated with both sadness and anxiety using a sample of 1,209 Norwegian teenagers. Low self-esteem has been associated to behavioral issues, poor academic achievement and more severe behavioral issues including suicidal impulses and maladjustment. It has also been linked to psychological illnesses like depression and anxiety (Sharma & Agarwala, 2015).

In their 2011 study, Kempke, Luyten, Houdenhove, Goossens, Bekaert, and Wambeke examined 192 patients. They discovered that the link between unhealthy perfectionism and sadness was totally mediated by self-esteem. The prevention as well as treatment of depression in these people may be significantly impacted by this finding. Longitudinal research found that the prognosis indicates that depression later in life is predicted by low self-esteem (Kamkar, Doyle & Markiewicz, 2012). The vulnerability model which postulates that poor self-esteem increases the likelihood of psychopathology and the scar model which presumes low self-esteem is a result of psychopathology rather than a cause are the two theories that attempt to explain the relationship between low self-esteem and psychopathology (Zeigler – Hill, 2011). These two models are discussed in detail in the sections ahead.

High Self-Esteem's Negative Impact

There is a negative side to high self-esteem. People with overly high inflated self-esteem tend to be pompous, arrogant and are occasionally narcissistic (Baumeister, Smart & Boden, 1996). They anticipate getting good feedback from others and when they don't their egos feel threatened which drives them to invest personal resources in dealing with the criticism (Baumeister et al., 1996).

Neff (2011) notes that challenges may occur when an individual has an overly high inflated self-esteem. It can occasionally be counterproductive and may entail exaggerating one's own virtues while demeaning others. The presence of narcissism, which is characterized by an inflated sense of entitlement, a grandiose perception of one's own abilities, good attributes and competence might be indicated by high self-

esteem ratings (Mackinnon, 2015). Although distinct measures of narcissism and healthy self-esteem considerably correlate, they provide varied results. Aggression is predicted by narcissism but not by healthy self-esteem (Mackinnon, 2015, pp. 14 – 15).

Some academics view narcissism as an extreme type of self-esteem (Mackinnon, 2015). Narcissists only see their own reflections in mirrors and consider themselves to be the center of the universe. Narcissists view themselves as the sole reality deserving of respect, with everything else serving simply to reinforce their false sense of grandeur and value (Neff, 2011). Narcissists often boast about their alleged greatness and value, their extraordinary experiences, their incredibly fascinating projects and the amount of work they have done to better their lives and even that of others (Neff, 2011). A chronic pattern of grandiosity, a grandiose feeling of self-importance and a perception that they are superior or special and a need for adoration are the core characteristics of narcissistic personality disorder (APA, 2013, pp. 669 – 670).

In their study, Gerrard, Gibbons, Reis-Bergan and Russell (2000) looked at the self-serving beliefs of high self-esteem individuals who engage in riskier health behaviors like unprotected sex, smoking and drinking. It was discovered that those who are conscious of their susceptibility to the potential harm of their behavior frequently employ a variety of self-serving cognitive techniques and defensive self-justifications (Gerrard et al., 2000). For instance, they exaggerate the frequency of risky conduct among their peers while underestimating their own personal danger. Narcissists use these coping mechanisms to deal with the discrepancy between their actions and their positive self-perception (Gerrard et al., 2000).

Self-esteem and risk behavior

Oloke and Gatz (2020) found that self-esteem has an effect on risky behavior as well as physical health. Results from a long-term study revealed that teenagers who were more resilient than their less resilient classmates had higher self-esteem and exhibited fewer risky behaviors overall (Oloke & Gatz, 2020). High self-esteem is seen as a protective buffer against substance misuse (Nyamathi, 1991). Additional research revealed that teenagers who have high self-esteem are less likely to use drugs or alcohol, whereas those who have low self-esteem are more prone to abuse drugs, alcohol and tobacco (Jones & Heaven, 1998). Oloke and Gatz (2020) revealed that attitudes, perceived norms and perceived behavioral control are mediating factors that determine teenagers' likelihood to refrain from substance misuse. A number of studies have concluded that raising one's self-esteem is crucial for preventing substance abuse, but others have found little evidence to back up the link between self-esteem and heavy alcohol consumption (Oloke & Gatz, 2020). Evidence suggests that individuals with low self-esteem are more vulnerable to HIV/AIDS and individuals with high self-esteem are more cautious in their behavior with regard to contracting HIV/AIDS (Rolf & Johnson, 1992). When persons have low self-esteem and their actions are motivated by a need to earn acceptance from others, whether favorable or unfavorable, the risk level rises (Reston, 1991). Among homeless women overcoming drug addiction, low self-esteem was also linked to sexual risk-taking (Nyamathi, 1991). Additionally, women whose partners did not use condoms had worse self-esteem than women whose partners did (Oloke & Gatz, 2020). Low self-esteem was one of the characteristics that made it challenging to lessen sexual risk conduct in a research of gay and/or bisexual males (Nyamathi, 1991).

2.2.2. Depression

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest (Jafari, Salimi, Fattahi, Rezaei & Ashtarian, 2021). People with depression frequently endure mental, emotional and even physical effects that can make it difficult for them to function on a daily basis. People with depression also do not take pleasure in daily activities, hobbies and wholesome relationships with those around them (Jafari et al., 2021). Numerous depressive symptoms might have an overall negative effect on someone who is already having difficulties. Mann et al. (2004) emphasize that depressive symptoms frequently include self-loathing, insomnia, anhedonia, emotional outbursts, suicide ideation and noticeable weight changes. Jafari et al. (2021) further point out that more risks can arise as time goes on and a person struggles with depression without access to effective therapy. Research however shows that depression has received increasing attention over the past few years, which helped to decrease the stigma associated with this mood disorder (Jafari et al., 2021).

Numerous variables could make students more susceptible to depression. These include lifestyle changes that affect sleep and food, financial strains, changes in family dynamics, academic failure and attention focused on life after graduation. Marriage status, age, gender, sex, social support, family history of mental illness, financial difficulties, field of study, academic achievement, year of study, type of university, satisfaction of major study, substance use, physical abuse, child abuse and sexual harassment are all significantly associated with depression among university students (Ahmed, Negash, Kerebih, Alemu & Tesfaye, 2020).

The National Institute of Mental Health (NIMH) (2018) points out that when someone is depressed their thoughts are more inclined to being more self-critical, downplay their accomplishments and focus on their limitations. Low self-esteem is a significant symptom of depression. People with depression often have a negative view of themselves, the environment and the future (Manna et al., 2016). These individuals blame themselves frequently and they underestimate their achievements (Jafari et al., 2021).

Studies have discovered mounting evidence that depression, which affects on average about a third of students, is a serious health concern in university communities (Jafari et al., 2021). Rousseau, Thompson, Pileggi, Henry and Thomas (2021) explored the trends in the prevalence and severity of depressive symptoms among undergraduate students at a South African University. According to Rousseau et al. (2021), recent studies have shown dramatic increases in the prevalence of depression and other psychiatric diseases, suggesting that this susceptibility may be growing. The findings from their study were; that students in higher education are particularly prone to mental disorders, first-year students reported significantly higher levels of depression and suicidal ideation than students in later years of study, and depression as well as suicidal ideation scores significantly rose over time (Rousseau et al., 2021). Further findings were that first-year undergraduates exhibit higher rates of depression and suicidal ideation than do students in later years (Rousseau et al., 2021). Rousseau et al. (2021) are of the view that students in low- and middle-income nations may be even more susceptible to developing mood disorders than students in high-income countries because they are more likely to

experience trauma and crime and are less likely to have easy access to mental health care.

Statistics from The National Institute of Mental Health show that in 75% of cases, symptoms of depression manifest before the age of 22. Studies suggest that many undergraduate students first become depressed in their university years (Jafari et al., 2021). According to a recent study, half of the pupils polled displayed indicators of anxiety and/or despair (NIMH, 2018). A university student's mental health is at danger because loneliness, isolation and stress can be brought on by depressive and anxious feelings.

2.2.3. Narcissism

An individual who is self-centered may be referred to as a "narcissist" or described in this way. Studies reveal that there is a significant rise in American university students who portray narcissistic personality characteristics (Cai & Gries, 2013). Individuals with high levels of narcissism run the risk of failing their classes, especially in prominent academic settings where these traits are more prone to develop (Cai & Gries, 2013). Human nature is inherently characterized by personality. Personality traits have the potential to develop into personality disorders when they take on more extreme and abnormal forms. Narcissism is one of the most pervasive aberrant personality traits among university students and since it is one of the hardest to treat, more research is required (Carroll, Hoenigmann-Stovall, King, Wienhold & Whitehead III, 1998).

With the help of a straightforward tale, the idea of narcissism began to develop centuries ago. The Roman poet Ovid and the Greek poet Conon both narrated the myth of

Narcissus, which is a well-known story. In summary, it tells the story of a good-looking young man who has an unrequited love for his pond reflection. When he realizes that he will never experience love in return from this enigmatic reflection, he either commits suicide as Ovid submits, or dies of grief as Conon suggests. Narcissus acts in this way because he rejects the idea that nobody will ever be as admirable or attractive as the reflection, which is closely related to the modern understanding of narcissism. (Greek Myths & Greek Mythology, 2012).

Numerous well-known mental health care professionals have researched narcissism since the tale of Narcissus gained widespread recognition. The term narcissism was studied by Sigmund Freud and other early psychoanalysts in a more general sense than it is now. Narcissism and high self-esteem may be closely related because they can both involve having healthy, positive beliefs about oneself and both narcissists and individuals with high self-esteem can be confident and strong in constructive ways (Freud, 1914). Furthermore, Freud (1914) contended that the natural urge to take care of oneself can be mistaken with one's sexual wants for other people, leading to a sexual desire directed at oneself. Having this drive leads to normal narcissism. When a person's sexual impulses are exclusively directed toward themselves and not toward others, this is known as pathological or abnormal narcissism. Power fantasies and obsessive self-improvement result from this (Freud, 1914). Normal narcissism is common and pathological narcissism is a severe, twisted form of it. Raskin and Hall (1979) developed the Narcissistic Personality Inventory in response to the third Diagnostic Statistical Manual of Mental Disorders (DSM-III)’s inclusion of the narcissistic personality disorder. They were looking for a way to gauge narcissistic personality traits based on

the DSM criteria. Instead of measuring the condition, they sought to see whether its traits might be found in the normal general population as personality traits unrelated to a clinical pathological disorder.

Grandiosity, vanity, entitlement and being exploitative are some common characteristics of the personality trait known as narcissism (Bosson, Lakey, Campbell, Zeigler-Hill, Jordan & Kernis, 2008). Narcissism has drawn a lot of attention in both social psychology literature and clinical psychology. The narcissistic personality is characterized by extreme care with one's physical appearance or image as well as an excessive obsession with one's own desires, usually at the expense of others (Brown, Budzek & Tamborski 2009). Individuals who score within the normal range of narcissism are distinct from those who are demanding, self-absorbed or who suffer from a pathological mental condition like narcissistic personality disorder (Bosson et al., 2008). There is a substantial difference between healthy levels of narcissism and individuals who are self-absorbed or who have a pathological mental disorder like narcissistic personality disorder (Brown et al., 2009).

Narcissists have an exaggerated feeling of their own importance (Brown et al., 2009). They have a self-concept that however irrational it may be, makes them think that they are superior to everyone else and this self-concept directs them in their everyday activities (Morf & Rhodewalt, 2001). Vazire and Funder (2006) state that much of narcissists' affective, behavioural and cognitive responses "are in the service of protecting and validating an inaccurate self-concept" (p. 155). Most of what narcissistic people do is to improve their self-concept.

In addition, narcissists always look for the world to validate their sense of grandeur (Baker, 1979). Narcissistic people rely significantly on compliments from others (Rhodewalt & Morf, 1998) and cannot tolerate anything that might undermine their grandiose self, such as failure or negative criticism (Baker, 1979). They may also be blinded by their drive for grandeur. Research by Robins and Beer (2001) found that individuals with narcissistic tendencies rate themselves higher than their peers do. As described earlier, everything revolves around maintaining an unrealistic positive self-concept. Furthermore, narcissistic people frequently attribute failure to external factors and success to internal factors (Morf & Rhodewalt, 2001; Rhodewalt & Morf, 1998). In other words when they don't succeed, they place the blame elsewhere but when they succeed they take responsibility for the success. This points to their overly strong desire to improve themselves and maintain a very favorable self-view. Furthermore, impulsiveness and a lack of self-control are characteristics of those with narcissistic tendencies (Vazire & Funder, 2006). Narcissists may have an overwhelming demand for self-enhancement which results from a lack of self-control since they are mentally unable to restrain their conceit (Robins & John, 1997). Furthermore, the inability to delay gratification is a symptom of impulsivity. Narcissistic individuals may be unable of delaying immediate pleasure in favor of delayed fulfillment (Robins & Beer, 2001). It has been hypothesized that this impulsivity may possibly be biological because it is associated with low serotonin levels (Morf & Rhodewalt, 2001). Narcissists are typically outgoing people. They are seen by others as sociable individuals who lack social anxiety, but when it comes to interpersonal interactions narcissism is not positive.

While narcissistic people frequently have friends, they mostly keep them close by so they may better their own selves through competitiveness, dominance and admiration (Vazire & Funder, 2006). In romantic relationships they search for partners who will enhance their egos and are continuously searching for new mates to continue this pattern of ego boosting (Morf & Rhodewalt, 2001). Besides that, Vazire and Funder (2006) state that narcissists tend to irritate people and have a far lower need for intimacy than non-narcissists. They are sometimes referred to as "disagreeable extroverts" (Kumashiro & Rusbult, 2004) because they are willing to minimize others in order to maintain their own high self-perception (Campbell et al., 2002). In addition, narcissists were perceived the worst in a study where participants saw films of healthy people, dependent people and narcissists; none of the participants showed any interest in associating with them (Kumashiro & Rusbult, 2004). Narcissistic people typically have a negative impact on others around them and struggle with interpersonal connections (Campbell et al., 2002).

2.3. The link between self-esteem, depression and Narcissism

There are numerous studies which aimed to explore the relationship between self-esteem, depression and narcissism (Nguyen, Wright, Dedding, Pham & Bunders, 2019). These links were discovered in several previous research studies. Abarado (2015) investigated how self-esteem may be used to explain the relationship between narcissism and mental health. Self-esteem, narcissism, depression, loneliness and life satisfaction were all assessed in his study. The component of self-esteem in narcissism is responsible for its beneficial relationships with psychological health outcomes (Abarado, 2015). Individuals with high narcissistic traits have difficulties with professional and interpersonal relationships, poor insight and poor self-awareness

(Abarado, 2015). Moreover, students with high narcissistic traits are more at risk of academic failure, especially those who are in prominent universities that are more inclined to foster narcissistic tendencies (Jafari et al., 2021).

2.3.1. The association between self-esteem and depression

The term depression is frequently used to refer to a wide range of experiences, from a barely perceptible and brief mood drop to a mild sense of fatigue and sadness to the most profound state of apathy and severe symptoms of anhedonia, depressed mood and a set of related cognitive, affective and somatic symptoms. The DSM5 states that a period of at least two weeks of experiencing depressed mood, loss of interest or pleasure, significant weight loss, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness, decreased ability to think or concentrate and recurrent thoughts of death or a suicide attempt constitutes the essential feature of a major depressive episode (APA, 2013, pp. 160 – 161). Low self-esteem has been linked to depression (Weber et al., 2010).

Self-esteem is a key factor in the emergence of many types of mental illnesses. Major depressive disorder, dysthymic disorder, hypomanic and manic episodes, anorexia nervosa, personality disorders like borderline and avoidant behavior all have negative or unstable self-perceptions as a core component of their diagnostic criteria (Mann et al., 2004). Furthermore, low self-esteem has been linked to a risk factor for maladjustment and even escapist (Manna et al., 2016). Mann et al. (2004) explain that people who don't trust themselves find it difficult to deal with day-to-day challenges which decrease their capacity to reach their maximum potential. This can cause a worrying decline in one's

physical and mental health. A decline in mental health may lead to depression or other problematic behavior being internalized.

The current study aims to explore and to describe the association between self-esteem and depression. Two theories, namely the vulnerability model and the scar model have been proposed in an attempt to explain the connection between self-esteem and depression. An increasing amount of studies has backed the vulnerability theory, which presupposes that depression is exacerbated by poor self-esteem (Orth & Robins, 2020). According to the vulnerability model, depression risk factors include having low self-esteem (Orth, Robins, Meier & Conger, 2016). Abela and D'Alessandro (2002) state that there is an assumption that negative views about the self are a symptom of depression that play a significant causal role in its origin and development.

The scar model has been proposed in addition to the vulnerability model to explain the connection between depression and poor self-esteem. The scar model assumes that depression erodes self-esteem (Orth & Robins, 2020). In the scar model, Orth, Robins and Roberts (2008) explain how experiencing depressive symptoms can affect a person's self-esteem by changing the way they interpret information about themselves. They also support the idea that depressive episodes may eventually impair a person's self-esteem. Manna et al. (2016) explain that the scar model views poor self-esteem as a result of depression rather than as its primary cause since depressive episodes can leave a person's self-esteem significantly altered.

Some academics are of the view that the vulnerability model and the scar model function simultaneously and are thus not mutually incompatible (Orth & Robins, 2020). Overall

research studies support the vulnerability model while the scar model is only marginally supported (Manna et al., 2016). Additionally, the vulnerability model is solid and remains true regardless of gender, age, or whether depressive symptoms are affective-cognitive as opposed to physical (Orth & Robins, 2020).

Low self-esteem and depression have been known to be empirically related. The precise nature of such a relationship has been a subject of ongoing debate (Choi, Je-Yeon Yoonhee, Young & Hwan, 2019). With regard to young adults, studies have shown that amongst the student population one of the most common recorded disorders is depression, which has severe impact on academic performance, death rates, relationship with peers, cognitive thinking and self-esteem (Manna et al., 2016). Researchers are of the view that biological, genetic, psychological and environmental factors play a role in the etiology and perpetuation of depression (NIMH, 2021).

Various studies have proven that there is a strong link between low self-esteem and depression. Mittal, Singh and Kumar (2018, p. 113) articulate this relationship well when they stated that "Self-esteem is our own perception for our self and dignity, if we appraise it negatively, it can lead to unhealthy mental health consequences in the form of depressive symptoms such as feelings of worthlessness and disconnection", which are some of the symptoms that have been documented as contributing factors of depression emanating from low self-esteem. Choi et al. (2019) argue that in order to highlight the connection between depression and interpersonal issues in young adults it is crucial to understand how the development of depression affects self-esteem. According to Tisaker (2016), a number of scholars who have written

about the topic have suggested that depression and self-esteem are two sides of the same construct. According to this perspective depression and low self-esteem go hand in hand and it is suggested that the etiology of depressive symptoms may be influenced by self-esteem.

The cognitive theory of depression states that self-criticism and unfavorable self-beliefs are symptoms of depression which predispose the onset and persistence of depressive symptoms (Mittal et al., 2018). On the other hand, low self-esteem is viewed as a symptom of depression rather than its root (Tisaker, 2016, p. 24).

Studies have shown that low self-esteem can have a wide range of effects. Inadequate self-esteem might set off a chain reaction that causes self-critical attitudes, risky actions and mental vulnerability (Manna et al., 2016). The empirical literature stresses how low self-esteem has detrimental consequences. However, there is conflicting evidence about the causal links between low self-esteem and depression (Flay & Ordway, 2001). There is evidence to support the idea that low self-esteem induces and results from problematic behavior. Children were used to illustrate this point; on the one hand, children may have a poor opinion of themselves, which could result in depression; on the other hand, sadness or ineffective functioning may result in feeling lousy, which may lower self-esteem (Manna et al., 2016). Despite the fact that the directionality is ambivalent, Mann et al. (2004) focused on the data suggesting that individuals with low self-esteem may be vulnerable to negative mental and social outcomes. In their research, Mann et al. (2004) found three distinct clusters of outcomes; the first are mental illnesses with internalizing features such as anorexia nervosa and depression; the second are negative social

outcomes such as violent behavior, exclusion from educational opportunities and aggressive behavior; and the third are risky health behaviors such as drug use and condom use.

According to a study by Mann et al. (2004), self-evaluation is important for social and mental health since it affects aspirations, personal objectives and interpersonal interactions. Furthermore, they emphasize the significance of self-esteem as a safeguard and a general risk factor for both physical and mental health. They also provided data showing that low self-esteem is linked to some mental disorders and that it can improve health and social behavior.

According to clinical research, poor self-esteem is linked to depressive illnesses, hopelessness, suicidal thoughts and suicide attempts (Mann et al., 2004). Studies of correlation have repeatedly shown a significant inverse link between depression and self-esteem (Jafari et al., 2021). Individual assessments of occurrences were found to be directly related to their self-esteem by them (Manna et al., 2016). According to the study by Manna et al. (2016), people with low self-esteem gave less importance to happy everyday events and more to negative life events than people with high self-esteem did. The same study showed that those with high self-esteem assigned more consistent and broad internal meaning to happy occurrences than to negative events, which reinforced their positive self-image (Manna et al., 2016). However, people with low self-esteem were more prone to attribute happy outcomes to chance and external influences and unfavourable outcomes to consistent and global internal attributions (Manna et al., 2016). An increasing amount of research shows that those with low self-esteem are more

inclined to report having depression and that there is a connection between depression, self-esteem and aspects of attributional style (Mann et al., 2004).

Depression, substance abuse, antisocial behaviour and suicide are all linked to a low sense of self-esteem (McClure, Tanski, Kingsbury, Gerrard & Sargent, 2010). According to a study by Bos, Muris, Mulkens and Schaalma (2006), individuals with low self-esteem have lower social functioning such as peer acceptance.

In recent decades depression has become more common and is now impacting younger age groups (Sander & McCarty, 2005). By 2020, depression is anticipated to overtake heart disease as the second-most common ailment, according to the World Health Organization (WHO). Furthermore, by the year 2030, it is anticipated to be the leading contributor to the global load of illness (World Health Organization, 2008). Over the past few decades, depression in childhood and adolescence has drawn extensive research. Sander and McCarty (2005) state that depression in children and adolescents share many of the same clinical characteristics as depression in adults. Children who experience emotional or mental disorders that limit their success are unable to reach their full potential and children who have been subjected to emotional abuse may develop depression and low self-esteem (Sander & McCarty, 2005). One of the effects or reactions of psychological abuse is known to be parental behavior, which has been linked to a child's self-esteem (Weber, 2001).The significance of family processes in the onset, length and maintenance of depression in adolescents is supported by a large body of data (Sander & McCarty, 2005).

According to Beck's theoretical framework, low self-esteem is a susceptibility element in the development of depression (Beck, 1972). Additionally, the psychosocial model of depression emphasizes the importance of self-esteem. Depressive individuals view themselves negatively and report having lower self-esteem than non-depressive individuals (Bos et al., 2006). Similarly, a number of researches have revealed a synergistic influence of family functioning and low self-esteem (or negative self-perceptions) on the onset of adolescent depression (Stavropoulos, Lazaratou, Marini & Dikeos, 2015). Tripković, Roje, Krnic, Nazor and Karin (2015) found a statistically significant link between low self-esteem and clinical depression.

2.3.2. The association between self-esteem and narcissism

Self-esteem is the manner in which a person evaluates himself/herself and it can be understood as an internal assessment of one's qualities and attributes (Ackerman, 2020). This understanding of one's qualities and attributes can be seen as high or low. "Narcissism is typified by a tendency for individuals who feel entitled, are arrogant, self-centered and who use considerable social potency and tendency towards exploitative behavior to leverage themselves into positions of authority or social prominences" (Semenya, 2017, p.1). Similarities between self-esteem and narcissism seem intuitive given that both are characterized by favorable self-perceptions of the self (Hyatt, Sleep, Lamkin, Maples-Keller, Sedikides, Campbell & Miller, 2018). Hyatt et al. (2018) further point out that these two constructs differ in regard to agreeableness/communion but are positively correlated with agentic qualities and assertive interpersonal tactics.

Researchers came to the conclusion that self-esteem "emerged as a completely adaptive construct negatively correlated with internalizing psychopathology and typically unrelated to externalizing behavior" (Hyatt et al., 2018, p. 67). As opposed to self-esteem, narcissism was associated with entitlement, callousness, grandiosity and disparaging attitudes toward others which explains why it has linkages to maladaptive outcomes in some cases.

Origins of Narcissism and Self-Esteem

A study by Kaufman (2017) found that narcissism and self-esteem begin to emerge at the age of seven. At this age, children begin to describe themselves with phrases such as "I am a loser," "I am worthy" and "I am special" by significantly relying on social comparisons with others (Kaufman, 2017). Children learn to see themselves how they think others see them. While narcissism peaks in youth and progressively drops over time, in most cases self-esteem plummets during adolescence and slowly rises throughout life. Farrell and Vaillancourt (2021) explain that during the course of human development high self-esteem and the onset of narcissism are mirror images of one another.

Kaufman (2017) shows how various parenting methods can have an impact on how narcissism and self-esteem develop. Parental overvaluation and narcissism often co-develop. Parents of narcissistic children frequently overstate their children's brilliance and lavishly praise them in an effort to make them stand out from the crowd (Kaufman, 2017). These self-views eventually become internalized by children, who then unknowingly uses them to guide their interactions with others. On the other hand, strong

self-esteem grows together with loving parental support. Children who are raised by parents who value their opinions highly tend to be loved, appreciated and treated with affection. They give their kids the respect they deserve. This parenting technique eventually results in the child internalizing the idea that they are valuable persons, a crucial component of a healthy self-esteem.

Outcomes of Narcissism and Self-Esteem

Arrogance, superiority, vanity, entitlement, being exploitative, exhibitionism and the constant desire for praise from others define the archetypal grandiose narcissist. However, those with high self-esteem scores typically feel content with themselves without necessarily believing they are better than other people (Farrell & Vaillancourt, 2021). Examples include "Overall, I am content with myself," "I feel that I have a number of positive attributes" and "I am able to do things as well as most other people" on the Rosenberg Self-Esteem Scale, which is the test most frequently used to gauge levels of self-esteem. These perceptions have more to do with having a good sense of self-worth and self-competence than with being better than others. "When we deal with self-esteem, we are questioning whether the individual believes that he/she is adequate, a person of worth, not whether they feel superior to others," as stated by Rosenberg (1989, p. 128). This implies that it is possible for an individual to think that he/she is better than other people yet still not consider himself/herself a good person. On the other hand, it is possible for individuals to believe in their worth and abilities without believing that they are superior to others (Pierro, Mattavelli & Galluci, 2016).

Narcissism was related to higher scores on all of the pathological traits, while self-esteem was negatively correlated with all 30 pathological traits.

Self-esteem was either associated to or unrelated to histrionic behaviors, whereas narcissism show a strong relationship with histrionic personality disorders (Farrell & Vaillancourt, 2021). Pierro et al. (2016) state that narcissists are significantly more motivated to succeed than to get along. Narcissism is linked to the desire for better resources and the need to dominate others. On the other hand, high self-esteem is much more often linked to the desire to build close and intimate relationships with others.

A person who embodies grandiose narcissism could be mistaken for having high and healthy self-esteem. But empirical data suggests that to understand narcissism as simply an exaggerated high self-esteem may be a false representation of these notions (Bosson et al., 2008). People with narcissistic qualities, like those who have high self-esteem tend to be viewed as confident, forceful and take pride in themselves (Bosson et al., 2008). Despite the fact that narcissism and self-esteem have different developmental origins in key ways, lifespan patterns, relationships, self-presentational strategies, work performance and psychological health, it is clear that these two traits are not isomorphic. This dichotomy was defined by researchers in terms of the communal and agentic aspects of the self. Warmth, nurturing and agreeableness are communal attributes that connect the self to the greater social environment and are therefore abundant, whereas urgency, action and skill are agentic traits that set the self apart from others and are hence relatively scarce (Campbell et al., 2002). Agentic features enable "getting ahead," whereas communal traits enable "getting along." Narcissism and self-esteem are

concepts used to describe generally steady self-positivity in both psychology literature and ordinary speech. Despite this conceptual similarity, there are significant differences because self-esteem is strongly linked to mental health and severe narcissism can be classified as a personality disorder (Bosson et al., 2008).

According to research, narcissism and self-esteem have a large conceptual overlap, with people who exhibit both traits to a high degree having a higher view of themselves (Campbell et al., 2002). Some researchers however contend that narcissism is essentially an interpersonal quality, while self-esteem is thought to be an intrapersonal trait (Bosson et al., 2008). Campbell et al. (2002) further describe that when measured explicitly, narcissistic people appear to have a high self-esteem while really scoring substantially lower on implicit tests of the same attribute. Another explanation for the contradictory results has to do with the idea of different self-aspects, such as agentic versus community self-views.

Narcissists' self-regulatory techniques include comparing themselves to others in order to get attention and praise, as well as defending their competency in front of others (Campbell et al., 2002). Research has discovered that narcissists frequently have poor self-esteem and self-worth, which are signs of depression that frequently go undiagnosed and untreated since they appear to have great self-esteem and confidence (Bosson et al., 2008).

Studies have attempted to show the relationship between self-esteem and narcissism, but the findings are still considered controversial. This is because most studies have focused on narcissistic grandiosity, leaving out the vulnerable manifestations of narcissism

(Pierro et al., 2016). Studies that have focused on both narcissistic vulnerability and narcissistic grandiosity have proven that there is a link between self-esteem and narcissism. A study by Hyatt (2018) showed that narcissistic grandiosity was qualified by levels of high self-views, while narcissistic vulnerability was more linked with low self-evaluations irrespective of one's implicit self-esteem. The concept of personality and depression revealed that personality features can affect the incidence and/or maintenance of depression, which has become a serious public health concern worldwide (Fang, Niu & Dong, 2021).

Identifying Narcissistic Behavior and High Self-Esteem

Although there are a few clear characteristics of a narcissist such as grandiosity, impulsivity, extroversion and damaged interpersonal connections, the relationship between narcissism and self-esteem poses the biggest definitional challenge. Narcissism and high self-esteem have a very strong correlation at r= about 0.40-0.60 (Brown & Bosson, 2001) and both signify that the individual has a high, very positive opinion of themselves. Both ideas are associated with leadership aspirations, outgoing dispositions and a (often erroneous) sense of having "better-than-average intelligence" (Campbell et al., 2002, p. 364). Many people link narcissism to extremely high levels of self-esteem (Brown & Bosson, 2001).

According to Brown and Zeigler-Hill (2004), narcissism is only associated with self-esteem tests that place a strong emphasis on dominance and power over others. As a result, they argue that there are significant variances among self-esteem inventories.

Depending on the self-esteem survey used to quantify the relationship, it's possible that narcissism and self-esteem have a skewed relationship (Brown an& Zeigler-Hill, 2004).

High self-esteem and narcissism have some commonalities but also some key differences. First, the value systems that high self-esteem and narcissism relate to communal and agentic systems differ. Brown and Zeigler-Hill (2004) state that a shared set of values is associated with interpersonal connection and self-improvement in traits like agreeableness and kindness. An agentic value system on the other hand is linked to social dominance and self-improvement in traits like extraversion and intelligence (Hyatt et al., 2018). While those with narcissistic personalities exclusively relate to the agentic value system, persons with high levels of self-esteem relate to both (Campbell et al., 2002). In other words, narcissistic people place a lot more value on themselves than those with strong self-esteem do. The discovery that those with strong narcissism crave adoration while those with high self-esteem desire popularity further supports this idea of self-emphasis (Campbell et al., 2002). People with high self-esteem are the only ones who also have implicit self-esteem, despite the fact that both narcissists and people with high self-esteem both have explicit self-esteem (Campbell et al., 2002). High self-esteem is true and authentic because a noble self-concept exists internally as well as externally (Brown & Bosson, 2001). Myers and Zeigler-Hill (2012) investigated the internal experiences of narcissistic people using a sample of college-aged women. Participants in the study underwent a procedure in which they were asked about their feelings about themselves while being connected to a lie detector in an effort to compel them to tell the truth. Higher narcissistic participants revealed poorer self-esteem than non-narcissistic people (Myers & Zeigler-Hill, 2012). These results imply that those

who have higher levels of narcissism may merely be putting on a façade of self-assurance rather than truly feeling good about themselves. In addition, according to Rhodewalt and Morf (1998), narcissistic individuals actually have a very flimsy self-concept that is susceptible to disintegration. Narcissists have a rough front, but they are actually incredibly sensitive on the inside. Narcissistic people have a negative impact on those around them and on themselves. A major part of that negative impact is due to the confident mask they put on. The façade of a narcissist must not be mistaken for strong self-esteem (Myers & Zeigler-Hill, 2012).

Considering the above relationship, research has revealed that challenging tasks or academic activities may cause students to doubt their skills or abilities, which can negatively affect their self-esteem (Yu et al., 2016). This can be viewed in a positive or negative light. Students with continuous low grades may begin to have low self-esteem which can lead to depression, while for some who are high achievers, with high grades may develop overly high self-esteem. However in instances where the high self-esteem does not match with their actual abilities, tasks and worth, students may start to portray narcissistic traits (MacInnes, 2015). Keane and Loades (2017) state that self-esteem plays a role in psychological functioning and ultimately in the development and prevention of mental disorders.

Narcissistic students struggle in University

It is simple to identify the many ways that narcissism harms society. However, there has to be more research done on the specific effects that narcissism has on university students. In general, narcissistic college students frequently experience academic failure

(Baker, 1979). Furthermore, narcissistic students frequently experience increasing levels of unhappiness and detachment from their studies over the years at university. Pupils that portray narcissistic traits struggle to emotionally self-regulate, create objectives and motivate themselves to finish their work in contrast to non-narcissistic students (Bembenutty, 2016). Additionally, those who have high levels of narcissism frequently lack a variety of characteristics that help university students succeed. For instance, there is a link between university students' humility and better course grades. The definition of humility given by (Rowatt, Powers, Targhetta, Comer, Kennedy & Labouff, 2006) is "being modest, down-to-earth, open-minded, respectful of others and less arrogant, immodest, conceited, close-minded or egotistical" (p. 199), which would seem to be the exact opposite of a narcissist. There are a few fundamental characteristics of the narcissistic personality that encourage harmful learning habits in university students. These include; 1) overestimating performance; 2) not delaying gratification; 3) not seeking guidance; and 4) having negative responses to failure. These elements harm students and leave them unprepared for life after university (Bembenutty, 2007).

(a) Overestimation of Performance

University grade point average (GPA) expectations and projections that are tremendously high are linked with narcissistic and self-centered perception (Robins & Beer, 2001). However, this self-improvement does not always guarantee satisfactory academic achievement. According to Robins and Beer (2001) students who have narcissistic tendencies have a slightly greater rate of university dropout than people with high self-esteem. In addition, narcissistic students do not have higher GPAs at the

conclusion of university (Robins & Beer, 2001). Narcissists have more favorable perceptions of themselves. Robins and Beer (2001) however state that with time this self-esteem declines, which has detrimental long-term effects for those with narcissistic dispositions. This inflated and unrealistic expectation of academic performance and grades may be accompanied by a steady and enduring personality trait. Kennedy, Lauton and Plumlee (2002) hypothesize that an "ego-defensive propensity," which is a defense mechanism may contribute to overconfidence in performance. This suggests that the overestimation of performance may be a result of a need to uphold and defend one's self-concept. People that are narcissistic frequently have inflated aspirations for the future. In a study of undergraduate students, it was discovered that those with narcissistic personality traits were more likely to have exaggerated expectations for their post-graduation professions, earnings and promotions (Westerman, Bergman, Bergman & Daly, 2012). Narcissistic people have great aspirations for their future careers that are typically unattainable due to their inflated egos (Westerman et al., 2012). Furthermore, they have very maladaptive beliefs about how well they will succeed academically and what their career options will be (Kennedy et al., 2002). Although having an optimistic outlook on one's talents is generally a desirable thing, success eventually requires a realistic assessment.

(b) Lack of Delay of Gratification

Academic achievement depends on a psychological factor called delay of gratification, which can also be a learning approach (Vazire & Funder, 2006). A good student might for instance decide not to attend a concert in order to stay home and prepare for a test.

The student postpones pleasure because he/she will likely receive a higher grade on the test as a result of the decision to study instead of going to the concert. According to Bembenutty's (1999) theory, pupils who are unable to delay gratification are less engaged in their academic work and less effective academically than those who are. Delayed gratification is also linked to impulsivity, which narcissists have a hard time controlling (Vazire & Funder, 2006). When faced with a pleasurable distraction, a narcissistic student may be at danger of not finishing tasks on time or failing to study diligently if they are unable to postpone enjoyment. Keeping with the concert example, a narcissistic student might decide to attend the concert rather than staying home to study in order to earn a decent mark in the test.

(c) Lack of Advice Seeking

The tendency of students to seek advice is a further field of research on university students' success. In the collegiate education process, interactions between faculty and students are often beneficial and significant (Bembenutty, 1999). It can benefit students academically and is crucial to many students' academic achievement. Students who are more engaged in their study and engaged with their instructors tend to perform better in university. Receiving feedback from lecturers is also considered useful (Komarraju, Musulkin & Bhattacharya, 2010). An important characteristic of narcissism is a clear unwillingness to take any constructive criticism that is self-relevant. Komarraju et al. (2010) propose that due to their inflated egos, narcissistic students are less likely to pursue scholarly ties with academics outside of the classroom. This might be really harmful because students who feel cut off from their lecturers could also lack

motivation. Research has found narcissistically inclined students to struggle with this notion (Komarraju et al., 2010).

Komarraju et al. (2010) further state that narcissistic students do not seek academic advice from professors because they are in a harmful loop in which they are unable to receive criticism or feedback without becoming defensive. However, avoiding lecturers may cause students to feel alienated and demotivated, which might diminish their chances of succeeding at university. Low self-confidence causes anxiety and conversely, great self-confidence prevents people from seeking or being receptive to guidance (Gino, Brooks & Schweitzer, 2012). In order to maintain their appearance of self-confidence, narcissists are less inclined to seek help. Mattern and Shaw (2010) also discovered that students who were aware of their poor academic performance requested academic assistance. The consistency principle is supported by this finding which points out that students with more negative self-beliefs are more inclined to seek treatment (Karabenick & Knapp, 1991). Therefore, even if they truly need assistance, students with narcissistic personalities are unlikely to ask for that academic assistance. Those with high levels of narcissism in addition have a propensity to respond emotionally and aggressively to criticism that conflicts with their exaggerated perceptions of themselves (Rhodewalt & Morf 1998). This would make it difficult to accept even the mildest and most helpful criticism. Academic performance depends heavily on good interactions with academics. Narcissistic pupils are likely to suffer academically as a result of missing out on this crucial component of their education.

(d) Negative Reactions to Failure

Being at university is a path that can be challenging and is full of both failures and accomplishments. Failure is a probability in the learning process at university. For students who are narcissistic, the component of education is particularly distressing (Robins & Beer, 2001). Compared to non-narcissistic people, narcissists react to failure in considerably more negative ways, such as with intense anxiety and rage (Robins & Beer, 2001). Failure "is felt as devastating" for narcissists (Baker, 1979, p. 419). This can be a result of the way they attribute events. They frequently credit their own abilities for their accomplishment, which is inherently a positive quality. However, this misleads narcissists since following a victory, they have a propensity to assume that they will always succeed in their endeavors. According to Rhodewalt and Morf (1998), people with high levels of narcissism become angry when they have a failure following a triumph. When the grandiose self-image is endangered, as it frequently is during the years at university, this fury arises (Rhodewalt & Morf, 1998). Students who experience academic failure in addition may respond by quitting school altogether and pursue rewarding pastimes like athletics, sex and television (Robins & Beer, 2001). This is understandable for narcissists given that they are incapable of postponing satisfaction and of dealing constructively with failure. As can be observed in the advice-seeking element of academics, narcissists get caught up in a vicious cycle where academic failures undermine their sense of self, consequently leading them to avoid school and cease learning in an effort to avoid the challenge to their self-esteem (Robins & Beer, 2001). However, this results in even worse grades and hence even lower self-esteem. According to Robins and Beer (2001), the only way for a narcissist to maintain a lofty

sense of self is to either fail and attribute the failure to the test's difficulty or to do exceptionally well in a test or exam by chance, which raises self-esteem. However neither of these tactics results in successful academic achievement. None of them even require the student to study hard. Academic achievement is surrendered to the narcissistic personality. Narcissists struggle to deal with failure, which has a negative impact on both their academic and personal lives.

2.3.3. The association between narcissism and depression

Narcissism and sadness are both recognized as quite harmful mental states in psychology and mental health-related communities. Fang et al. (2021) state that while both narcissism and depression have their own causes, it is possible to assume that they are related. Since both narcissism and depression are harmful, they both have an adverse effect on a person's mental, physical and emotional well-being. Narcissism and depression can both have a negative impact on a person's capacity to successfully function in the real world when they are carried to very severe levels.

2.4. Socio-demographic variables, self-esteem, depression and narcissism

According to Harter (1999), self-esteem which is equated with self-regard is the evaluative component of the self-concept. It refers to a person's overall assessment based on the scores they assign themselves in various roles and spheres of existence (Markus & Nurius, 1986). There is a strong association between the development of depression and levels of self-esteem. However, Choi et al. (2019) established that variables like age and sex had no noteworthy influence on the results (Choi et al., 2019). Tisaker (2016) conducted studies in the United States of America, Europe and Asia in which he tested

the link between respondents' gender and their scores on several psychological constructs and the studies found that the male respondents possessed more narcissistic traits than females.

The NIMH (2021) reemphasises that depression (also called major depressive disorder or clinical depression) is characterized by severe symptoms that affect how an individual thinks, feels and behaves. The NIMH (2021) further states that when it comes to socio-demographic variables, depression is an illness that can affect anyone regardless of sex, age, gender, race, culture and income.

It seems that depending on the variables that are researched, the results of the relationship with self-esteem, depression and narcissism differs. A study by Karki, Sapkota, Jajko and Singh (2021, p. 37) concluded that "self-esteem was lower among older male adults aged 60–64 years and those who attended secondary level education. Overall, the male older adults had lower self-esteem than females". Gaspard, Burnett and Gaspard (2011) carried out a study which sought to ascertain the relationship between self-esteem, demographic factors and academic accomplishment among first-year students in Louisiana State College of Agriculture. The study's key finding was that students had a reasonable level of self-esteem, which had an effect on their generally acceptable academic performance. A variety of factors may thus be related to narcissism, depression and self-esteem.

2.5. Theoretical framework

Abraham Maslow's hierarchy of needs theory played a prominent role throughout this study. The researcher was mainly being guided by the level of self-esteem in the

hierarchy of needs as explained and discussed by various theorists. The hierarchy of needs is a psychological theory of motivation that includes a five-tier model of human needs that is frequently represented as levels within a pyramid (Fallatah & Syed, 2018). When one need is met, a new need emerges that demands the person's attention and effort. The fundamental tenet of Maslow's theory is that a person cannot become motivated by higher order requirements until the lower order pre-potent needs have been mostly met. Physiological needs as well as needs for safety, love and belonging all come first. After the needs for safety, security, love and belonging are satisfied, individuals look to satisfy their needs for esteem (Fallatah & Syed, 2018).

The hierarchy's psychological needs are made up of the esteem and social levels and once the needs at the bottom have been met, the esteem needs start to become increasingly important in motivating behavior. Esteem needs comprise of self-worth, accomplishment and respect (Zeigler-Hill & Shackelford, 2020). Furthermore, esteem needs are classified into two categories; the need for respect from others, and the need for regard for oneself such as independence, achievement, dignity, prestige and status (Zeigler-Hill & Shackelford, 2020).

People have a desire to accomplish certain things and to be acknowledged in order to have a high sense of self-esteem (Fallatah & Syed, 2018). Cherry and Gans (2018) stress that academic success, athletic and personal interests can all contribute to the improvement of self-esteem. Hale, Ricotta, Freed, Smith and Huang (2019) discovered that those who meet their esteem requirements have a tendency to feel confident in their skills, whilst those who don't can experience emotions of inferiority.

Meeting one's requirements for self-esteem leads to sentiments of self-worth, competence and a sense of utility and necessity in the world (Hale et al., 2019). These demands being unmet results in attitudes and sentiments of dependence, apathy, weakness and inferiority. Basic discouragements, a sense of futility and hopelessness in coping with life's obligations and a low opinion of oneself in comparison to others are all results of these negative self-perceptions (Hale et al., 2019). It has been found in addition via extensive research that having a high sense of self-esteem is strongly correlated with self-reported pleasure, which may result from having a sense of confidence, competence and self-efficacy that may help one to perform well on tests (Fallatah & Syed, 2018). Zeigler-Hill and Shackelford (2020) strongly point out that a person's need for respect and recognition is linked to their need for self-esteem. Esteem needs are people's aspirations to have a consistent and realistically favorable opinion of themselves. According to Maslow, sentiments of efficacy and confidence are manifestations of the fulfilment of esteem impulses, whereas feelings of discouragement and inferiority are manifestations of the thwarting of these needs (Zeigler-Hill & Shackelford, 2020).

2.6. Chapter Summary

Chapter 2 presented the literature review for the present study. The reviewed literature was discussed in light of the study’s objectives. The review highlighted that self-esteem is a way of thinking, feeling and acting that implies that one accepts, respects and believes in himself/herself. It was highlighted that depression can cause severe symptoms that affect how a person thinks, feels and behaves. Furthermore, it was concluded that narcissism affects students in university setting and can be both negative

and positive. This review showed that literature is sufficient on each variable individually but little has been done to see the correlation between the variables as well as the relationship with socio-demographic variables. It is evident that there are significant gaps which this study aimed to fill.

Chapter 3

Research Methods

3.1. Introduction

This chapter outlines the research methodology that was used to conduct this study. The methodology focused on the research design of the study. Further aspects that are discussed include the sampling technique that the researcher used, the population and research instruments. In addition, this chapter also discusses the research procedures, data analysis methods and research ethics.

3.2. Research design

Research design refers to the framework of research methodologies and procedures selected by a researcher to undertake a study (Cunningham, 2014). Furthermore, research design assists researchers to come up with research techniques that are more focused and successful (Cunningham, 2014). The researcher used a descriptive survey research design with a quantitative approach for the present study. Descriptive survey is carried out to collect in depth description of existing phenomenon in order to support or negate the current conditions and make recommendations for improving them (Lokesh, 2004). The use of descriptive survey was preferred because the researcher's intention was to explore the relationship between self-esteem, depression and narcissism of undergraduate university students. Kothari (2008) asserts that the purpose of a descriptive survey design is to represent the existing phenomena while making use of descriptive statistics to adequately explain population parameters. It is assumed that the

characteristics of the sample that was collected and studied are representative of the entire population from which it was drawn.

Van der Merwe (1996) described quantitative research as a method of investigation that tries to test hypotheses, establish facts, determine the link between variables and forecast outcomes. Additionally, quantitative research uses techniques from the natural sciences to confirm objectivity, reliability and generalizability (Weinreich, 2009).

3.3. Population

The term "target population" refers to the specific demographic that is pertinent to a given circumstance or issue (Sapsford, 2007). The study targeted the Windhoek-based male and female undergraduate students registered with the University of Namibia (UNAM). The University of Namibia has a total enrollment of 22700 students for the year 2022 ("Population of University of Namibia 2022," n.d.). It should however be noted that this figure includes both undergraduate and postgraduate students from all campuses across the country. The Hage Geingob Campus has a total enrollment of 420 students, the Khomasdal Campus has a total enrollment of 1120 students and the main campus has roughly enrolled about 14 500 students for the year 2022 ("Population of University of Namibia 2022," n.d.).

3.4. Sample

The sampling procedure permits the drawing of meaningful conclusions by carefully observing variables with a small representative portion of the population (Best & Khan, 2006). Non-probability random sampling was used in the present study. The researcher particularly deployed convenience sampling. A convenience sample simply includes the

individuals who happen to be most accessible to the researcher (Best & Khan, 2006). A link was created for the online questionnaire that was shared with UNAM students from the Windhoek based campuses through WhatsApp groups and via electronic mail (email) addresses. Of the 159 students who opened the link, 147 consented to take part in the study and thus completed the questionnaire. 12 students declined. The total sample of 147 students consisted of 84 females (57.1%), 62 males (42.2%) and one (0.7%) of the respondents reported as binary.

3.5. Research instruments

Research instruments are the tools and methods used to carry out research (Gay, 2020). The researcher uses these instruments to collect data. The research instruments used for this study included a self-administered online questionnaire which was used to obtain data from the respondents. Due to the outbreak of COVID-19 during the data collection period, online-questionnaires were used since they were convenient in preventing the spread of COVID-19 at the time. Questionnaires provide a consistent stimulus to a large number of respondents at once and make it simple for the investigation to compile data (Gay, 2020). Orodho (2019) contends that questionnaires are the best instruments for collecting data when a study involves a large number of respondents.

A questionnaire with good validity and reliability indices was employed as it proved useful in assessing the psychological constructs which the researcher aimed to assess. Respondents completed one questionnaire that consisted of 4 sections including; the demographic information, the Rosenberg Self-Esteem Scale (Rosenberg, 1989), the Beck Depression Inventory (Beck, Steer & Brown, 1996) and the Narcissistic

Personality Inventory (NIP-40) (Ames, Rose & Anderson, 2006). All these tools are universal tools which are standardized hence no pilot testing was done. The demographic information questionnaire which is part of Appendix C captured the biological data and information of the respondents such as gender, age, year of study etc. A consent form was included, informing respondents that their participation was anonymous and that they were allowed to withdraw at any time without suffering any consequences.

3.5.1. The Rosenberg Self-Esteem Scale (RSES)

Self-esteem was measured using the Rosenberg Self Esteem Scale (RSES) which forms part of Appendix C. The RSES has been proven to be valid and reliable indicator of overall self-esteem (Jafari et al., 2021). The Rosenberg Self-Esteem Measure has been translated in numerous languages and has proven to be reliable and valid over a wide range of distinct sample groups. The test-retest correlations are between 0.82 to 0.88 and Cronbach's alpha between 0.77 to 0.88 (Tinakon & Nahathai, 2012).

The RSES gauges one's overall sense of self-worth by measuring both positive and unfavorable thoughts about oneself. Ten basic statements make up the questionnaire, five of which are negative and five of which are favorable (Jafari et al., 2021). The measure is thought to be unidimensional and all responses are given on a 4-point Likert scale, with “strongly disagreeing” being the lowest and “strongly agreeing” being the highest. Furthermore, items 2, 5, 6, 8 and 9 are scored in reverse, with "Strongly Disagree" receiving 4 point, "Disagree," 3, "Agree," 2 and "Strongly Agree," 1 points. The scores were then added together. Each student was capable of achieving a score

between 10 and 40. Scores greater than 30 denoted high self-esteem, 20 to 30 denoted moderate self-esteem, and less than 20 denoted low self-esteem.

3.5.2. The Beck Depression Inventory (BDI)

The student's level of depression was assessed using the Beck Depression Inventory (BDI) (Von Glischinski et al., 2019). The BDI which has been included in the appendix is frequently used to screen for depression as well as to gauge its severity and behavioral symptoms. The BDI's internal consistency has a range of.73 to.92 with a mean of.86. (Beck, Steer & Garbin, 1988). With alpha coefficients of.86 and.81 for psychiatric and non-psychiatric populations respectively, the BDI also exhibits strong internal consistency (Beck et al., 1988). There are 21 self-report items in the inventory. The highest possible total for the whole inventory would be sixty-three and the lowest possible score for the test would be zero. A score between 1-10 points to the ups and downs in mood which are considered normal. A score between 11-16 indicates mild mood disturbance. Students who scored between 17-20 were classified as having borderline clinical depression. Scores between 21-30 point to moderate depression and scores over 31 indicate severe or extreme clinical depression.

3.5.3. The Narcissistic Personality Inventory 40 (NPI-40)

The Narcissistic Personality Inventory 40 (NPI-40) was used to assess students' level of narcissism (Raskin & Hall, 1979). The inventory which forms part of Appendix C consists of 7 subscales: Authority, Superiority, Exploitative, Vanity, Self Sufficiency, Entitlement and Exhibitionism (Raskin & Hall, 1979). The questionnaire contains 40 pairs of statements which assess personality characteristics which are related to

narcissism. For each pair, the respondents were instructed to select the self-descriptive statement they feel best reflect their personality. Each response that matched the key received one point towards the NPI score; the points of all questions on the same dimension were put together to produce subscale scores for each responder; and the composite NPI score was created by adding the subscale scores collectively. Scores below 21 are considered normal and students who scored above 21 were regarded as having high levels of narcissism.

3.6. Procedures

A research proposal was written and submitted for approval to UNAM's post-graduate center. The University of Namibia's (UNAM) ethics committee provided ethical clearance which granted the researcher permission to proceed with the research. The Ethical clearance from the University of Namibia's Ethics committee forms part of appendix A.

A target population was identified and potential participants were sampled. The standard tools which included the Rosenberg Self-Esteem Scale (Rosenberg, 1989), the Beck Depression Inventory (Beck, Steer & Brown, 1996) and the Narcissism Personality Inventory (NIP-40) were compiled into one questionnaire. Due to the COVID-19 outbreak, the researcher was unable to conduct the face-to-face interviews as initially planned, thus an online self-administered questionnaire was created using Google Forms and a link was obtained. The respondents were given access to the online questionnaire by the dissemination of the link to the online questionnaire. The link was shared with undergraduate students. The researcher predominantly used two platforms; WhatsApp

groups of students with modules at UNAM as well as email addresses. The anticipated period to gather the data was 60 days. The questionnaire begins with an introduction paragraph that discusses the study's goal and assures respondents of their anonymity and liberty to decline to complete the survey.

3.7. Data analysis

The data was collected through Google Form and then recorded in Microsoft Excel. After collecting all the data, the researcher cleaned the data to remove outliers or unfilled questionnaires. Furthermore, the researcher manually categorized the data based on the questionnaire items and then coded the data. The data was then transferred into Statistical Package for the Social Sciences (SPSS) version 25.0 where it was further cleaned for analysis to take place. Martin and Acuna (2002) point out that the SPSS application can manage vast volumes of data and is also extremely efficient due to its extensive range of statistical procedures specifically designed in the field of social sciences. Analysis included descriptive statistics such as the frequencies, mean and percentage. Pearson’s Product Moment Correlation was used to obtain the correlation between the variables. The results of the data analysis were predominantly reported in the form of graphs, figures and tables.

3.8. Research Ethics

The University of Namibia's Ethics Committee was consulted for clearance. The researcher specifically requested the University's Ethical Committee for authorization to collect data from students across all Windhoek based campuses. The online questionnaire began with an opening paragraph that outlined the study's main goals.

Respondents were also informed about confidentiality and they were provided with a form of consent which forms part of Appendix B. Furthermore, the researcher assured the intended respondents that if they felt compelled and wished to withdraw from the study, they were free to do so and there would be no negative consequences. The data is safely stored on Google Drive and is only accessible to the researcher who has the password which would make access to the data possible. The data will be kept safely for a period of five years.

3.9. Chapter Summary

Chapter 3 was an outline of the research methodology employed for this study. The study made use of a descriptive correlation design with the quantitative approach to measure and to describe the levels of self-esteem, depression and narcissism among university students. A self-administered on-line questionnaire was used to obtain data and SPSS was used for data analysis.

Chapter 4

Results

4.1. Introduction

This chapter presents the research findings of this study. The results were analyzed using SPSS and presented predominantly in the form of tables, graphs and figures. Furthermore, the data was interpreted and presented with a brief explanation. This chapter's content will be used to enrich the discussion section of the study. Furthermore, this section outlines the results of the analysis and its interpretation which includes the demographic analysis, the findings of the Rosenberg self-esteem scale, Beck's Depression Inventory and Narcissistic Personality Inventory-40.

4.1.1. Demographic data

Figure 4.1 depicts the respondent's gender. According to the figure, 57.1% (84) of the respondents are female, 42.2% (62) are male and 0.7% (1) is binary.

Figure 4.1

Gender distribution of the respondents

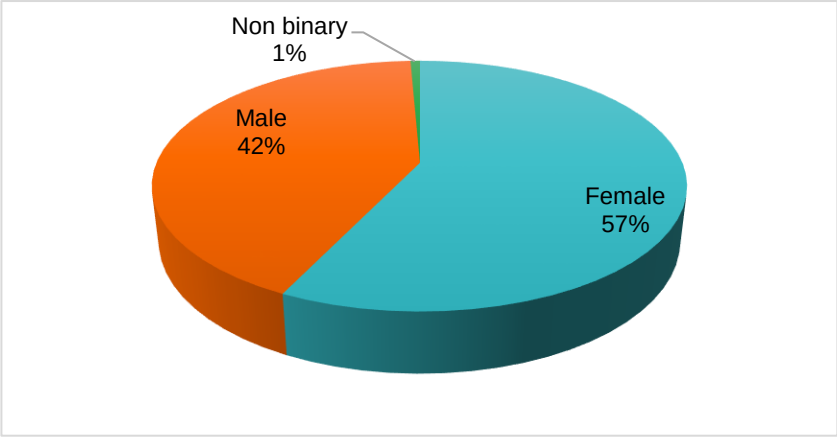


Table 4.1 shows the ages and the highest qualifications of the respondents. From the table it is evident that 59.2% (87) of the respondents are in the age-group 20 to 24 years, 19.1% (28) are 19 years or younger, 13.6% (20) are in the age group 25-29 years, 5.4% (8) are in the age group 30-34 years and 2.7% (4) of the respondents are 35 years and older.

Table 4.1

Age and year of study of the respondents

Variable	Frequency	Percentage (%)
Age		
19 years and below	28	19.1
20-24 years	87	59.2
25-29 years	20	13.6
30-34 years	8	5.4
35 years and above	4	2.7
Total	**147**	**100**
Year of Study		
Bachelor's Degree- First year	62	42.2
Bachelor's Degree- Second year	39	26.5
Bachelor's Degree- Third year	14	9.5
Bachelor's Degree- Fourth year	32	21.8
Total	**147**	**100**

Additionally, the table also shows that bachelor's degree first-year students contributed the biggest number of respondents in the survey 42.2% (62), followed by bachelor's

degree second-year students who made up 26.5% (39) of the respondents, then bachelor's degree fourth-year students that totalled 21.8% (32) and bachelor's degree third-year students only made up 9.5%, (14) of the total respondents.

Figure 4.2

Marital status of the respondents

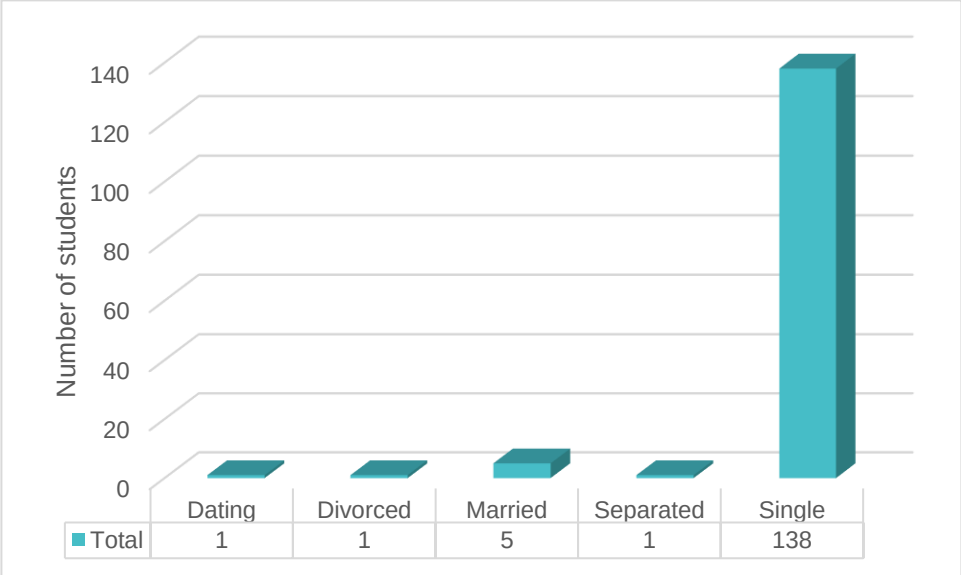


Figure 4.2 above represents the marital status of the respondents. According to the graph, majority 95.2% (138) of the respondents are single while 3.4% (5) are married. The graph further shows that one respondent is divorced and one is separated.

Figure 4.3

Religion of the participants

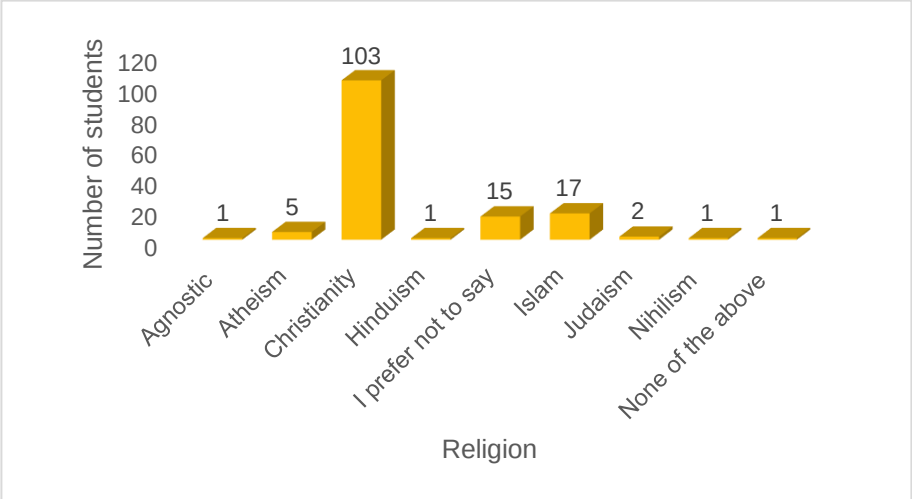


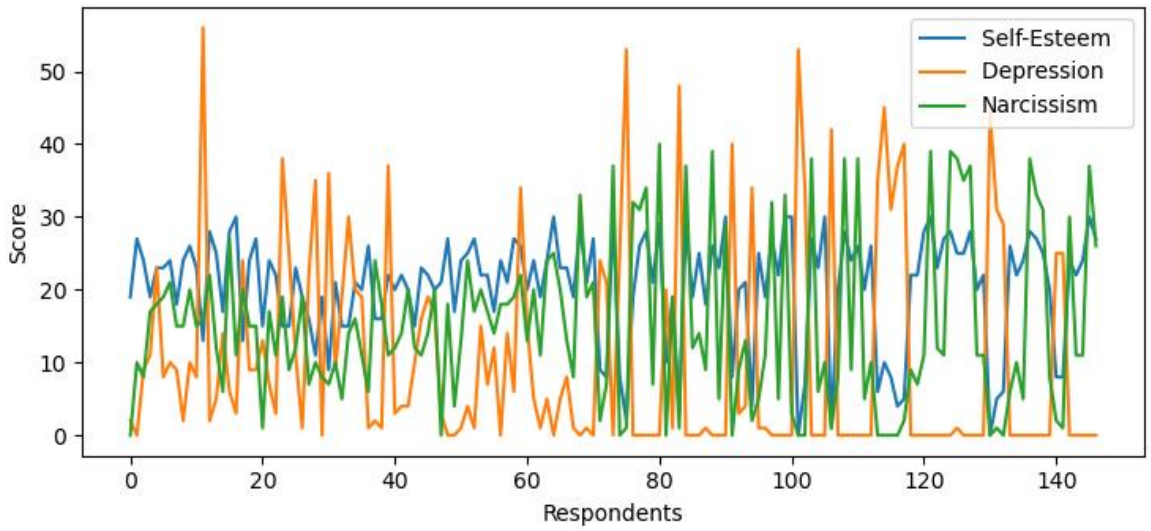
Figure 4.3 above is an illustration of the respondents' religious beliefs. The graph shows that majority 70.7% (103) of the respondents are Christians, followed by 11.6% (17) Muslims and 10.2% (15) opted not to disclose their religion. The remaining minority belong to other religious denominations.

4.1.2. Measures of Self-esteem, Depression and Narcissism

The researcher's primary objective was to obtain the levels of self-esteem, depression and narcissism among undergraduate students at the University of Namibia. The obtained results were recorded below.

Figure 4.4

Self-esteem, Depression and Narcissism Scores of Respondents



According to Figure 4.4, depression was scored the highest. This means that a number of students scored extremely high on the Beck Depression Inventory, translating to these students having major depressive disorder. The results have been further tabulated below.

Levels of self-esteem

The Rosenberg self-esteem scale was employed to measure student's self-esteem levels. Table 4.2 below depicts the levels of self-esteem. From the table it is evident that 76.2% (112) of the respondents scored within normal to mild self-esteem range, 12.9% (19) scored within the moderate range and 10.9 % (16) have low self-esteem.

Table 4.2

Self-esteem levels of the respondents

Self-Esteem	Frequency	Percentage (%)
Normal to mild	112	76.2
Moderate	19	12.9
Low Self esteem	16	10.9
Total	**147**	**100**

Levels of depression

Beck's Depression Inventory (BDI) was administered to measure students' levels of depression.

Table 4.3

Depression levels of the respondents

Depression	Frequency	Percentage (%)
Normal to Mild	128	87
Moderate	12	8.2
Severe to Extremely Severe	7	4.8
Total	**147**	**100**

Table 4.3 above illustrates the results of the Beck's Depression Inventory scores. According to the table, 87% (128) of the respondents scored in the normal/mild range of depression, followed by 8.2% (12) who have moderate depression and a minority (4.8%) (7) have severe/extreme depression. The results suggest that the majority of respondents were unaffected by depression or had only minor symptoms.

Levels of Narcissism

The Narcissistic Personality Inventory-40 (NIP-40) was administered to measure the levels of narcissism.

Table 4.4

Narcissism levels of the respondents

Narcissism	**Frequency**	**Percentage (%)**
Normal	132	89.8
High	15	10.2
Total	**147**	**100**

The classification of the respondents' scores on the Narcissistic Personal Inventory is shown in Table 4.4 above. According to the table, 89.8 % (132) of respondents scored within normal narcissism level and 10.2% (15) scored high on the narcissism scale.

4.1.3. Correlations between self-esteem, depression and narcissism

The correlation coefficient gauges how strongly two variables are related (Benesty, Chen, Huang & Cohen, 2019). Ratner (2017) states that the Pearson product moment correlation coefficient gauges how strongly two variables are linearly related. Pearson's product moment correlation was used to calculate correlation between; self-esteem and depression, self-esteem and narcissism, and depression and narcissism.

The value of a correlation co-efficient ranges between -1 and +1 (Benesty et al., 2019). A positive value indicates a direct correlation: that is to say, as one variable (X) rises, the other one (Y) also rises. Furthermore, a negative value indicates an inverse correlation: that is to say, as one variable (X) rises, the other variable (Y) falls. A zero

correlation is an indication that there is no discernible relationship between the variables (Ratner, 2017). The results of the correlation analyses are presented in the table below.

Table 4.5

Pearson Correlation coefficients between self-esteem, depression and Narcissism

Variables	Self-Esteem	Depression	Narcissism
Self-Esteem	1.000000	-0.809396	0.659733
Depression	-0.809396	1.000000	-0.470355
Narcissism	0.659733	-0.470355	1.000000

Self-esteem – Depression Correlation

Table 4.5 above displays the correlation analyses' findings. From the table, it is evident that there is a strong negative correlation between self-esteem and depression (-0.81). This means that as self-esteem level increases, the level of depression decreases and vice versa.

Self-esteem – Narcissism Correlation

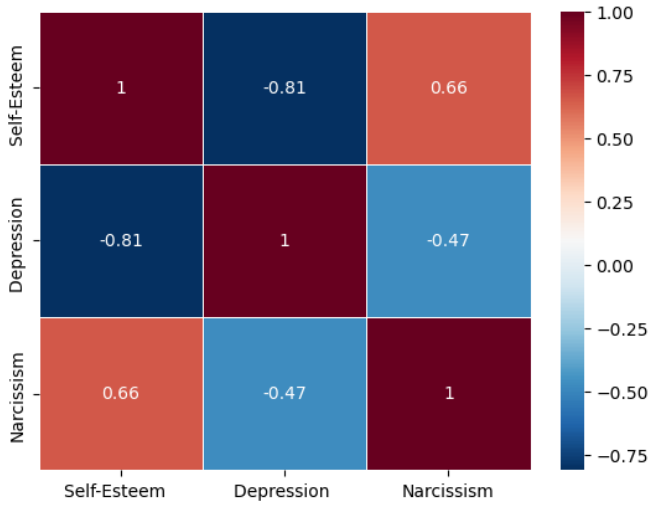
Furthermore, the results of the correlation analysis in table 4.5 above also illustrates that there is a moderate positive correlation between self-esteem and narcissism (0.67). As the level of self-esteem rises, the level of narcissism also increases.

Depression - Narcissism Correlation

Based on the results in table 4.5 above, there is a weak negative correlation between depression and levels of narcissism (-0.47). This means that as depression levels increase, narcissism levels tend to decrease and vice versa.

Figure 4.5

Pearson Correlation Heat map for Variables



In addition, figure 4.5 above represents the visual Pearson Correlation Heat map for the variables under study.

4.2. Chapter Summary

This chapter presented the research findings. From the findings it was established that more females took part in the study than males. The biggest age cohort of respondents is between the ages of 20 to 24 years. Majority of the respondents are single and Christiaan. Furthermore, it was established that most of the respondents have a normal self-esteem, normal /minimal depression and were at the normal level on the NPI-40.

This chapter also covered a crucial aspect of this study namely establishing the correlations between self-esteem, depression and narcissism.

Chapter 5

Discussions

5.1. Introduction

This chapter discusses the research findings. The findings presented in Chapter 4 of the study are discussed in relation to the objectives of the study and the existing relevant literature. Furthermore, the discussion provides any new knowledge the study brought forward.

5.2. Discussions

5.2.1. Demographics

When looking at the respondents' characteristics, all of them had a common denominator of being University of Namibia undergraduate students. The study surveyed 147 undergraduate students of which 57.1% (84) were females, 42.2% (62) male and 0.7% (1) binary. Majority of the students, 95.2% (140) indicated that they were single, 3.4% (5) married, 0.7 % (1) divorced and 0.7% (1) separated. The religious beliefs of students were also established and 70.7% (104) identified as Christian, 11.6% (17) Muslims and 10.2% (15) of the respondents opted not to state their religious beliefs. With regard to the highest grade/level of the respondents, 42.2% (62) reported to be bachelor's degree-first year students, 26.5% (39) bachelor's degree-second year students, 9.5% (14) reported that they were bachelor's degree-third year students and 21.8% (32) were bachelor's degree-fourth year students. These demographics provided insight into the profile of the respondents.

5.2.2. Results of self-esteem, depression and narcissism

Results from the RSES

The current study's findings show that majority of the respondents' self-esteem is in the normal range, with only a few individuals having low self-esteem. The findings show that a substantial number of undergraduate students (76%) (112) scored within normal to mild levels of self-esteem. Of the 147 respondents, 12.9% (19) scored within moderate level of self-esteem and the remaining 10.9% (16) reported that they have a low self-esteem. This is significant as it shows that majority of the undergraduate students who completed the survey have a normal and healthy self-esteem. Consideration should however be given to the minority yet significant number of students who have low self-esteem. A study by Paudel (2020) found that more than three-fifths (75.7%) of the students had normal levels of self-esteem, whereas around one fifth (21.4%) of the students had low self-esteem. The findings from the current study concur with Paudel's findings, indicating that majority of students at university level have a normal and healthy self-esteem.

Results from the BDI

A significant finding from the study is that majority (87%) (128) of the respondents reported normal to mild depression. Furthermore, a minority (8.2%) (12) of the students reported moderate depression. The remaining 4.8% (7) students reported severe to extremely severe depression. The findings from the study are positive and significant in the sense that majority of the undergraduate students at the University of Namibia

reported normal to mild depression, implying that a vast majority of undergraduate students are least affected by depression. This figure does however not completely overshadow the 8.2% (12) students who reported severe to extreme depression. Depression impacts a student's sleep, self-esteem, diet, mental and physical health, academics and social interactions (International Board of Credentialing and Continuing Education Standards [IBCCES], 2019). Furthermore, students with depression are at risk for performing poorly in their academics (Ahmed et al., 2020). This can include a lack of interest in class, poor interpersonal relationships with lecturers and classmates as well as a lack of desire to pursue passions and make plans for the future (IBCCES, 2019). Findings from the current study concur with previous findings which show that fewer undergraduate students at university level were either unaffected by depression or simply experienced moderate symptoms. This is a significant finding, given that depression has been linked to poor academic performance and underachievement (Jafari et al., 2021). Depression seems to impact undergraduate students at UNAM the least. All throughout the world, university students are susceptible to depression and other mental health conditions. Numerous studies conducted around the world revealed that between 4% and 79.2% of university students have depression. A comprehensive evaluation research carried out among university students in Iran between 1995 and 2012 found that the prevalence of depression was 33% (Ahmed et al., 2020).

The frequency of depression varied throughout American nations, ranging from 33% to 41% (Paudel, 2020). In a survey carried out in Europe, Paudel (2020) found that depression prevalence varied between 6.1% and 34.2%. A similar study conducted in several Asian nations found the prevalence to be ranging from 4% to 79.2% (Paudel,

2020). Furthermore, Paudel (2020) reports that in African universities, depression prevalence varies between 16.2% and 67%. A specific study conducted in Ethiopia found that between 29.1% and 32.2% of Ethiopian students reported having depression. The findings from the current study are in the range of the above described studies (4.8% and 87%).

Results from the NPI-40

From the results, it was evident that majority 89.8% (132) of the students fell within the normal levels of narcissism. The remaining 10.25% (15) scored above 20 on the NPI 40 and qualified as having high levels of narcissism. According to Twenge's studies, narcissism is becoming more prevalent among people in their university years (Twenge & Foster, 2010). Contrary to Twenge's findings, Trzesniewski, Donnellan and Robins (2008) did not discover a rise in narcissism among university students in Northern California. Their findings are supported by the results from the present study.

Narcissism has both positive and negative aspects. As more scholars focus on narcissism, it is easy to understand how it is negative for society in a variety of ways. Furthermore, academic failure is a common occurrence among narcissistic university students (Baker, 2014). Throughout university, narcissistic students are more likely to become progressively disengaged from their studies (Baker, 2014). In addition, they may underachieve academically, implying that they are clever but may not reach their full potential in a university setting (Robins & Beer, 2001). The challenges that narcissistic students face in university has been extensively researched. In a study of undergraduate students studying social work who exhibited narcissistic personality

features, Vigilante (2019) discovered that they had a harder time learning compared to non-narcissistic classmates. Those with high levels of narcissism, in contrast to non-narcissistic students struggled to emotionally self-regulate, create objectives and finding motivation internally to complete work (Bembenutty, 2007). Hudson (2012) confirmed, adding that individuals who are high in narcissism are often lacking in many characteristics that help students succeed in university.

Narcissists have an exaggerated sense of self-importance (Brown et al., 2009). They view themselves as superior to everyone else and their everyday lives are guided by this self-concept, however unrealistic it may be (Morf & Rhodewalt, 2001). The current study's findings are that many UNAM undergraduate students reported normal levels of narcissism, whereas only a few scored high on the NPI - 40. Rhodewalt and Morf (1998) found that narcissistic people rely excessively on good feedback and are unable to tolerate statements that threaten their grandiose ego such as negative or critical feedback (Baker, 2014). This can be said of the 10.25% (15) UNAM students who scored high on the NPI 40 scale.

5.2.3. Correlation between self-esteem, depression and narcissism

The primary objective of the present study was to investigate how narcissism, depression and self-esteem are related. Pearson’s product moment correlation was employed to analsye the levels of correlation which are discussed below.

Correlation between self-esteem and depression

The present study found a strong negative correlation between self-esteem and depression (-0.81). This negative correlation indicates that as the levels of self-esteem increase, the levels of depression decrease. The findings show a significant relationship between depression and self-esteem, with students who scored higher on self-esteem also scoring lower on depression. The impact of self-esteem on narcissism and depression has been confirmed by research done on several sample populations. A study by Jafari et al. (2021) confirmed the link between self-esteem, narcissism and depression, which is consistent with the findings of the present study. Jafari et al. (2021) found a significant correlation of ($P < -0.65$) in their study. Furthermore, a study was conducted on university students in Vietnam which also explored the frequency of low self-esteem and its association to depression. The results confirm earlier studies that suggested depressed individuals may be susceptible to low self-esteem (Jafari et al., 2021). In Paudel's (2020) study, a negative correlation between self-esteem and depression was found at $p<0.01$. The findings demonstrated that among adolescents, low self-esteem may have a role in depression and suicidal ideation (Paudel, 2020). Comparing low self-esteem students to students who scored within the normal range of self-esteem revealed that students with low self-esteem had roughly six times the likelihood of developing depression and four times the likelihood of experiencing depressive symptoms.

According to Arshad (2015), teachers, parents, therapists and other members of society have concentrated efforts on building self-esteem, with the view that that high self-

esteem will lead to numerous positive outcomes and advantages. The term high self-esteem encompasses those who acknowledge their positive qualities but may also include narcissists, defensive and conceited persons (Arshad, 2015). Many academics believe that in order to increase pupils' educational performance, their self-esteem must be boosted (Sowislo & Orth, 2013). Marsh and Yeung (1997) point out that there is a strong correlation between self-esteem and academic success. Sadaat, Ghasemzadeh and Soleimani (2012) conducted a study to investigate self-esteem and its relationship to academic achievement among university students. They concluded that academic self-esteem and family self-esteem demonstrated a direct and positive link with student academic achievement. Positive self-esteem has been demonstrated to boost children's confidence and academic achievement during the formative years (Kawash, Kerr & Clewes, 1985) and it is a predictor of academic success (Markus & Nurius, 1986). A longitudinal research among elementary school students found that children with high self-esteem have stronger cognitive aptitudes (Kawash et al., 1985). Studies have shown in addition connection between core self-evaluations assessed in early adulthood and childhood and job satisfaction in middle age (Marsh & Yeung, 1997). According to Mann et al. (2004), the development of a good self-esteem is the most fundamental responsibility for mental, social and emotional health which starts in infancy and lasts until death. One can conclude that self-esteem is a significant variable in the lives of undergraduate students.

Positive self-esteem is considered as a fundamental aspect of mental health which also acts as a protective element that promotes improved health and constructive social behavior by acting as a buffer against the negative effects of outside factors (Mann et al.,

2004). Additionally, it is assumed that having high self-esteem encourages healthy functioning, which is evident in life outcomes like accomplishments, success, happiness as well as the capacity to deal with conditions like heart disease and cancer (Arshad, 2015). Studies have shown that people who have significant social support and high self-esteem are less vulnerable to stressors (Mann et al., 2004). Researchers note that social support can be viewed as an external mode of stressors, whereas self-esteem moderates stress internally (Jafari et al., 2021). On the other hand, Mann et al. (2004) remark that a poor self-concept and having low self-esteem play a role in the development of a variety of mental disorders such as anorexia nervosa, bulimia, anxiety and depression. In addition to causing a great deal of personal pain, these illnesses often place a heavy cost on other members of society.

Over the years, self-esteem which is a psychological construct has received substantial attention in empirical studies and this construct affects mental health and quality of life (Evans, 1997). According to Zimmerman's study (2000), happiness and mental well-being are highly correlated with self-esteem and there is a considerable relationship between the two. Furnham and Cheng (2000) state that happiness has been found to be strongly predicted by high self-esteem. Positive self-esteem appears to actively contribute to well-being, in contrast to low self-esteem (Kumari & Sharma, 2016).

Numerous studies in the literature demonstrate the good effects of high self-esteem on one hand and on the other hand, the detrimental effects of low self-esteem, particularly in adolescents. In addition, prospective research and intervention studies have demonstrated that low self-esteem might be a contributing factor to conditions such as

anxiety, depression, eating disorders, delinquency, risky behavior, poor social functioning, reduced academic performance as well as job satisfaction (Kumari & Sharma, 2016). The cross-sectional nature of many other studies do however not rule out the possibility that poor self-esteem might also be seen as a significant outcome of such diseases and behavioural issues (Kumari & Sharma, 2016). Moksnes et al. (2010) emphasized that while teenagers with low self-esteem are more susceptible to stress, those with high self-esteem have stronger coping mechanisms and are shielded against the effects of stressful life events. These are all possible implications to be taken into consideration at University level.

Correlation between self-esteem and narcissism

The present study in addition found that there is a moderate positive correlation between self-esteem and narcissism (0.66). This means that as levels of self-esteem rise the levels of narcissism also increase. Self-esteem, according to Rosenberg (1989) is a comprehensive affective self-evaluation that can be either negative or extremely positive. Given this description, it makes sense that narcissism and self-esteem have a positive relationship as both are thought to be manifestations of positive self-perception. This is supported by the findings of the present study which shows that there is a moderate relationship between narcissism and self-esteem.

A study by Oloke and Gatz (2020) looked at the connection between narcissistic traits and low self-esteem and they discovered an association with a p value of <.05. Additionally, they claimed that people with lower self-esteem also had lower levels of narcissism, whereas people with higher levels of self-esteem also had higher levels of

narcissism. The results from this study support the findings from the study by Oloke and Gatz (2020).

However, in a study by Rosenthal and Hooley (2010), the correlational and factor analyses demonstrated a weak relationship between narcissism and self-esteem, contrary to findings from the present study. Bosson et al. (2008) report that researchers can have a concise understanding of where narcissism and self-esteem converge and diverge by examining the experiential profiles associated with both narcissism and self-esteem. Furthermore, Bosson et al. (2008) studied a sample of 4711 students and they found a small to moderate, positive correlation between grandiose narcissism and self-esteem (r = .28). The relationship between narcissism and self-esteem has been investigated in order to determine whether it is real. In a study by Campbell, Foster and Finkel (2002), a social experiment was conducted on a well-known dating app to determine whether or not people mistake narcissistic persons for people with high self-esteem or not. The findings demonstrated that those who scored highly on both narcissism and self-esteem were thought to have higher self-esteem than those who scored similarly on both traits but were less narcissistic. Therefore, it may be claimed that narcissism and high self-esteem are related as the findings from the present study suggests.

Correlation between depression and narcissism

The present study also found that there is a weak negative correlation between depression and narcissism (-0.46). This means that as levels of depression increase, levels of narcissism decrease and vice versa. Several studies demonstrate a negative association between narcissism and depression. Anastasopoulos (2007) found that nearly

29% of those with narcissistic personality disorder (NPD) also had a mood disorder and about 7% of those had major depression. Another study found the prevalence of Narcissistic personality disorder in those with major depression to be between 0-16% (Anastasopoulos, 2007).

5.3. Chapter Summary

The chapter provided an overview and a discussion on the findings and data of the study. Significant findings were; majority of the undergraduate students are within normal levels of self-esteem, depression and narcissism. These findings concur with findings from earlier studies. Significantly the study also established the correlations between self-esteem, depression and narcissism, supporting findings from earlier studies.

Chapter 6

Conclusions and Recommendations

6.1. Introduction

The chapter presents an overview of the study. Furthermore, this chapter contains the final conclusions from the present study, the limitations as observed by the researcher and the recommendations as well as notable gaps that further research could explore and aim to fill.

6.2. Conclusion

According to The World Health Organisation (WHO) (2008), health promotion entails empowering people to gain control over their health as well as to guide them to improve their lives holistically. The former WHO Director of Mental Health Sartorius (1998) defines mental health as a process through which individuals and groups can enhance their self-esteem, competence and sense of well-being. A monograph on mental health awareness and promotion by Tudor (2013) supports this viewpoint by arguing that self-esteem and self-worth are two essential components of mental health and should therefore be a major emphasis of mental health promotion. The present study's findings can be viewed in the light of promoting mental health.

The aim of the present study was to explore the relationship between self-esteem, depression and narcissism. The researcher firstly sought to measure the levels of self-esteem, depression and narcissism. The findings revealed that majority of student's self-esteem fell within the normal range. Additionally, majority of respondents were

unaffected by depression or had only minor symptoms. Lastly, a few respondents scored high on the NPI-40.

Although the link between depression and self-esteem is well documented, its exact nature has been a subject of ongoing discussion (Orth & Robins, 2013). Overall, the data strongly supports the vulnerability model's claim that depression is a result of poor self-esteem. The current study in addition supports the view that there is a link between self-esteem and depression and it can have a detrimental impact on undergraduate students' mental health (Sowislo & Orth, 2013).

The present study concurs that there is an association between self-esteem, depression and narcissism. This link is critical because it is associated and connected to mental health. The study's findings showed a negative relationship between depression and self-esteem. Trzesniewski, Donnellan, Moffitt, Robins, Poulton and Caspi (2006) discovered that teenagers with low self-esteem were more likely to experience depression and anxiety disorders as adults compared to teenagers with normal healthy self-esteem. This is significant because the study targeted undergraduate students who have a critical role to play in the development of Namibia. The findings from the present study therefore have a lot of implications to the undergraduate students.

Prospective studies have emphasized both high and low self-esteem as risk and protective factors (Jafari et al., 2021). Since self-esteem is thought to influence both physical and mental health, it should be a key component of health promotion, especially for UNAM undergraduate students' mental health.

Depression causes students to miss more classes, homework, examinations and possibly be compelled to leave the university. Ahmed et al. (2020) reported that many students affected avoid receiving a diagnosis because of persistent misunderstandings and ignorance about the condition, which causes painful stigmatization. Despite the significant frequency of depression among students, very little of them seek aid or treatment (Ahmed et al., 2020). For the general reduction of mental illness, this study recommends that appropriate screening be carried out at university level. Furthermore it would also benefit students mental health if intervention programs are incorporated at university level such as stress management education and counseling for students at university. Social support functions as a buffer against stressful life events and has been found to improve mental health. It is also crucial that students receive guidance in establishing strong and reliable support systems to reduce the prevalence of depression among undergraduate students at UNAM. Research shows a strong inverse association between mental illness and social support (Orth & Robins, 2020).

Research results show that favourable self-esteem is seen to have a positive impact on mental health, adjustment, happiness, academic achievements, success and contentment (Moksnes et al., 2010). It is linked in addition to quicker recovery from serious illnesses. However, the dynamic character of self-esteem is also at times considered to have unfavourable effects. Researchers have shown that people who are sad often picture a bleak future and assume that anything they try to do will be challenging or impossible (Manna et al., 2016). Furthermore, such persons avoid routine activities and communication because they feel unable and insecure. It is thus fundamental to

decrease depression among university students. Findings from the present study urges mental health professionals to pay attention to self-esteem and to take measures to improve the levels of self-esteem among undergraduate students which could consequently reduce the prevalence of depression among university students. Interventions have to be put into place to assist students with low self-esteem, who are depressed and those that possess significant narcissistic traits if UNAM is to generate mentally stable and productive citizens. In light of a study carried out by Orth and Robins (2020), this study suggests that self-esteem-boosting therapies can prevent or lessen depression, which has substantial practical ramifications. In order to mitigate the impact of low self-esteem on the development of depression, this study recommends that intervention programmes concentrate on recognizing the traits of depressive symptoms associated to low self-esteem (Fang et al., 2021).

Positive correct affirmations, positive competency identification and development, learning to accept compliments, affirming real worth, removing self-criticism and introducing self-compassion are all aspects that lead to increased self-esteem (Fathi-Ashtiani, Ejei, Khodapanahi, & Tarkhorani, 2007). Such practices would be beneficial and effective in the promotion of mental health because there is a negative correlation between self-esteem and depression.

The current study found that low levels of self-esteem are strongly associated with depression. It is thus in the benefit of undergraduate students to seek for help and guidance when their self-esteem is affected negatively. Results suggest implementation of programmes to intervene in the development of depression in young adults. Such

programmes could focus on improving levels of social support, positive domains of personality and resilience (Mann et al., 2004). In support of findings by Fathi-Ashtiani et al. (2007), cognitive behavioral therapy (CBT) shows promise in helping students overcome low self-esteem and symptoms of depression. CBT works by identifying, challenging and correcting unhelpful thinking patterns and content so that one's mindset, behaviors and overall well-being improve with practice. In view with the findings by Rousseau et al. (2021), the findings from the present study imply the necessity of preventive interventions during vulnerable undergraduate study periods and lay the groundwork for treatment plans that are specifically adapted to the needs of the most susceptible undergraduate students in Namibia.

6.3. Limitations

An observed limitation is that the sample size used for the study is relatively small. Nevertheless, significant findings were obtained from the data. Although the analyses were based on self-reported instruments, which may not be totally valid, half of the questions were inverted to reduce answer bias with the view to make the data more objective (Orth et al., 2016). Another limitation to the study was that the limited timeframe to conduct the research saw the researcher only being able to collect data from students at the University of Namibia (UNAM) Windhoek based campuses as opposed to ideally extending the research to students at other Universities and Institutions of higher learning. Extending the study to other campuses and institutions of higher learning would have made it possible to generalize the findings from the study. Conducting further research with students from other universities and institutes of higher

learning would provide significant knowledge which would contribute to the existing body of literature.

6.4. Recommendations

More knowledge on the causes of low self-esteem and the pathways connecting self-esteem to social, physical and mental outcomes is required to evaluate the relevance of this study's findings for the awareness and promotion of mental health and for the establishment of preventative measures. This is a notable gap that future research could aim to fill.

The present study is among the few that aim to explore the relationship between self-esteem, depression and narcissism. This study did however not focus on the direction and strength of the relationship among the studied variables. The researcher thus strongly recommends that further research be carried out to fully understand the nature, directionality and strength of the association between the variables.

Furthermore, the present study did not explore the influence that each domain of self-esteem has in the subscales of depression. It is important to find such a factor to see if gender and age affect results differently. These variations might be utilized to create more targeted psychological interventions to boost self-esteem or prevent depression.

Due to the study's cross-sectional design, more longitudinal studies are needed to take the clinical variables under consideration in order to determine whether there are any causal links between them. In addition, if it is established that there are causal relationships, alternative research designs may be deployed to test such relationships.

In conclusion, the current study considerably builds on earlier research about the connection between narcissism, depression and low self-esteem.

6.5. Chapter Summary

This chapter presented the conclusions of the study. The researcher emphasised the importance of mental health and how it can be linked to the study. The importance of interventions was highlighted and the researcher also discussed the limitations as well as the recommendations.

References

Abarado, M, L. (2015). *A Study of the Relationships between Self-esteem, Narcissism and Social Anxiety with Facebook and Internet Use among College Students*. Dublin. 1-35.

Abdel-Khalek, A. M. (2016). *Introduction to the psychology of self-esteem. Self-esteem: perspectives, influences, and improvement strategies*, 1-23.

Abela, J. R., & D'Alessandro, D. U. (2002). Beck's cognitive theory of depression: A test of the diathesis-stress and causal mediation components. *British Journal of Clinical Psychology*, *41*(2), 111-128.

Ackerman, C.E. (2020). *What is self-esteem? A psychologist explains. Verywellmind*. https://positivepsychology.com/self-esteem.

Adler, N., & Stewart, J. (2017). *Collaboration with the psychosocial working group. Verywellmind.* https://macses.ucsf.edu/research/psychosocial/selfesteem.php.

Ahmed, G., Negash, A., Kerebih, H., Alemu, D., & Tesfaye, Y. (2020). Prevalence and associated factors of depression among Jimma University students. A cross-sectional study. *International journal of mental health systems*, *14*(1), 1-10.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

Ames, D.R., Rose, P., & Anderson, C.P. (2006). The NPI-16 as a short measure of

narcissism. *Journal of Research in Personality*, 40, 440–450.

Anastasopoulos, D. (2007). The narcissism of depression or the depression of narcissism and adolescence. *Journal of Child Psychotherapy*, *33*(3), 345-362.

Andreasen, C. S., Griffiths, M. D., & Pallesen, S. (2016). The relationship between study addiction and work addiction: A cross-cultural longitudinal study. *Journal of Behavioural Addictions*, *5*(4), 708-714.

Arshad, M. (2015). Self-Esteem & Academic Performance among University Students. *Journal of Education and Practice.* Vol.6, 156-162

Aspinwall, L. G., & Taylor, S. E. (1993). Effects of social comparison direction, threat, and self-esteem on affect, self-evaluation, and expected success. *Journal of Personality and Social Psychology*, 64, 708-722.

Bairagi, A., Saha, A., Muhammed, N., & Tiwari, R. (2022). Self-esteem and Anxiety among University Students: Comparison between Public versus Private University in Bangladesh. *Journal of Psychological Research*, *16*(1), 151-160.

Baker, H. S. (1979). The conquering hero quits: Narcissistic factors in underachievement and failure. *American Journal of Psychotherapy,* 33(3). 418-427.

Baker, H. S. (2014). The conquering hero quits: Narcissistic factors in underachievement and failure. *American Journal of Psychotherapy,* 33(3). 418-427.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: the dark side of high self-esteem. *Psychological review*, *103*(1), 5.

Baumeister, R. F., Tice, D. M., & Hutton, D. G. (1989). Self-presentational motivations and personality differences in self-esteem. *Journal of Personality*, 57, 547-579.

Beck, A. T. (1972). Measuring depression: The depression inventory. *Recent advances in the psychobiology of the depressive illnesses*, 299-302.

Beck A.T., Steer R.A. & Brown G.K. (1996) *Manual for the Beck Depression Inventory-II*.

San Antonio, TX: Psychological Corporation.

Bembenutty, H. (1999). Sustaining motivation and academic goals: The role of academic delay of gratification. *Learning and Individual Differences, 11*(3). 233-257.

Bembenutty, H. (2016). Self-regulation of learning and academic delay of gratification: Gender and ethnic differences among college students. *Journal of Advanced Academics*, 18(4). 586-616.

Benesty, J., Chen, J., Huang, Y., & Cohen, I. (2019). *Pearson correlation coefficient: Noise reduction in speech processing* (pp. 1-4). Springer, Berlin, Heidelberg.

Best, J. W. & Kahn, J. (2006) *Research in Education*: New Delhi: Prentice Hall of. India Pvt. Ltd.

Bos, A, E., Muris, P., Mulkens, S., Schaalma, H, P. (2006) Changing self-esteem in children and adolescents: a roadmap for future interventions. *Netherlands J Psychol*, 26–33. doi: 10.1007/BF03061048

Bosson, J. K., Lakey, C. E., Campbell, W. K., Zeigler-Hill, V., Jordan, C. H., & Kernis, M. H. (2008). Untangling the links between narcissism and self-esteem: A theoretical and empirical review. *Social and Personality Psychology Compass*, *2*(3), 1415-1439.

Brailovskaia, J., Bierhoff, H. W., & Margraf, J. (2019). How to identify narcissism with 13 items? Validation of the German Narcissistic Personality Inventory–13 (G-NPI-13). *Assessment*, *26*(4), 630-644.

Branden, N. (1994). *The six pillars of self-esteem*. New York: Bantam Books.

Brenner, G. (2020). *Why Are Narcissistic People Prone to Depression?* Retrieved 29 July 2022

From https://www.psychologytoday.com/za/blog/experimentations/202002/why-are-narcissistic-people-prone-depression.

Brockner, J. (1984). Low self-esteem and behavioral plasticity: Some implications for personality and social psychology. In L. Wheeler (Ed.), *Review of personality and social psychology* (Vol. 4, pp. 237-271). Beverly Hills: Sage.

Brown, J. D. (1993). Self-esteem and self-evaluation: Feeling is believing. In J. Suls (Ed.), *Psychological perspectives on the self* (Vol. 4, pp. 27-58). Hillsdale, NJ: Lawrence Erlbaum Associates.

Brown, J. D., & Dutton, K. A. (1995). The thrill of victory, the complexity of defeat: Self-esteem and people's emotional reactions to success and failure. *Journal of Personality and Social Psychology,* 68, 712-722.

Brown, J. D., & Dutton, K. A. (1995). The thrill of victory, the complexity of defeat: Self-esteem and people's emotional reactions to success and failure. *Journal of Personality and Social Psychology,* 68, 712-722.

Brown, R. P., & Bosson, J. K. (2001). Narcissus meets Sisyphus: Self-love, self-loathing, and the never-ending pursuit of self-worth. *Psychological Inquiry,* 12(4). 210- 213.

Brown, R. P., Budzek, K., & Tamborski, M. (2009). On the meaning of measure of narcissism. *Personality and Social Psychology Bulletin*, 35(7). 951-964.

Brown, R. P., & Zeigler-Hill, V. (2004). Narcissism and the non-equivalence of self- esteem measure: A matter of dominance? *Journal of Research in Personality,* 38(6). 585-592.

Cai, H., & Gries, P. (2013). National narcissism: Internal dimensions and international correlates. *Psych Journal*, *2*(2), 122-132.

Campbell, W. K., Foster, C. A., & Finkel, E. J. (2002). Does self-love lead to love for others? A story of narcissistic game playing. *Journal of personality and social psychology*, *83*(2), 340.

Campbell, J. D., & Lavallee, L. F. (1993). Who am I? The role of self-concept confusion in understanding the behavior of people with low self-esteem. *Self-esteem* (pp. 3-20). Springer, Boston, MA.

Campbell, W.K., Rudich, E. A., & Sedikides, C. (2002). Narcissism, self-esteem, and the positivity of self-views: Two portraits of self-love. *Personality and Social Psychology Bulletin,* 28(3). 358-368.

Carroll, L., Hoenigmann-Stovall, N., King, A., Wienhold, J., & Whitehead III, G. I. (1998). Interpersonal consequences of narcissistic and borderline personality disorders. *Journal of Social and Clinical Psychology*, 17(1), 38.

Cherry, K., & Gans, S. (2018). The five levels of Maslow's Hierarchy of Needs. How Maslow's famous hierarchy explains human motivation. *Very Well Mind, 6*(3), 24-31.

Choi, Y., Choi, S. H., Yun, J. Y., Lim, J. A., Kwon, Y., Lee, H. Y., & Jang, J. H. (2019). The relationship between levels of self-esteem and the development of depression in young adults with mild depressive symptoms. *Medicine, 98*(42).

Cooley, C. H. (1902). *Human nature and the social order.* New York: Scribner's.

Cunningham, K. B. (2014). Social research design: Framework for integrating philosophical and practical elements. *Nurse Researcher*, *22*(1).

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality & Social Psychology*, 68, 653-663.

Di Pierro, R., Mattavelli, S., & Gallucci, M. (2016). Narcissistic traits and explicit self-esteem: The moderating role of implicit self-view. *Frontiers in Psychology, 7,* 1815.

Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., Moffitt, T. E., & Caspi, A. (2005). Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychological science*, *16*(4), 328-335.

Evans, D. R. (1997). Health promotion, wellness programs, quality of life and the marketing of psychology. *Canadian Psychology/Psychologie canadienne*, *38*(1), 1.

Fallatah, R. H. M., & Syed, J. (2018). A critical review of Maslow's hierarchy of needs. *In Employee Motivation in Saudi Arabia* (pp. 19-59). Palgrave Macmillan, Cham.

Fang, Y., Niu, Y., & Dong, Y. (2021). Exploring the relationship between narcissism and depression: The mediating roles of perceived social support and life satisfaction. *Personality and Individual Differences*, *173*, 110604.

Farrell, A. H., & Vaillancourt, T. (2021). Joint trajectories of adolescent narcissism and self-esteem predict interpersonal features in young adulthood. *Journal of Research in Personality*, *93*, 104127. https://doi.org/10.1016/j.jrp.2021.104127

Fathi-Ashtiani, A., Ejei, J., Khodapanahi, M. K., & Tarkhorani, H. (2007). Relationship between self-concept, self-esteem, anxiety, depression and academic achievement in adolescents. *Journal of Applied Sciences*, *7*(7), 955-1000.

Flay, B. R., Allred, C. G., & Ordway, N. (2001). Effects of the Positive Action program on achievement and discipline: Two matched-control comparisons. *Prevention Science*, *2*(2), 71-89.

Freud, S. (1914). On Narcissism. In J. Strachey, A. Freud, & A. Richards (Eds.) *The standard edition of the complete psychological works of Sigmund Freu*d. London: Hogarth Press.

Furnham, A., & Cheng, H. (2000). Perceived parental behaviour, self-esteem and happiness. *Social psychiatry and psychiatric epidemiology*, *35*(10), 463-470.

Gaspard, M., Burnett, M., & Gaspard, C. (2011). The Influence of Self–Esteem and Selected Demographic Characteristics on First Semester Academic Achievement of Students Enrolled in a College of Agriculture. *Journal of Agricultural Education*, *52*(4), 76–86. https://doi.org/10.5032/jae.2011.04076

Gay, L. R. (2020). *Educational research*. New York, NY: Maxwell Macmillan International

Gerrard, M., Gibbons, F. X., Reis-Bergan, M., & Russell, D. W. (2000). Self-esteem, self-serving cognitions, and health risk behavior. *Journal of Personality*, *68*(6), 1177-1201.

Gibbons, F. X., & Gerrard, M. (1991). Downward comparison and coping with threat. In J. Suls & T. A. Wills (Eds.), *Social comparison: Contemporary theory and research* (pp.317-345). Hillsdale, NJ: Lawrence Erlbaum Associates.

Gino, F., Brooks, A. W., & Schweitzer, M. E. (2012). Anxiety, advice, and the ability to discern: Feeling anxious motivates individuals to seek and use advice. *Journal of Personality and Social Psychology*, 102(3). 497-512.

Greek Myths & Greek Mythology (2012). *The Myth of Narcissus.* Retrieved from http://www.greekmyths-greekmythology.com/narcissus-myth-echo/

Harvard University (2012). Admissions & Aid. Retrieved from http://www.harvard.edu/admissions-aid#undergrad

Hale, A. J., Ricotta, D. N., Freed, J., Smith, C. C., & Huang, G. C. (2019). Adapting Maslow's hierarchy of needs as a framework for resident wellness. *Teaching and Learning in Medicine, 31*(1), 109-118.

Harter, S. (2006). The development of self-esteem. *Self-esteem issues and answers: A sourcebook of current perspectives*, 144-150.

Hatfield, E. (1965). The effect of self-esteem on romantic liking. *Journal of Experimental Social Psychology*, 1, 184-197.

Hudson, E., J. (2012). *Understanding and Exploring Narcissism: Impact on Students and College Campuses.* CMC Senior Theses. 1-45. http://scholarship.claremont.edu/cmc_theses/381

Hyatt, C. S., Sleep, C. E., Lamkin, J., Maples-Keller, J. L., Sedikides, C., Campbell, W. K., & Miller, J. D. (2018). *Narcissism and self-esteem: A nomological network analysis*. *PLOS ONE*, *13*(8), e0201088. https://doi.org/10.1371/journal.pone.0201088

International Board of Credentialing and Continuing Education Standards [IBCCES]. (2019). *Impact of Anxiety and Depression on Student Academic Progress*. Retrieved from https://ibcces.org/blog/2019/05/01/impact-anxiety-depression-student-progress/#certifications

Jafari, M., Salimi, M., Fattahi, H., Rezaei, M., & Ashtarian, H. (2021). The Correlation of Self-esteem and Depression in the Students of Kermanshah University of Medical Sciences, Iran. *International Journal of Health and Life Sciences*, *7*(4).

James, W. (1890). The perception of reality. *Principles of psychology*, *2*, 283-324.

Johnson, S. N., & Gallagher, E. D. (2021). An early exploration of undergraduate student definitions of learning, memorizing, studying, and understanding. *Advances in Physiology Education*, *45*(2), 342-352.

Jones, S. P., & Heaven, P. C. (1998). Psychosocial correlates of adolescent drug-taking behaviour. *Journal of adolescence*, *21*(2), 127-134.

Kamkar, K., Doyle, A. B., & Markiewicz, D. (2012). Insecure attachment to parents and depressive symptoms in early adolescence: Mediating roles of attributions and self-esteem. *International Journal of Psychological Studies*, *4*(2), 3.

Karabenick, S. A., & Knapp, J. R. (1991). Relationship of academic help-seeking to the use of learning strategies and other instrumental achievement behavior in college students. *Journal of Educational Psychology*, 83(2). 221-230.

Karki, K., Sapkota, A., Jajko, S., & Singh, D. R. (2021). Socio-demographic variables related to self-esteem, psychological stress and health-related quality of life among older adults: A cross-sectional study in Kavrepalanchowk district of Nepal. *SAGE Open Medicine*, *9*, 205031212110564. https://doi.org/10.1177/20503121211056437

Kaufman, S. B. (2017). Narcissism and self-esteem are very different. *Beautiful minds: Scientific American*.

Kawash, G. F., Kerr, E. N., & Clewes, J. L. (1985). Self-esteem in children as a function of perceived parental behavior. *The Journal of psychology*, *119*(3), 235-242.

Keane, L., & Loades, M. (2017). Low self-esteem and internalizing disorders in young people–A systematic review. *Child and Adolescent Mental Health*, *22*(1), 4-15.

Kempke, S., Van Houdenhove, B., Luyten, P., Goossens, L., Bekaert, P., & Van Wambeke, P. (2011). Unravelling the role of perfectionism in chronic fatigue syndrome: is there a distinction between adaptive and maladaptive perfectionism? *Psychiatry research*, *186*(2-3), 373-377.

Kennedy, E. J., Lawton, L., & Plumlee, E. L. (2002). Blissful ignorance: The problem of unrecognized incompetence and academic performance. *Journal of Marketing Education*, *24*(3), 243-252.

Komarraju, M., Musulkin, S., & Bhattacharya, G. (2010). Role of student-faculty interactions in developing college students' academic self-concept, motivation, and achievement. *Journal of College Student Development*, 51(3). 332-342.

Kothari, C. (2008). *Research Methodology: Method and Techniques* (2nd Ed.) New Delhi: New Age International.

Kumari, B., & Sharma, R. (2016). Self-esteem and personality traits as predictors of mental wellbeing. *Int. J. Psychol. Stud*, *3*, 52-57.

Kumashiro, M., & Rusbult, C. (2004). Are normal narcissists psychologically healthy? Self-esteem matters. *Journal of Personality and Social Psychology*, 87(3). 400-416.The Princeton Review (2012). College

Rankings. Retrieved from http://www.princetonreview.com/college-rankings.aspx.

Lokesh, K. (2004). *Methodology of Educational Research.* Vikash Publishing House Pvt. Ltd., New Delhi.

MacInnes, D. L. (2015). Self-esteem and self-acceptance: an examination into their relationship and their effect on psychological health. *Journal of Psychiatric and Mental Health Nursing*, *13*(5), 483-489.

MacKinnon, N. J. (2015). *Self-esteem and beyond*. Springer.

Mann, M. M., Hosman, C. M., Schaalma, H. P., & De Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health education research*, *19*(4), 357-372.

Manna, G., Falgares, G., Ingoglia, S., Como, M. R., & De Santis, S. (2016). The relationship between self-esteem, depression and anxiety: Comparing vulnerability and scar model in the Italian context. *Mediterranean Journal of Clinical Psychology*, *4*(3).

Markus, H., & Nurius, P. (1986). Possible selves. *American psychologist*, *41*(9), 954.

Marsh, H. W., & Yeung, A. S. (1997). Coursework selection: Relations to academic self-concept and achievement. *American Educational Research Journal*, *34*(4), 691-720.

Martin, K. & Acuna, C. (2002). *SPSS for Institutional Researchers*. Bucknell Lewisburg, Pennsylvania: University Press.

Masselink, M., Van Roekel, E., & Oldehinkel, A. J. (2018). Self-esteem in early adolescence as predictor of depressive symptoms in late adolescence and early

adulthood: the mediating role of motivational and social factors. *Journal of Youth and Adolescence*, *47*(5), 932-946.

Mattern, K. D., & Shaw, E. J. (2010). A look beyond cognitive predictors of academic success: Understanding the relationship between academic self-beliefs and outcomes. *Journal of college student development*, *51*(6), 665-678.

McClure, A, C., Tanski, S, E., Kingsbury, J., Gerrard, M & Sargent, J, D. (2010) *Characteristics associated with low self-esteem among US adolescents.* 238–44. doi: 10.1016/j.acap.2010.03.007

Mead, G. H. (1934). *Mind self, and society*. Chicago: University of Chicago Press.

Mecca, A. M., Smelser, N. J., & Vasconcellos, J. (1989). (Eds.) *The social importance of self-esteem.* Berkeley: University of California Press.

Miller, J. D., Sleep, C. E., Crowe, M. L., & Lynam, D. R. (2020). Psychopathic boldness: Narcissism, self-esteem, or something in between? *Personality and Individual Differences*, *155*(8), 109761.

Mittal, S., Singh, P., & Kumar, S. (2018). Self-esteem, depression and resilience amongst university students: A comparative study. *Indian Journal of Human Relations ISSN*, *974*, 1089.

Moksnes, U. K., Moljord, I. E., Espnes, G. A., & Byrne, D. G. (2010). The association between stress and emotional states in adolescents: The role of gender and self-esteem. *Personality and individual differences*, *49*(5), 430-435.

Morf, C., & Rhodewalt, F. (2001). Unravelling the paradoxes of narcissism: A dynamic self-regulatory processing model. Psychological Inquiry, 12(4). 177-196

Myers, E. M., & Zeigler-Hill, V. (2012). How much do narcissists really like themselves? Using the bogus pipeline procedure to better understand the self-esteem of narcissists. *Journal of Research in Personality,* 46(1). 102-105.

Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and personality psychology compass*, *5*(1), 1-12.

Nguyen, D, T., Wright, E, P., Dedding, C., Pham, T, T & Bunders, J. (2019). Low Self-Esteem and Its Association with Anxiety, Depression, and Suicidal Ideation in Vietnamese Secondary School Students: A Cross-Sectional Study. *Journal of Frontiers in Psychiatry.* DOI=10.3389/fpsyt.2019.00698

NIMH. (2018). *National Institute of Mental Health: depression and college students*. New York: NIMH (NIH Publication); 2018

NIMH. *National Institute of Mental Health: Depression*. New York NIMH (NIH Publication); 2021

Nyamathi, A. M. (1991). Relationship of resources to emotional distress, somatic complaints, and high-risk behaviors in drug recovery and homeless minority women. *Research in Nursing & Health*, *14*(4), 269-277.

Oloke, T., & Gatz, J. (2020). Narcissism and Self-Esteem in Adolescents: Exploring the Relationship Between the Characteristics of Narcissistic Tendencies and Low Self Esteem. *Journal of Student Research*, *9*(2).

Orth, U., Erol, R. Y., & Luciano, E. C. (2018). Development of self-esteem from age 4 to 94 years: A meta-analysis of longitudinal studies. *Psychological Bulletin*, *144*(10), 1045.

Orth, U., & Robins, R. W. (2020). Understanding the link between low self-esteem and depression. *Current directions in psychological science*, *22*(6), 455-460.

Orth, U., Robins, R. W., Meier, L. L., & Conger, R. D. (2016). Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism. *Journal of personality and social psychology*, *110*(1), 133.

Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of personality and social psychology*, *95*(3), 695.

Paudel, S. (2020). Factors associated with self-esteem among undergraduate students of Pokhara metropolitan, Nepal: A cross-sectional study. *Europasian Journal of Medical Sciences*, *2*(2), 43-50.

Population of University of Namibia 2020. (n.d.). Google. https://edurank.org/uni/university-of-namibia/.

Raskin, R. N., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports*, 45(2). 590.

Ratner, B. (2017). The correlation coefficient: Its values range between+ 1/− 1, or do they?. *Journal of targeting, measurement and analysis for marketing*, *17*(2), 139-142.

Reston, V. A. (1991). Toward improved instruction in decision making to adolescents: A conceptual framework and pilot program. *Teaching decision making to adolescents*, 95.

Rhodes, N., & Wood, W. (1992). Self-esteem and intelligence affect influenceability: The mediating role of message reception. *Psychological Bulletin*, 111, 156-171.

Rhodewalt, F., & Morf, C. C. (1998). On self-aggrandizement and anger: a temporal analysis of narcissism and affective reactions to success and failure. *Journal of personality and social psychology*, *74*(3), 672.

Robins, R. W., & Beer, J. S. (2001). Positive illusions about the self: Short-term benefits and long-term costs. *Journal of Personality and Social Psychology, 80*(2). 340-352.

Robins, R. W., John, O. P. (1997). Effects of visual perspective and narcissism on self-perception: Is seeing believing? *Psychological Science,* 8(1). 37-42.

Rogers, C. R. (1951). *Client-centered therapy. Boston:* Houghton Mifflin.

Rolf, J., & Johnson, J. (1992). 17 Protected or vulnerable: the challenges of AIDS to developmental psychopathology. *Risk and protective factors in the development of psychopathology*, 384.

Rosenberg, M. (1989). *Society and the adolescent self-image* (revised ed.). Middletown, CT: Wesleyan University Press.

Rosenthal, S.A., & Hooley, J.M. (2010). Narcissism assessment in social-personality research: Does the association between narcissism and psychological health result from a confound with self-esteem? *Journal of Research in Personality*, 44. 453- 465

Rousseau, K. L., Thompson, S., Pileggi, L. A., Henry, M., & Thomas, K. G. (2021). Trends in the prevalence and severity of depressive symptoms

among undergraduate students at a South African University, 2016-2019. *South African Journal of Psychology, 51*(1), 67-80.

Rowatt, W. C., Powers, C., Targhetta, V., Comer, J., Kennedy, S., & Labouff, J. (2006). Development and initial validation of an implicit measure of humility relative to arrogance. *The Journal of Positive Psychology,* 1(4). 198-211.

Sadaat, M., Ghasemzadeh, A. & Soleimani, M. (2012). Self-esteem in Iranian university students and its relationship with academic achievement. *Procedia - Social and Behavioural Sciences,* Volume 31, 10–14. doi: 10.1016/j.sbspro.2011.12.007

Sander, J. B., & McCarty, C. A. (2005). Youth depression in the family context: Familial risk factors and models of treatment. *Clinical child and family psychology review*, *8*(3), 203-219.

Sapsford, R. (2007). *Survey Research* (2th Ed.). London: Sage Publications.

Sartorius, N. (1998). Stigma: what can psychiatrists do about it?. *The Lancet*, *352*(9133), 1058-1059.

Semenyna, S. W. (2017). Narcissism. *Encyclopedia of Evolutionary Psychological Science*, 1–4. https://doi.org/10.1007/978-3-319-16999-6_675-1

Sharma, S., & Agarwala, S. (2015). Self-esteem and collective self-esteem among adolescents: An interventional approach. *Psychological Thought*, *8*(1).

Silverstone, P. H., & Salsali, M. (2003). Low self-esteem and psychiatric patients: Part I–The relationship between low self-esteem and psychiatric diagnosis. *Annals of general hospital psychiatry, 2*(1), 1-9.

Solomon, S., Greenberg, J., & Pyszczynski, T. (1991). A terror management theory of social behavior: The psychological function of self-esteem and cultural worldviews. In M.P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 24, pp. 93-159). SanDiego, CA: Academic Press.

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological bulletin*, *139*(1), 213.

Stavropoulos, V., Lazaratou, H., Marini, E., & Dikeos, D. (2015). Low family satisfaction and depression in adolescence: The role of self-esteem. *Journal of Educational and Developmental Psychology*, *5*(2), 109-118.

Steele, C. M., Spencer, S. J., & Lynch, M. (1993). Self-image resilience and dissonance: Therole of affirmational resources. *Journal of Personality and Social Psychology*, 64, 885-896.

Tibber, M. S., Zhao, J., & Butler, S. (2020). The association between self-esteem and dimensions and classes of cross-platform social media use in a sample of emerging adults–Evidence from regression and latent class analyses. *Computers in Human Behaviour*. *109*(8), 106371.

Tinakon, W., & Nahathai, W. (2012). A comparison of reliability and construct validity between the original and revised versions of the Rosenberg Self-Esteem Scale. *Psychiatry investigation*, *9*(1), 54.

Tisaker, N. (2016, July). *Depression, self-esteem and narcissism and its association with Facebook use* (Thesis). University of Cape Town.

Tripković, I., Roje, R., Krnić, S., Nazor, M., Karin, Ž., & Čapkun, V. (2015). Depression and self-esteem in early adolescence. *Cent Eur J Public Health*, *23*(2), 166-169.

Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental psychology*, *42*(2), 381.

Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2008). Do today's young people really think they are so extraordinary? An examination of secular trends in narcissism and self-enhancement. *Psychological Science*, 19(2). 181-188.

Tudor, K. (2013). *Mental health promotion: Paradigms and practice*. Routledge.

Tus, J. (2020). Self-Concept, Self-Esteem, Self-Efficacy and Academic Performance of the

Senior High School Students. *International Journal of Research Culture Society* 4 (10). 45-59

Twenge, J. M., & Campbell, W. K. (2018). Increases in positive self-views among high school students. Birth-cohort changes in anticipated performance, self-satisfaction, self-liking, and self-competence. *Psychological Science*, 19(11). 1082-1086.

Twenge, J. M., & Foster, J. D. (2010). Birth cohort increases in narcissistic personality traits among American college students, 1982-2009. *Social Psychological and Personality Science*, 1(1). 99-106.

Van der Merwe, H. (1996). The research process: Problem statement and research design, pg. 278-291. In Garbers, J.G. (Ed.). *Effective research in the human sciences.* Pretoria: J.L.Van Schaik.

Vazire, S., & Funder, D. C. (2006). Impulsivity and self-defeating behavior of narcissists. *Personality and Social Psychology Review,* 10(2). 154-165.

Vigilante, F. W. (2019). Students' Narcissism and academic performance. *The Journal of*

Contemporary Social Work, 64(10). 602-608.

Von Glischinski, M., von Brachel, R., & Hirschfeld, G. (2019). How depressed is "depressed"? A systematic review and diagnostic meta-analysis of optimal cut points for the Beck Depression Inventory revised (BDI-II). *Quality of Life Research*, *28*(5), 1111-1118.

Weber, K. (2001). *Aggression, Recognition and Qualification: On the Social Psychology of Adult Education in Everyday Life. [Publications from the Adult Education Research Group]*. For full text: http://www. ulusofona.

pt/inst/eventos/esrea/papers/kirsten_weber. pdf.

Weber, S., Puskar, K. R., & Ren, D. (2010). Relationships between depressive symptoms and perceived social support, self-esteem, & optimism in a sample of rural adolescents. *Issues in mental health nursing*, *31*(9), 584-588.

Weinreich, N. (2009). Integrating Quantitative and Qualitative Methods in Social Marketing Research. *Social Marketing Quarterly*, 3, 53-58.

Westerman, J. W., Bergman, J. Z., Bergman, S. M., & Daly, J. P. (2012). Are universities creating millennial narcissistic employees? An empirical examination of narcissism in business students and its implications. *Journal of Management Education*, 36(1). 5-32.

Wood, J. V., Giordano-Beech, M., Taylor, K. L., Michela, J. L., & Gaus, V. (1994). Strategies of social comparison among people with low self-esteem: Self-protection and self-enhancement. *Journal of Personality and Social Psychology*, 67, 713-731.

World Health Organization. (2008). Maternal mental health and child health and development in low- and middle-income countries: report of the meeting, Geneva, Switzerland, 30 January-1 February, 2008.

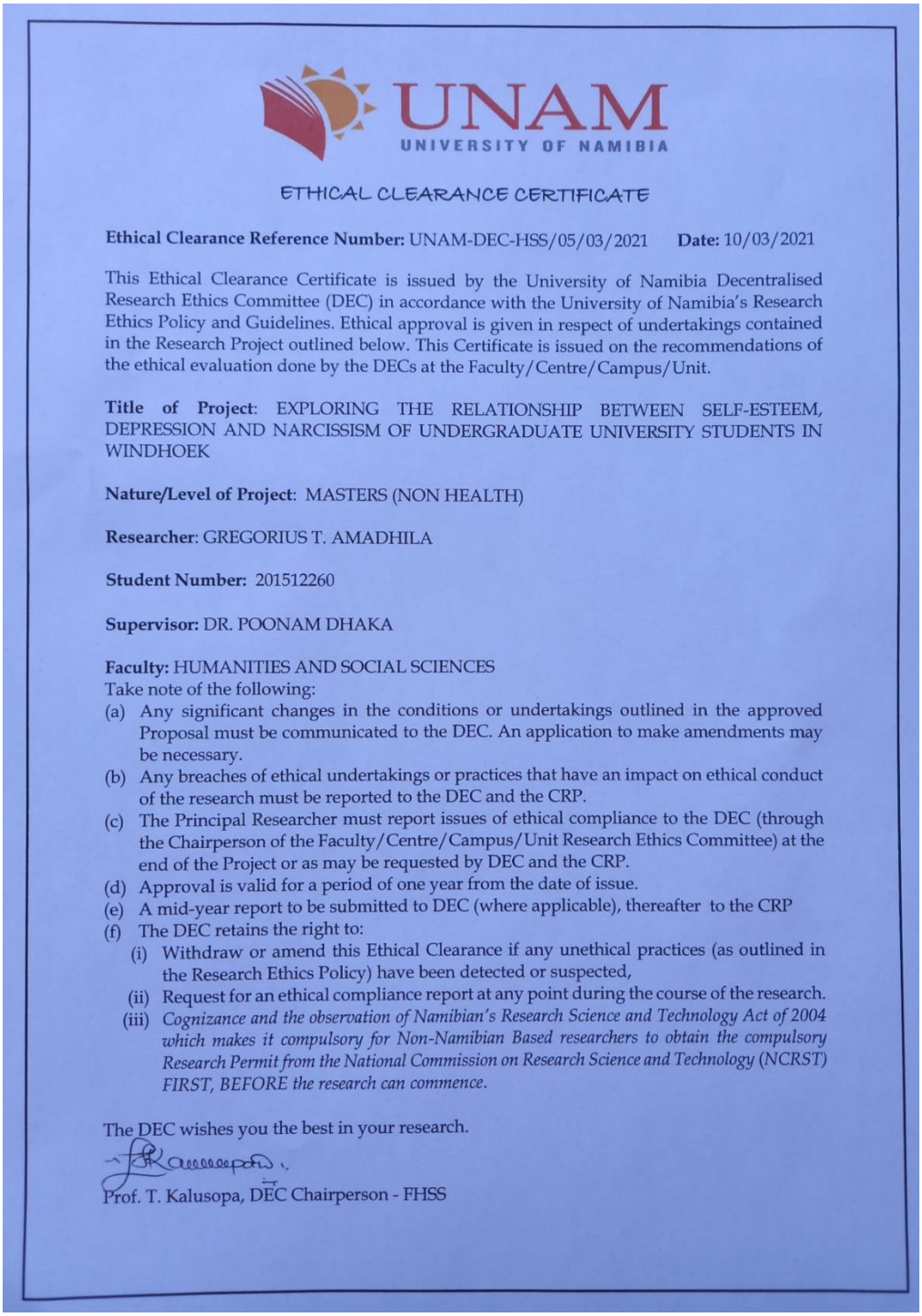
Yu, E. Y., Yoon, C. K., & Yang, Y. J. (2016). The relationship between self-esteem and mental health of college student in some regions. *Journal of the Korea Academia-Industrial Cooperation Society*, *13*(1), 274-283.

Zeigler-Hill, V. (2011). The connections between self-esteem and psychopathology. *Journal of Contemporary Psychotherapy*, *41*(3), 157-164.

Zeigler-Hill, V., & Shackelford, T. K. (Eds.). (2020). *Encyclopedia of personality and individual differences*. Cham: Springer International Publishing.

Zimmerman, B. J. (2000). Self-efficacy: An essential motive to learn. *Contemporary educational psychology*, *25*(1), 82-91.

Appendix A: Ethical Clearance



UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: UNAM-DEC-HSS/05/03/2021 **Date:** 10/03/2021

This Ethical Clearance Certificate is issued by the University of Namibia Decentralised Research Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the DECs at the Faculty/Centre/Campus/Unit.

Title of Project: EXPLORING THE RELATIONSHIP BETWEEN SELF-ESTEEM, DEPRESSION AND NARCISSISM OF UNDERGRADUATE UNIVERSITY STUDENTS IN WINDHOEK

Nature/Level of Project: MASTERS (NON HEALTH)

Researcher: GREGORIUS T. AMADHILA

Student Number: 201512260

Supervisor: DR. POONAM DHAKA

Faculty: HUMANITIES AND SOCIAL SCIENCES

Take note of the following:

(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the DEC. An application to make amendments may be necessary.
(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the DEC and the CRP.
(c) The Principal Researcher must report issues of ethical compliance to the DEC (through the Chairperson of the Faculty/Centre/Campus/Unit Research Ethics Committee) at the end of the Project or as may be requested by DEC and the CRP.
(d) Approval is valid for a period of one year from the date of issue.
(e) A mid-year report to be submitted to DEC (where applicable), thereafter to the CRP
(f) The DEC retains the right to:
    (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
    (ii) Request for an ethical compliance report at any point during the course of the research.
    (iii) *Cognizance and the observation of Namibian's Research Science and Technology Act of 2004 which makes it compulsory for Non-Namibian Based researchers to obtain the compulsory Research Permit from the National Commission on Research Science and Technology (NCRST) FIRST, BEFORE the research can commence.*

The DEC wishes you the best in your research.

Prof. T. Kalusopa, DEC Chairperson - FHSS

Appendix B: Consent Form

UREC Annex 5F: Informed Consent for Qualitative Studies

INFORMED

CONSENT FORM

Informed Consent for students at the University of Namibia (Windhoek Main Campus, Hage Geingob Campus (School of Medicine) and Khomasdal Campus) who are invited to participate in a Research titled: EXPLORING THE RELATIONSHIP BETWEEN SELF-ESTEEM, DEPRESSION AND NARCISSISM OF UNDERGRADUATE UNIVERSITY STUDENTS IN WINDHOEK

Name of Principal Investigator:	**Gregorius Tugamena Amadhila**
Name of Sponsor:	**NOT APPLICABLE**

This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

I am Gregorius Tugamena Amadhila, pursuing a Master's degree (Clinical Psychology) at the University of Namibia. I am doing research on the **THE RELATIONSHIP BETWEEN SELF-ESTEEM, DEPRESSION AND NARCISSISM OF UNDERGRADUATE UNIVERSITY STUDENTS IN WINDHOEK.** I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please feel free to contact me and I will take time to explain. Further queries may also be directed to my supervisor.

Purpose of the Research

The purpose of this study is to explore the relationship between self-esteem, depression and narcissism of undergraduate university students in Windhoek. The study aims to explore the extent to which self-esteem can be related to depression and narcissism among undergraduate University students. This study seeks to establish awareness about the relationship between self-esteem, depression and narcissism of undergraduate university students. Furthermore, the study aims to help health professionals become more aware of how depression and narcissism

can be understood from a self-esteem perspective solely and this will help professionals in the field to better assist undergraduate university students who have depression and narcissism which may occur as a result of low self-esteem or high self-esteem respectively. We believe that you can help us by sharing with us your experiences.

Type of Research Intervention

This research will involve your participation by completing a sociodemographic form and three different questionnaires that will all take approximately 30-45 minutes

Participant Selection

You are being invited to take part in this research because we feel that your experience as a student at tertiary level can contribute much to our understanding and knowledge about the relationship between self-esteem, depression and narcissism.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your studies or on any study-related evaluations or reports. You may change your mind later and stop participating even if you agreed earlier.

Procedures

You will be asked to complete a sociodemographic questionnaire and three questionnaires which will take approximately 30 to 45 minutes to complete. The

socio-demographic questionnaire and the three questionnaires will be availed online. It is important to answer as **truthfully** as possible and to answer **all** questions. You are urged to take note of the fact that **there are no right or wrong answers**, simply select the answers that are **most appropriate to you**. If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. The information recorded is confidential, your name is not being included on the forms, only a number will identify you, and no one else except the researcher and supervisor will have access to your survey.

Duration

The survey which consists of a socio-demographic questionnaire and three questionnaires will take approximately 30 to 45 minutes to complete. You will thus only be required to actively take part in the survey for 30-45 minutes.

Risks

There is a risk that you may share some personal or confidential information, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the survey if you feel the question(s) are too personal or if giving answers to them makes you uncomfortable. Psychological counselling will however be provided if you as a participant is negatively affected emotionally.

Benefits

There will be no direct benefit for your taking part in this survey, but your participation is likely to help us find out more about the relationship between self-esteem, depression and narcissism. Such knowledge will be used to help professionals in the field to better assist undergraduate university students who have depression and narcissism which may occur as a result of low self-esteem or high self-esteem respectively.

Reimbursements

You will not be provided any incentive to take part in the research. You will not be paid to participate in this study; participation is wholly voluntary and no reimbursement will be forthcoming.

Confidentiality

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained in that participant's names are not needed for this study. Only the researcher and the supervisor will have access to the information obtained during the study. All the collected data will be kept secure on the researcher's computer and it will be destroyed and discarded after a period of five years. No confidential or identifying information will be used in the event that results from the study are published. Results from the study will only be used to generate descriptions.

Sharing the Results

Nothing that you reveal will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be used to describe the relationship between self-esteem, depression and narcissism. The results will thus only be reflected in the thesis.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your studies in any way. You may stop participating in the survey at any time that you wish without your studies being affected. Furthermore, you may withdraw from this research project at any time without consequences of any sort

Contact Details

If you have any questions or concerns about the research, please feel free to contact the Principal investigator: **Mr. Gregorius T. Amadhila on +264 (0)81 337 5010; atgregorius137@gmail.com**
You can also contact **Dr. Poonam Dhaka (Supervisor) at tel +264 61 206 3800; pdhaka@unam.na** if you have further queries.

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research respondents are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research that will seek to explore the relationship between self-esteem, depression and narcissism.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

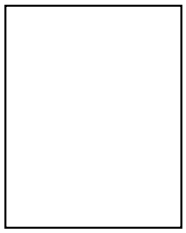
…….

……

Name of Participant (print) Signature of Participant

……

Date (day/month/year)



…….

Name of Witness (print)

…… Thumb print of Participant

Signature of Witness

……

Date (day/month/year)

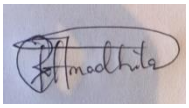
Statement by the Researcher/Person taking Consent

I have accurately presented the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The participant will be asked to complete a sociodemographic questionnaire and three inventories which would take about 30-45 minutes.
2. If the participant does not wish to answer any of the questions included in the survey, he/she may skip them and move on to the next question
3. Any information that is obtained in connection with this study and that can be identified with the participant will remain confidential and will be disclosed only with his/her permission or as required by law
4. Nothing that the participant reveals will be shared with anybody outside the research team,
5. All the collected data will be kept secure on the researcher's computer and it will be destroyed and discarded after a period of five years.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Gregorius Tugamena Amadhila  15 February 2021

Name of Researcher/Person taking Consent (print) Signature Date (day/month/year)

Appendix C: Research Instrument

HREC-NH Annex 5H: Online Questionnaire Template

ONLINE

QUESTIONNAIRE

My name is GREGORIUS TUGAMENA AMADHILA, and I am conducting research that seeks to explore the relationship between self-esteem, depression and narcissism.

I would like to invite you to take part in this survey, because you form part of the target population (undergraduate students from the University of Namibia, Windhoek based campuses).

The research I am conducting has been approved by the UNAM Research Ethics Committee. I would appreciate it very much if you would complete this questionnaire, and I would like to assure you of the following:

a. You do not have to fill in this questionnaire if you do not want to.
b. You can stop filling in the questionnaire and stop participating at any time if you want to, and there will be no negative consequences for you.
c. Your participation is completely anonymous. This means that, even if I ask information that might identify you or if I know you, I am not allowed to make your identity known to anyone. When I report on my questionnaires'

data and results, I will not mention any personal information about respondents that might identify them.

d. All completed questionnaires and data will be stored in a safe and secure place, and only I will have access to it. After the study, all the questionnaires and data will be permanently deleted.

2. If you have any questions about this questionnaire, or if you do not understand anything, please feel free to ask me before you start with the questionnaire, and I will be happy to explain it to you.
3. If you want to know more about the research I am doing, please feel free to ask me, and I will be happy to tell you more.
4. You can reach me on my cell phone at +264(0)81 337 5010, or send an e-mail to atgregorius137@gmail.com
5. It should take about 30 minutes for you to complete the questionnaire.
6. If you want to contact the UNAM Centre for Research Services for more information or because you have a comment or complaint about this research or about me, please call (+ 264 61) 206 4673, or write an e-mail to research@unam.na. Please provide specific information.
7. Thank you very much for your willingness to participate in this research!

DEMOGRAPHIC QUESTIONNAIRE

Please complete the empty spaces and tick in the appropriate boxes

1. What is your current age? _____
2. Which gender do you identify most with?

Male ☐

Female ☐

Other (Specify) _____

3. What is your highest qualification?

Grade 12 certificate ☐

Bachelor's degree ☐

Master's degree ☐

Other ☐ Specify _____

4. What is your marital status?

Married ☐

Divorced ☐

Separated ☐

Widowed ☐

Single ☐

5. What is your current employment status?

Student ☐

Full-time employment ☐

Part-time employment ☐

Unemployed ☐

Self-employed ☐

Retired ☐

6. If applicable, please specify your religion/spirituality

Christianity ☐

Judaism ☐

Islam ☐

Buddhism ☐

Hinduism ☐

Atheism ☐

Other (Specify): _____

I prefer not to say ☐

7. What is your field of study?

_____

Rosenberg self-esteem scale

Please read each statement and record a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past two weeks. There are
no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

0 = Strongly disagree 1 = Disagree 2 = Agree 3 = Strongly agree

1. I feel that I am a person of worth, at least on an equal plane with other □

2. I feel that I have a number of good qualities □

3. All in all, I am inclined to feel that I am a failure (R) □

4. I am able to do things as well as most people □

5. I feel I do not have much to be proud of (R) □

6. I take a positive attitude toward myself □

7. On the whole, I am satisfied with myself □

8. I wish I could have more respect for myself (R) □

9. I certainly feel useless at times (R) □

10. At times I think that I am no good at all (R) □

Total score = □

Beck's Depression Inventory

Select the statement that applies to you

1. 0 I do not feel sad.
   1 I feel sad
   2 I am sad all the time and I can't snap out of it.
   3 I am so sad and unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
   1 I feel discouraged about the future.
   2 I feel I have nothing to look forward to.
   3 I feel the future is hopeless and that things cannot improve.
3. 0 I do not feel like a failure.
   1 I feel I have failed more than the average person.
   2 As I look back on my life, all I can see is a lot of failures.
   3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
   1 I don't enjoy things the way I used to.
   2 I don't get real satisfaction out of anything anymore.
   3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty
   1 I feel guilty a good part of the time.
   2 I feel quite guilty most of the time.
   3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
   1 I feel I may be punished.
   2 I expect to be punished.
   3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
   1 I am disappointed in myself.
   2 I am disgusted with myself.
   3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
   1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9. 0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11. 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3I used to be able to cry, but now I can't cry even though I want to.

12. 0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13. 0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.

14. 0 I don't feel that I look any worse than I used to.
1 I am worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
2 I believe that I look ugly.

15. 0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16. 0 I can sleep as well as usual.
1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. 0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18. 0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. 0 I haven't lost much weight, if any, lately.
1 I have lost more than five pounds.
2 I have lost more than ten pounds.
3 I have lost more than fifteen pounds.

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

Total Score _____

Narcissistic Personality Inventory 40 (NPI 40)

Instructions: There are forty paired statements, for each choose which one is closest to your feelings.

1. A. I have a natural talent for influencing people	B. I am not good at influencing people.
2. A. Modesty doesn't become me	B. I am essentially a modest person.
3. A. I would do almost anything on a dare	B. I tend to be a fairly cautious person.
4. A. When people compliment me I sometimes get embarrassed.	B. I know that I am good because everybody keeps telling me
5. A. The thought of ruling the world frightens the hell out of me	B. If I ruled the world it would be a better place.
6. A. I can usually talk my way out of anything	B. I try to accept the consequences of my behavior.
7. A. I prefer to blend in with the crowd	B. I like to be the center of attention.
8. A. I will be a success.	B. I am not too concerned about success.
9. A. I am no better or worse than most people.	B. I think I am a special person.
10. A. I am not sure if I would make a good leader.	B. I see myself as a good leader.
11. A. I am assertive.	B. I wish I were more assertive.
12. . A. I like to have authority over other people	B. I don't mind following orders.

13. A. I find it easy to manipulate people	B. I don't like it when I find myself manipulating people.
14. A. I insist upon getting the respect that is due me	B. I usually get the respect that I deserve.
15. A. I don't particularly like to show off my body.	B. I like to show off my body.
16. A. I can read people like a book	B. People are sometimes hard to understand.
17. A. If I feel competent, I am willing to take responsibility for making decisions.	B. I like to take responsibility for making decisions.
18. A. I just want to be reasonably happy	B. I want to amount to something in the eyes of the world.
19. A. My body is nothing special.	B. I like to look at my body.
20. A. I try not to be a show off.	B. I will usually show off if I get the chance.
21. A. I always know what I am doing.	B. Sometimes I am not sure of what I am doing.
22. A. I sometimes depend on people to get things done	B. I rarely depend on anyone else to get things done.
23. A. Sometimes I tell good stories.	B. Everybody likes to hear my stories.
24. I expect a great deal from other people	B. I like to do things for other people.
25. A. I will never be satisfied until I get all that I deserve	B. I take my satisfactions as they come.
26. A. Compliments embarrass me.	B. I like to be complimented.
27. A. I have a strong will to power.	B. Power for its own sake doesn't interest me.
28. A. I don't care about new fads and fashions	B. I like to start new fads and fashions.
29. I like to look at myself in the mirror	B. I am not particularly interested in looking at myself in the mirror.

30. A. I really like to be the centre of attention.	30B. It makes me uncomfortable to be the centre of attention.
31. A. I can live my life in any way I want to.	B. People can't always live their lives in terms of what they want.
32. A. Being an authority doesn't mean that much to me	B. People always seem to recognize my authority.
33. A. I would prefer to be a leader	B. It makes little difference to me whether I am a leader or not.
34. A. I am going to be a great person.	B. I hope I am going to be successful.
35. A. People sometimes believe what I tell them	B. I can make anybody believe anything I want them to.
36. A. I am a born leader	B. Leadership is a quality that takes a long time to develop.
37. A. I wish somebody would someday write my biography	B. I don't like people to pry into my life for any reason.
38. I get upset when people don't notice how I look when I go out in public.	B. I don't mind blending into the crowd when I go out in public.
39. A. I am more capable than other people	B. There is a lot that I can learn from other people.
40. A. I am much like everybody else.	B. I am an extraordinary person.