STUDIA UBB PSYCHOL.-PAED., LXV, 1, 2020, p. 5 - 29
(Recommended Citation)
DOI:10.24193/subbpsyped.2020.1.01

NARCISSISM, PERFECTIONISM, DEPRESSION AND WELL-BEING IN A SAMPLE OF TRANSYLVANIAN HUNGARIAN STUDENTS. EXPLORING UNIQUE RELATIONS, GENDER DIFFERENCES AND SATISFACTION WITH FAMILY INCOME

ÉVA KÁLLAY[1]

ABSTRACT. Despite significant increases of life-conditions specific to the western world, the increasing changes at social, economic, political, cultural, etc., levels, may have significantly contributed to the development of some malfunctioning patterns (mental health indicators, narcissism, perfectionism), which may have seriously impacted overall personal and interpersonal functioning. The major aim of our study was to investigate the relationship between the three dimensions of perfectionism, narcissism, and mental health indicators as depression tendencies, subjective and psychological well-being in a sample of Transylvanian Hungarian students. Our study included 305 Transylvanian Hungarian first and second year students, from Babes-Bolyai University in Cluj-Napoca, Sapientia, Targu-Mures, Romania, assessed on: depression symptoms, subjective well-being, psychological well-being, narcissistic traits, multidimensional perfectionism, and demographic variables (gender, age, satisfaction with family income). Our results indicate significant gender differences in narcissism. Male participants experienced significantly higher levels of happiness (subjective well-being), than female participants, who attained significantly higher levels of positive personal relationships with others, as measured with the relations sub-scale of the psychological well-being scale. Our findings also yield significant negative associations between subjective well-being and socially prescribed

[1] *Department of Psychology, Faculty of Psychology and Sciences of Education, Babes-Bolyai University, Cluj-Napoca, Romania, Email: evakallay@psychology.ro*

perfectionism, highlighting the negative effects of perfectionism on optimal human functioning. Interestingly self-oriented perfectionism presented a significant positive correlation with autonomy, environmental mastery, personal growth, planning in life, and self-acceptance, the strongest associations being found in the case of personal growth and planning in life. Those participants who reported moderate satisfaction with income presented significantly lower levels of adaptive functioning, while those who reported the lowest satisfaction with family income seemed to function best. Our results may be useful in the development of prevention and intervention programs, targeting the enhancement of the psychological functioning of Transylvanian Hungarian students.

***Keywords**: narcissism, perfectionism, subjective well-being, psychological well-being, depression.*

Introduction

In the recent several decades the Western world has experienced significant enhancement of life-conditions. Notwithstanding, adult life is forced to face an increasing number of challenges (Goodman, Schlossberg, & Anderson, 2006), which infuse both the personal and the professional life. Massive demographic shifts, impending financial insecurity, modifications in basic value systems, the increasing number and variety of daily hassles, the increased rhythm of life, highly stressful encounters, etc., may all have a profound impact on the individual's overall capacity to adapt efficiently (Banyard, Edwards, & Kendall-Tackett, 2009; Kendall-Tackett, 2009; Lanius, Vermetten, & Pain, 2010; Weehuizen, 2008). According to Curran and Hill's (2017) study, presently, young individuals encounter more difficult social and economic conditions than their parents did (Ipsos MORI, 2014). Intense interpersonal and professional competition and high internal and external pressure (Twenge, 2014; Verhaeghe, 2014) may considerably increase the number of stressful encounters that may negatively impact the young generations' abilities to adapt. Not surprisingly, the number of individuals suffering of mental health problems (depression, anxiety disorders, loneliness, etc.) is constantly increasing worldwide (Cunningham,

Rapee, & Lyneham, 2006; Collins, Patel, Joestl, March, Insel, & Daar, 2011; Erzen & Çikrikçi, 2018; Hawkley & Cacioppo, 2010; Perissinotto, Stijacic Cenzer, & Covinsky, 2012; Prina, Victor & Bowling, 2012; WHO, 2017). Depression is one of the most frequently encountered mental health problems, over 298 million people suffering of depressive symptoms (i.e., over 4.4% of the population of the world) (Cuijpers, Smit, & van Straten, 2007; Ferrari, Charlson, Norman, Patten, Freedman, Murray, et al., 2013; WHO, 2017). It is also predicted that by 2030 depression will become the second most serious illness worldwide (Gustavsson et al., 2011; Wittchen et al., 2011). The personal and economic costs of these increases in mental health problems are extremely high (Weehuizen, 2008).

Narcissism and Perfectionism

Literature indicates that cultural and societal norms significantly influence the way personality traits are expressed, and how the individual views him/herself (Foster, Campbell, & Twenge, 2003; Heine & Lehman, 1997; Millon, Grossman, Millon, Meagher, & Ramnath, 2004; Verhaeghe, 2014). Thus, specific changes in the western society (consumerism, the constant pressure for excellence and success) may have to some degree contributed in recent years to the unexpected increase in two somewhat interrelated aspects of malfunctioning – narcissism and maladaptive perfectionism (Curran & Hill, 2017; Markus & Kitayama, 1991; Twenge & Campbell, 2009; Verhaeghe, 2014). Apparently, narcissistic traits have started to increase beginning with the 1980's, attaining increasingly higher scores after 2000 (Twenge & Campbell, 2009). The *DSM-5* defines clinical manifestations of narcissism as a "*pervasive pattern of grandiosity (in fantasy or behavior), a constant need for admiration, and a lack of empathy*" (American Psychiatric Association, 2013). Despite the fact that the DSM (DSM-IV-TR, 2000, *DSM-5,* 2013) definitions describe narcissism as a single, relatively homogeneous syndrome, a large body of literature supports the existence of different subtypes or variations of Narcissistic Personality Disorder (Levy, 2012; Pincus & Lukowitsky, 2010; Ronningstam, 2005). The most frequently investigated subtypes of narcissism are: (*i*) the grandiose (overt) subtype, characterized by grandiosity, authority, superiority, exhibitionism,

entitlement, exploitativeness, lack of insight regarding the impact their behavior may have on others, etc. (Raskin & Terry, 1988 as cited in Sherry, Gralnick, Hewitt, Sherry, & Flett, 2014; Røvik, 2001) (characteristics mostly reflected in the DSM), and the (*ii*) vulnerable (covert) subtype, characterized by shyness, high levels of manifested distress, hypersensitive reactions to the evaluations of others, chronic envy, outwardly self-effacing, appearance of empathy, entitlement, secret grandiose fantasies about the self and expectations of oneself and others (Dickinson & Pincus, 2003; Gabbard, 1998). In the same time, besides the grandiose and vulnerable forms of narcissism, literature also describes a type of individuals who even if suffer from narcissism, are still able to function relatively well. These are the "*high-functioning/exhibitionistic",* "*autonomous*" narcissists (Caligor, Levy, Yeomans, 2015; Russ, Shedler, Bradley, & Western, 2008), using their narcissistic traits to succeed (competitiveness, attention seeking, sexually provocative, etc.).

Research regarding correlates of narcissism produced mixed results. On the one hand, there are studies that evidence its negative effects, while other studies highlight the positive sides of narcissism. Thus, a plethora of research indicates that narcissists tend to be motivated more by extrinsic than intrinsic values and desires (Kasser & Ryan, 1996), are less agreeable (Bradlee & Emmons, 1992), frequently manifest arrogance (Paulhus, 1998), etc. However, healthy, adaptive forms of narcissism, present positive associations with self-esteem (Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004), emotional intelligence (Petrides, Vernon, Schermer, & Veselka (2011), subjective well-being, and negatively correlates with daily sadness, dispositional depression, dispositional loneliness (Sedikides et al., 2004).

A plethora of research indicates that perfectionism is one of the central features of both grandiose and vulnerable narcissistic styles of thinking, behaving and forming relationships (Millon & Davis, 2000; Ronningstam, 2010, 2011; Smith, Sherry, Chen, Saklofske, Flett, 2019). Perfectionism is a personality trait in which the person strives towards flawlessness, sets extremely high standards of performance, and evaluates the results of his/her achievements in an excessively critical way (Flett & Hewitt, 2002). Besides its evident benefits, i.e., higher levels of accomplishment (Hewitt, Flett, & Mikail, 2017), perfectionism may be

considered as a "*core personality vulnerability factor*" (Hewitt et al., 2017, p. 1), that may have important negative consequences, especially amidst confrontations with stressful situations. According to Hewitt and Flett (2002), perfectionistic traits are also involved in the exaggeration of the magnitude of the stressful event as well as in the frequency with which such events occur, mostly determined by the extreme, unrealistic expectations imposed by the person.

One of the most comprehensive models of trait perfectionism was proposed by Hewitt and Flett (1991), positing the existence of three different forms of perfectionism:

(i) *self-oriented perfectionism* (SOP), characterized by unrealistic demands and expectations from the self, completed with punitive self-evaluations; SOP has a strong motivational component, which determines the individual towards perfection (Hewitt & Flett, 1991). SOP was frequently found to strongly correlate with achievement-related behaviors (Curran & Hill, 2017; Hewitt & Flett, 1991). When perfectionists with SOP start connecting self-worth to achievements and satisfaction with one's accomplishments, this trait may in certain situations become a vulnerability and a risk factor. Literature indicates that SOP is frequently associated with depressive symptomatology, anorexia nervosa, greater physiological reactivity, suicidal ideation and negative affect in general (Besser, Flett, Hewitt, & Guez, 2008; Fry & Debats, 2009; Smith, Sherry, Gautreau, Mushquash, Saklofske, & Snow, 2017).

(ii) *other oriented perfectionism* (OOP), characterized by unrealistic demands and expectations from others combined with extremely critical evaluation of others, who, in case do not rise to the expected levels, are blamed and criticized, treated with hostility by persons high on OOP (Hewitt, Flett, & Mikail, 2017). OOP is negatively associated with altruism, compliance and trust (Hill, Zrull, & Turlington, 1997), negatively impacting intimate relationships (Haring, Hewitt, & Flett, 2003), and positively associated with narcissistic desire to obtain admiration from others (Nealis, Sherry, Sherry, Stewart, & Macneil, 2015).

(iii) *socially prescribed perfectionism* (SPP) is characteristic to individuals who consider that the social context is demanding perfection from them, that others judge them, and in order to attain approval, they have

to constantly display a perfect image of themselves (Curran & Hill, 2017). SPP is the most debilitating of the three dimensions of perfectionism, determining the individual to believe that others have excessive, uncontrollable, and unfair expectations of them, frequently leading to intense negative emotional states and major intense forms of psychopathology, as anxiety, depressive symptomatology, suicidal ideation, etc. (Sherry, Hewitt, Flett, & Harvey, 2003; Smith, Sherry, Rnic, Saklofske, Enns, & Gralnick, 2016).

Parallel to the literature indicating a significant increase in narcissism in the last decades (Twenge & Campbell, 2009), Curran and Hill's (2017) meta-analysis highlights a similar increase in perfectionism in birth cohorts from 1989 to 2016. Even if research indicates that perfectionism is one of the core features of narcissism, the relationship between these two concepts is extremely complicated and still not clearly understood (Pincus, Cain, & Wright, 2014; Sherry et al., 2014; Smith et al., 2016). Some studies indicate a moderate correlation between perfectionism and narcissism (Hewitt, Flett, Sherry, Habke, Parkin, Lam, et al., 2003), while other studies indicate a propensity of individuals with Narcissistic Personality Disorder to demand perfectionism from others, and criticize them harshly for their flaws and perceived shortcomings (McCown & Carlson, 2004). Even if a plethora of research indicated significant differences in depression between men and women (Bebbington, 1996; Davidson, 2000; Kuehner, 2003; Nolen-Hoeksema & Girgus, 1994; Rutz, 2001; Sprock & Yoder, 1997), literature has no stable results indicating similar gender-related differences in narcissism and perfectionism (Sherry et al., 2014), and very little is known regarding the subjacent mechanisms involved in the relationship between narcissism and depression (Marčinko, Jakšić, Ivezić, Skočić, Surányi, Lončar, Franić, & Jakovljević, 2014).

Well-being

The World Health Organization defines health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 2018). For a considerably long period of time, research has mostly concentrated on the investigation of negative aspects of functioning.

Relatively recently, research has broadened its spectrum of investigations, and started studying both the positive and negative forms of functioning (Mayne, 1999).

Adaptive and optimal human functioning has been most thoroughly investigated within the domain of well-being, treated through two major traditions: ***hedonic/subjective*** (associated with satisfaction, happiness, and the experience of positive emotions), and ***eudaimonic/psychological*** (attainment of human potential) well-being. The subjective approach equates well-being with the human tendency to seek pleasure and happiness, simultaneously avoiding pain and suffering (Kahneman, Diener, & Schwartz, 1999). The psychological approach considers that well-being transcends mere happiness, and consists in the actualization of human potential (Waterman, 1993).

Investigations consider well-being as being a multidimensional phenomenon, composed by both elements of the subjective (hedonic) and psychological (eudaimonic) approaches (see e.g., King & Napa, 1998; McGregor & Little, 1998). In other words, SWB and PWB are "*related but distinct aspects of positive psychological functioning*" (Keyes, Shmotkin, & Ryff, 2002, p. 1009). In Ryff and Singer's (1998, 2000, 2008) approach, psychological well-being is a multidimensional construct, encompassing six specific dimensions:

(1) ***self-acceptance*** - the non-judgemental acceptance of one's self together with one's past - central aspects of mental health, self-actualization, optimal functioning, and maturity.

(2) ***positive relations with others*** - the ability to maintain warm, affectionate relationships with others. This component of psychological well-being was found to be both related to superior positive functioning, as well as a protective factor in adversity.

(3) ***autonomy*** - refers to one's ability to function independently of other's approval, to regulate emotions and behavior from within, establishing personal standards and evaluating oneself towards this standard.

(4) ***environmental mastery*** - the individual's capacity to create an external environment that would enhance his/her functioning and adaptation (Ryff, 1989).

(5) ***purpose in life*** – refers to one's capacity to find meaning in life, ability that was frequently found to be related to better mental functioning (Skrabski, Kopp, Rozsa, Rethelyi, & Rahe, 2005).

(6) ***personal growth*** – refers to the human need to attain and realize one's potential is a central aspect of personal development.

Literature has identified some factors that may affect well-being, as: age, wealth, level of education, personality factors, the ability to frequently experience positive affect, adaptive emotion-regulation strategies, etc. (e.g., Chang & Farrehi, 2001; Diener, Lucas, & Oishi, 2002; Folkman & Moskowitz, 2004; Keyes, Shmotkin, & Ryff, 2002; Lyubomirsky & Della Porta, 2010; Ryff & Singer, 2008). A very interesting finding refers to the relationship between wealth and well-being. Thus, literature has repeatedly evidenced that excessive preoccupation with the acquisition of material goods does not seem to increases in either happiness or well-being (Ryan & Deci, 2001; Diener, Lucas, & Oishi, 2002; Schmuck, Kasser, & Ryan, 2000). Money is necessary for a decent life, but exaggerating the importance of economic development above a certain financial threshold, may negatively impact the eudaimonic well-being (Kasser, 2002; Ryan & Deci, 2001)

Objectives

A considerable number of studies have shown that perfectionism is a significant predictor of psychological dysfunctions in college students (Chang, 2000; Chang, 2006; Rice, Ashby, & Slaney, 1998), as depression, anxiety, hopelessness, hostility, suicidal ideation (Enns & Cox, 1999; Enns, Cox, & Clara, 2002; Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt, Flett, & Ediger, 1996). Much less is known about the relationship between perfectionism, narcissism and subjective and psychological well-being.

The major aim of our study was to investigate the relationship between the three dimensions of perfectionism, narcissism, and mental health indicators as depression tendencies, subjective and psychological well-being in a sample of Transylvanian Hungarian students.

Study

Participants

Our study included 306 Transylvanian Hungarian first and second year students, 203 from Babes-Bolyai University in Cluj-Napoca, Romania, and 73 from Sapientia, Targu-Mures, Romania. The minimum age of the participants was 18 years, while the maximum 38, with a mean age of 20.01 years (SD=2.11). Of the 305 participants 79 were male (25.97%), and 226 female students (74.03%). After providing informed consent, participants completed the questionnaire packets that took 45 minutes to fill, in a face-to-face assessment session with the researcher.

Instruments

Demographic variables were: age, gender and satisfaction with family income (not at all, so-so, very much).

Depression tendencies were measured with the Beck Depression Inventory-II (BDI, Beck, Rush, Shaw & Emery, 1979; translated and adapted into Hungarian by the author). The BDI is a 21-item, multiple-choice format inventory, designed to measure the presence of depression in adults and adolescents. Each of the 21 items assesses a symptom or attitudes specific to depression, inquiring its somatic, cognitive and behavioral aspects. By its assessments, single scores are produced, which indicate the intensity of the depressive episode. Scores ranging from 0 to 9, represent normal levels of depression. Scores situated between 10 and 18 represent mild to moderate depression; values between 19 and 29 represent moderate to severe depression, while scores above the value of 30 represent severe depression. Internal consistency indices of the BDI are usually above .90. For the present sample, the internal consistency indices for the BDI was .87.

Narcissistic traits were measured with 16-item Narcissistic Personality Inventory (NPI-16, Ames, Rose, & Anderson, 2006; translated and adapted into Hungarian by the author) derived by the authors from the long, 40-item NPI scale (Raskin & Hall, 1979). The test consists of sixteen pairs of statements, and for each pair subjects should select the

one that they feel best reflect their personality. The NPI-16 is a short measure of subclinical narcissism, presenting a good face, internal, discriminant, and predictive validity (Ames et al., 2006). The internal consistency of the NPI-16 for the present sample was .81.

Perfectionism was measured with the 45-item self-report Multidimensional Perfectionism Scale (MPS, Hewitt & Flett, 1991; translated and adapted into Hungarian by the author). The MPS contains three sub-scales: self-oriented perfectionism (SOP) (e.g., "*One of my goals is to be perfect in everything I do*"), other-oriented perfectionism (OOP) (e.g., "*Everything that others do must be of top-notch quality*"), and socially-prescribed perfectionism (SPP) (e.g., "*I find it difficult to meet others' expectations of me*"). Responses are given on a 7-point Likert scale, from 1 (strongly disagree) to 7 (strongly agree). The psychometric properties of the scale (reliability and validity) were found across studies to be very good (Hewitt et al., 2003). Cronbach's alpha for the present sample ranged from .74 to .87.

Psychological well-being was measured by the 44-item scale developed by Ryff (1989) and adapted by Kállay & Rus (2014) (translated and adapted into Hungarian by the author). This scale has 6 sub-scales measuring the basic components of eudaimonic well-being: self-acceptance (PWB-SA), positive relations with others (PWB-PRO), autonomy (PWB-A), environmental mastery (PWB-EM), purpose in life (PWB-PL), and personal growth (PWB-PG). Items are assessed along a 6-point scale, 1 = total agreement, and 6 = total disagreement. The psychometric properties of the Romanian translation are good (.81-.88). On each sub-scale high scores mean high WB, while low scores mean low levels of psychological well-being. The internal consistency of the Psychological Well-being scale for the present sample ranged from .81.

Subjective well-being was assessed with the 5-item WHO well-being questionnaire (WHO Collaborating Centre in Mental Health, 1999; Hungarian version available on www.psikiatri-regionh.dh/who-5/Documents/WHO5_Hungarian.pdf), focusing on the assessment of positive affective states. Each of the five items is rated on a 6-point Likert scale from 0 (not present) to 5 (constantly present). Scores are summed, with raw scores ranging from 0 to 25. Then the scores are transformed to 0-100

by multiplying by 4, with higher scores meaning better well-being. This scale was adapted for Hungarian population by WHO (WHO Collaborating Centre in Mental Health, 1999). Cronbach's alpha for the present sample was .79.

Results

Firstly, we present the descriptive characteristics of our data (see Table 1).

Table 1. Descriptive statistics

	Min.	Max.	Mean	SD	Shapiro-Wilk	p
BDI	0	34	10.48	8.21	.91	.000
WHO-5	4	84	51.19	17.41	.97	.000
PWB-A	19	42	31.25	4.94	.98	.005
PWB-EM	9	46	34.43	6.36	.95	.000
PWB-PG	27	54	45.64	5.30	.93	.000
PWB-PRO	18	36	29.83	4.01	.92	.000
PWB-PL	8	41	31.33	6.21	.94	.000
PWB-SA	10	41	31.26	5.82	.95	.000
MPS-SOP	26	68	48.22	7.21	.99	.129
MPS-OOP	30	66	44.87	5.81	.96	.000
MPS-SPN	31	75	46.39	7.09	.97	.000
NPI-16	19	32	27.89	2.91	.94	.000

Next, we conducted a correlation analysis, and the results are presented in Table 2.

Table 2. Correlation matrix between narcissism, subjective well-being, psychological well-being, and multidimensional perfectionism

	NPI	WHO	PWB_AUT	PWB_EM	PWB_PG	PWB_PRO	PWB_PL	PWB_SA	MPS_SOP	MPS_OOP	MPS_SPP	BDI
NPI	1											
WHO-5	-.03	1										
PWB_AUT	-.27**	.30**	1									
PWB_EM	-.09	.55**	.46**	1								
PWB_PG	-.05	.34**	.43**	.49**	1							
PWB_PRO	.09	.36**	.23**	.49**	.59**	1						
PWB_PL	-.15**	.53**	.50**	.78**	.59**	.49**	1					
PWB_SA	-.19**	.51**	.53**	.66**	.58**	.46**	.74**	1				
MPS_SOP	-.14*	-.08	.16**	.14*	.29**	.08	.25**	.14*	1			
MPS_OOP	-.06	-.04	.06	.07	-.03	-.01	-.03	-.02	.39**	1		
MPS_SPP	.01	-.21**	-.03	-.19**	.02	-.03	-.17**	-.13*	.41**	.41**	1	
BDI	-.01	-.62**	-.32**	-.58**	-.26**	-.41**	-.59**	-.01	.02	.02	.21**	

Note
*p < .05; **p < .01

As the correlation matrix presented in Table 2 indicates, narcissistic traits present a significant negative correlation with Autonomy (PWB_AUT) (*r*=-.273, *p*< *.01*), Purpose in Life (PWB_PL) (*r*=-.153**, *p*< *.01*), Self-Acceptance (PWB_SA) (*r*=-.191, *p*< *.01*), and Self-Oriented Perfectionism (MPS_SOP) (*r*=-.148, *p*< *.05*). Moreover, Self-Oriented Perfectionism (MPS_SOP) was positively correlated with Autonomy (PWB_AUT) (*r*=.169, *p*< *.01*), Environmental Mastery (MPS_EM) (*r*=.149, *p*< *.01*), Personal Growth (MPS_PG) (*r*=.269, *p*< *.01*), Planning in life (PWB_PL) (*r*=.255, *p*< *.01*), and Self-Acceptance (PWB_SA) (*r*=.142, *p*< *.05*). Other Oriented Perfectionism does not present any kind of association with the variables assessed. Socially Prescribed Perfectionism (PWB_SPP) presents significant negative correlation with Subjective Well-Being (WHO-5) (*r*=-.214, *p*< *.01*), Environmental Mastery (PWB_EM) (*r*=-.198, *p*< *.01*), Purpose in Life (PWB_PL) (*r*=-.175, *p*< *.01*), and Self-Acceptance (PWB_SA) (*r*=-.135, *p*< *.05*).

Quite surprisingly, even if depression scores significantly correlated with both measures of well-being (Subjective and Psychological), our investigation did not yield any association between Narcissism and depressive tendencies as measured with the Beck Depression Inventory and subjective well-being. Furthermore, our data indicate only one significant association between depressive symptomatology and only one of the dimensions of perfectionism (Socially Prescribed Perfectionism – MPS_SPP) (r=.21, $p< .01$). The positive side of mental health (Subjective Well-Being) presents a significant negative correlation only with the Socially Prescribed Perfectionism (r=-.21, $p< .01$).

We continued our investigation with the identification of possible differences in scores depending on gender. The Mann-Whitney non-parametric test indicates gender differences in subjective well-being [Z=-2.43, $p=.015$] with male participants attaining significantly higher levels of subjective well-being than female participants, although the effect size of the difference was small (r=.01). We also found significantly differences in narcissistic traits [Z=-2.10, $p=.03$], with female participants attaining significantly higher levels of narcissism than male participants, but in this case also the effect size of the difference was small (r=.01). The last significant difference depending on gender was found in Positive Relations with Others (PWB_PRO) [Z=-3.31, $p=.03$], female participants relating significantly higher scores than their male counterparts on this sub-scale of Psychological Well-Being. Nevertheless, in this case too, the effect size of the difference was small (r=.018). Effect sizes were calculated with the following formula: $r = Z/\sqrt{N}$ (where, N = number of participants* number of observations), which according to Cohen's (1988) classification is a large statistical effect.

Finally, we investigated whether there are differences in the assessed variables depending on the satisfaction with the family income. We conducted an ANOVA analysis, using post-hoc Grabriel, due to uneven sample sizes (see Table 3).

Table 3. ANOVA (post hoc Gabriel), with differences in depression tendencies, subjective well-being, psychological well-being, narcissism, and perfectionism

	Mean	**SD**	**F**	**p**	**ŋ2**
BDI	Group 1=3.92 (2, 3)	1.44	7.00	.001	.162
	Group 2=12.24 (1)	9.04			
	Group 3=9.91(1)	7.72			
WHO	Group 1=62.15 (2)	14.20	10.73	.001	.162
	Group 2=45.47(1, 3)	16.22			
	Group 3=53.64(2)	16.48			
PWB_AUT	Group 1=34.07 (2)	3.98	11.00	.001	.205
	Group 2=29.32 (1,3)	5.76			
	Group 3=31.83 (2)	4.34			
PWB_EM	Group 1=38.23 (2)	2.16	5.26	.006	.142
	Group 2=32.95(1)	6.15			
	Group 3=34.74	6.38			
PWB_PG	Group 1=49.00 (2)	2.88	5.48	.005	.163
	Group 2=44.46 (1)	5.14			
	Group 3=45.94	5.27			
PWB_PL	Group 1=35.30 (2,3)	3.47	4.72	.01	.175
	Group 2=30.07 (1)	6.12			
	Group 3=31.52(1)	6.26			
PWB_SA	Group 1=33.84 (2)	4.16	4.62	.01	.148
	Group 2=29.84 (1,3)	5.67			
	Group 3=31.65 (2)	5.77			
NPI	Group 1=26.30 (3)	2.35	3.57	.029	.081
	Group 2=27.55	2.96			
	Group 3=28.17 (1)	2.86			
MPS_SPP	Group 1=41.92 (3)	2.53	5.60	.004	.199
	Group 2=45.11 (3)	5.68			
	Group 3=47.37 (1,2)	7.94			

Note:
group 1 - lowest satisfaction with family income, group 2 - moderate satisfaction and group 3 - highest satisfaction with family income

Our results indicate that the significantly highest level of depression is attained by those participants who relate a moderate satisfaction with family income [$F_{(2,295)}$=7.00, p=.001], with participants least satisfied with family income reporting the significantly lowest levels of depression, while the highest levels are obtained by those who are moderately satisfied (so-so) with their financial resources. Moreover, the situation is similar in the case of subjective well-being: those who report the lowest satisfaction with the family income report the significantly highest levels of subjective well-being, followed by those who are very satisfied with family finances [$F_{(2,299)}$=10.73, p=.001]. The lowest levels of happiness/subjective well-being are attained by those who are moderately satisfied with family income. These results are similar with those reported in the literature (Kasser, 2002; Ryan & Deci, 2001). Regarding psychological well-being, our results indicate the same tendency, namely, those who report the greatest dissatisfaction with family income report the highest levels of autonomy [$F_{(2,299)}$=11.00, p=.001], environmental mastery [$F_{(2,299)}$=5.26, p=.006], personal growth [$F_{(2,299)}$=5.48, p=.005], purpose in life [$F_{(2,299)}$=4.72, p=.01], and self-acceptance [$F_{(2,298)}$=4.62, p=.01]. Again, the significantly lowest levels are reported by those individuals who declare a medium level of satisfaction with family income. Finally, the highest levels of narcissistic traits are reported by those who report the highest satisfaction with the financial status of the family [$F_{(2,298)}$=3.57, p=.029], and socially prescribed perfectionism attains also the highest levels by those who report the highest satisfaction with family income [$F_{(2,299)}$=5.60, p=.004]. Furthermore, as our results indicate, the effect size of these differences are large (above .14), except the case of narcissism, where the effect size is medium (above .06) (see Table 3).

Conclusion and Discussions

Scientific literature has closely and rigorously followed the worldwide tendency of significant increases in time of mental health problems, depression, anxiety disorders, loneliness, etc., presenting an alarmingly increasing patterns (Banyard, Edwards, & Kendall-Tackett, 2009; Collins,

Patel, Joestl, March, Insel, & Daar, 2011; Erzen & Çikrikçi, 2018; Hawkley & Cacioppo, 2010; Kendall-Tackett, 2009; Lanius, Vermetten, & Pain, 2010; Perissinotto, Stijacic Cenzer, & Covinsky, 2012; Prina, Victor & Bowling, 2012; Weehuizen, 2008; WHO, 2017). On the other hand, the specific changes in the western society (inclination towards consumerism, the constant pressure for excellence and success) may have to some degree contributed in recent years to the unexpected increase in two somewhat interrelated aspects of malfunctioning – narcissism and maladaptive perfectionism (Curran & Hill, 2017; Twenge & Campbell, 2009; Verhaeghe, 2014).

The investigation of the correlates of narcissism produced mixed results, with some studies highlighting the positive sides of narcissism (e.g., higher levels of emotional intelligence, higher self-esteem), while others underscoring its negative effects (e.g., higher levels of depressive symptomatology loneliness) (Petrides et al., 2011), Sedikides et al., 2004). Furthermore, literature also indicates that perfectionism is a central feature of narcissism (Millon & Davis, 2000; Ronningstam, 2010, 2011), and a strong predictor of depression (Hewitt, Flett, & Ediger, 1996).

Our results indicated that in the assessed sample of Transylvanian Hungarian students, despite our expectations, we did not find a significant correlation between narcissism and depressive tendencies, however we found significant gender differences in narcissism, with female participants reporting higher levels of narcissism than male participants. Moreover, male participants experienced significantly higher levels of happiness (subjective well-being), than female participants, who on the other hand attained significantly higher levels of positive personal relationships with others, as measured with the relations sub-scale of the psychological well-being scale. Our findings also yielded significant negative associations between subjective well-being and socially prescribed perfectionism, highlighting the negative effects of perfectionism on optimal human functioning. Interestingly self-oriented perfectionism presented a significant positive correlation with autonomy, environmental mastery, personal growth, planning in life, and self-acceptance, the strongest associations being found in the case of personal growth and planning in life. These last correlations may evince the positive contribution of perfectionism to psychological well-being, which may in time positively impact the subjective

side of emotional functioning. Finally, very interesting results were produced by the comparisons of the assessed variables depending on the satisfaction with income, which indicates that those participants who report the moderate satisfaction with income present significantly lower levels of adaptive functioning, while those who report the lowest satisfaction with family income seem to function best.

Our study has several limitations, which should be resolved by future research, one of these limitations referring to the relatively low number of participants. Furthermore, it would be useful for future studies to investigate narcissism in a more nuanced way, paying attention to its different forms (grandiose and vulnerable), which may have different implications in adaptive and maladaptive functioning, as presented in the introductory part of this study. In our study we did not use clinical cut-off points for analysis or selection of participants, but treated depression tendencies as a continuum ranging from minimal to maximal scores obtained by participants on the BDI scale. Future research may benefit from analyzing data by grouping participants depending on clinical cut-points on depression.

The results of our investigation may have informative value for the continuation of more thorough investigations of these aspects of malfunctioning (narcissism, perfectionism), and may become a starting point for future studies that intend to investigate the evolution in time of these aspects of functioning. Furthermore, we also consider that our results may be useful in the development of prevention and intervention programs, targeting the enhancement of the psychological functioning of Transylvanian Hungarian students.

Acknowledgement

This research was supported by a 2019 Domus Hungarica senior research scholarship/grant (2528/20/2019/HTMT) awarded by the Hungarian Scientific Academy to Éva Kállay.

REFERENCES

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed.). Washington, DC: Text Revision.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed.). Washington, DC: Author.

Banyard, V.L., Edwards, V.J., & Kendall-Tackett, K.A. (Eds.). (2009). *Understanding the effects of extreme stress and of psychological harm.* New York, NY: Routledge.

Bebbington, P.E. (1996). The origins of sex differences in depressive disorder: Bringing the gap. *International Review of Psychiatry, 8,*295–332.

Besser, A., Flett, G.L., Hewitt, P.L., & Guez, J. (2008). Perfectionism, and cognitions, affect, self-esteem, and physiological reactions in a performance situation. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 26,* 206–228. Doi: 10.1007/s10942-007-0067-0

Bradlee, P.M., & Emmons, R.A. (1992). Locating narcissism within the interpersonal circumplex and the five-factor model. *Personality and Individual Differences, 13,* 821–830.

Caligor, E., Levy, K.N., & Yeomans, F.E. (2015). Narcissistic personality disorder: Diagnostic and clinical challenges. *American Journal of Psychiatry, 172,* 415-423.

Chang, E.C. (2000). Perfectionism as a predictor of positive and negative psychological outcomes: Examining a mediation model in younger and older adults. *Journal of Counseling Psychology, 47,* 18–26.

Chang, E. C. (2006). Perfectionism and Dimensions of Psychological Well–Being in A College Student Sample: A Test of a Stress–Mediation Model. *Journal of Social and Clinical Psychology, 25(9), 1001–1022.* doi:10.1521/jscp.2006.25.9.1001

Chang, E.C., & Farrehi, A.S. (2001). Optimism/pessimism and information-processing styles: Can their influences be distinguished in predicting psychological adjustment. *Personality and Individual Differences, 31,* 555–562.

Collins, P.Y., Patel, V., Joestl, S.S., March, D., Insel, T.R., & Daar, A.S. (2011). Grand challenges in global mental health. *Nature, 6*(7354), 27-30.

Cuijpers, P., Smit, F., & van Straten, A. (2007). Psychological treatments of subthreshold depression: A meta-analytic review. *Acta Psychiatrica Scandinavica, 115*(6), 434-441.

Cunningham, M., Rapee, R., & Lyneham, H. (2006). Feedback to a prototype self-help computer program for anxiety disorders in adolescents. *Advances in Mental Health, 5*, 216–224.

Curran, T., & Hill, A.P. (2017). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin, 145*(4), 410-429.

Curran, T., & Hill, A.P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological Bulletin, 145*(4), 410–429. https://doi.org/10.1037/bul0000138

Davidson, J.R. (2000). *Affective style, mood, and anxiety disorders. In* J.R. Davidson (E*d.) Anxiety, Depression, and Emotion (pp. 88–108). New York: Oxford University Press.*

Dickinson, K., A., & Pincus, A.L. (2003). Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders, 17*(3), 188-207.

Diener, E., Lucas, R.E., & Oishi, S. (2002). Subjective well-being. The science of happiness and life satisfaction. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 63- 73). New York: Oxford University Press.

Diener, E., Lucas, R.E., & Oishi, S. (2002). Subjective well-being. The science of happiness and life satisfaction. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 63- 73). New York: Oxford University Press.

Enns, M.W., & Cox, B.J. (1999). Perfectionism and depression symptom severity in major depressive disorder. Behaviour Research and Therapy, 37, 783–794.

Enns, M.W., Cox, B.J., & Clara, I. (2002). Adaptive and maladaptive perfectionism: Developmental origins and association with depression proneness. Personality and Individual Differences, 33, 921–935.

Erzen, E., & Çikrikçi Ö. (2018). The effect of loneliness on depression: A meta-analysis.

Ferrari, A., Charlson, F., Norman, R., Patten, S., Freedman, G., Murray, C., et al. (2013). Burden of Depressive Disorders by Country, Sex, Age, and Year: Findings from the Global Burden of Disease Study 2010. *PLoS Med*; 10(11)e1001547.

Flett, G.L., & Hewitt, P.L. (2002). Perfectionism and maladjustment: An overview of theoretical, definitional, and treatment issues. In P.L. Hewitt & G.L. Flett (Eds.), *Perfectionism* (pp. 5–31). Washington, DC: APA.

Folkman, S. & Moskowitz, J.T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745-774.

Foster, J.D., Campbell, W.K., & Twenge, J.M. (2003). Individual differences in narcissism: Inflated self-views across the lifespan and around the world. *Journal of Research in Personality, 37,* 469–486.

Frost, R.O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research, 14,* 449–468.

Fry, P.S., & Debats, D.L. (2009). Perfectionism and the five-factor personality traits as predictors of mortality in older adults. *Journal of Health Psychology, 14,* 513–524. Doi: 10.1177/1359105309103571

Gabbard, G.O. (1998). Transference and countertransference in the treatment of narcissistic patients. In E. Ronningstam (Ed.), Disorders of narcissism: Diagnostic, clinical, and empirical implications. Washington, DC: American Psychiatric Press, Inc.

Goodman, J., Schlossberg, N.K., & Anderson, M.L. (2006). *Counseling adults in transition. Linking practice with theory* (3rd Edition). New York: Springer Publishing Company.

Gustavsson, A., Svensson, M., Jacobi, F., Allgulander, C., Alonso, J., Beghi, E., … Olesen, J. (2011). Cost of disorders of the brain in Europe 2010. *European Neuropsychopharmacology, 21*(10), 718-779.

Haring, M., Hewitt, P.L., & Flett, G.L. (2003). Perfectionism, coping, and quality of intimate relationships. *Journal of Marriage and Family, 65,* 143–158. DOI: 10.1111/j.1741-3737.2003.00143.x

Hawkley, L.C., & Cacioppo, J.T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*, 218-227.

Heine, S.J., & Lehman, D.R. (1997). The cultural construction of self-enhancement: An examination of group-serving biases. *Journal of Personality and Social Psychology, 72*, 1268–1283.

Hewitt, P.L., Flett, G.L., & Ediger, E. (1996). Perfectionism and depression: Longitudinal assessment of a specific vulnerability hypothesis. *Journal of Abnormal Psychology, 105,* 276–280.

Hewitt, P.L., Flett, G.L., & Mikail, S.F. (2017). *Perfectionism. A Relational Approach to Conceptualization, Assessment, and Treatment.* New York: The Guilford Press.

Hewitt, P., & Flett, G. (1991). Perfectionism in the self and social contexts: Conceptualization, assessment, and association with psychopathology. *Journal of Personality and Social Psychology, 60*, 456–470.

Hewitt, P., Flett, G., Sherry, S., Habke, M., Parkin, M., Lam, R., et al. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology, 84*, 1303–1325.

Highlights/UKCCIS_RH46_Childwise_Monitor_Pre-School_Report_2012.pdf.

Hill, R.W., Zrull, M.C., & Turlington, S. (1997). Perfectionism and interpersonal problems. *Journal of Personality Assessment, 69,* 81–103. Doi: 10.1207/s15327752jpa6901_5
International Journal of Social Psychiatry, 1-9. Ipsos MORI. (2014). *Global Trends Survey*. Retrieved from *http://www.ipsosglobaltrends.com/environment.html*

Kahneman, D., Diener, E., & Schwartz, N. (Eds.). (1999). *Well-being: The foundations of hedonic psychology.* New York: Russell Sage Found.

Kasser, T. (2002). *The high price of materialism*. Cambridge, MA: The MIT Press.

Kasser, T., & Ryan, R.M. (1996). Further examining the American dream: Differential correlates of intrinsic and extrinsic goals. *Personality and Social Psychology Bulletin, 22,* 280–297.

Kendall-Tackett, K. (2009). Psychological trauma and physical health: A psychoneuroimmunology approach to etiology of negative health effects and possible interventions. *Psychological Trauma: Theory, Research, Practice, and Policy, 1*, 35–48.

Keyes, C.L.M., Shmotkin, D., & Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82, 1007*-1022.

Keyes, C.L.M., Shmotkin, D., & Ryff, C.D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82,* 1007-1022.

King, L.A., & Napa, C.K. (1998). What makes life good? *Journal of Personality and Social Psychology, 75,* 156-165.

Kotov, R., Gamez, W., Schmidt, F., & Watson, D. (2010). Linking "big" personality traits to anxiety, depressive, and substance use disorders: A meta-analysis. *Psychological Bulletin, 136*(5), 768–821. *https://doi.org/10.1037/a0020327*

Kuehner, C. (2003). Gender differences in unipolar depression: An update of epidemiological findings and possible explanations. *Acta Psychiatrica Scandinavica,108,* 163–174.

Lanius, R.A., Vermetten, E., & Pain, C. (2010). *The impact of early life trauma on health and disease: The hidden epidemic*. Cambridge, UK: Cambridge University Press.

Levy, K.N. (2012). Subtypes, dimensions, levels, and mental states in narcissism and narcissistic personality disorder. *Journal of Clinical Psychology, 68,* 886–897.

Lyubomirsky, S., & Della Porta, M. (2010). Boosting happiness, buttressing resilience: Results from cognitive and behavioral interventions. In J. W. Reich, A.J. Zautra, & J. Hall (Eds.), *Handbook of adult resilience: Concepts, methods, and applications* (pp. 450-464). New York: Guilford Press.

Marčinko, D., Jakšić, N., Ivezić, E., Skočić, M., Surányi, Z., Lončar, M., Franić, T., & Jakovljević, M. (2014). Pathological narcissism and depressive symptoms in psychiatric outpatients: Mediating role of dysfunctional attitudes. *Journal of Clinical Psychology, 70,* 341–352.

Markus, H.R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*, 224–253.

Mayne, T.J. (1999). Negative affect and health: The importance of being earnest. *Cognition and Emotion, 13,* 601-635.

McCown, W., & Carlson, G. (2004). Narcissism, perfectionism and self-termination from treatment in outpatient cocaine users. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 22*, 329–340.

McGregor, I., & Little, B.R. (1998). Personal projects, happiness, and meaning: On doing well and being yourself. *Journal of Personality and Social Psychology, 74,* 494-512.

Millon, T., & Davis, R. (2000). *Personality disorders in modern life*. NY: Wiley.

Millon, T., Grossman, S., Millon, C., Meagher, S., & Ramnath, R. (2004). *Personality disorders in modern life* (2nd Edition). New Jersey: John Wiley and Sons.

Nealis, L.J., Sherry, S.B., Sherry, D.L., Stewart, S.H., & Macneil, M.A. (2015). Toward a better understanding of narcissistic perfectionism: Evidence of factorial validity, incremental validity, and mediating mechanisms. *Journal of Research in Personality, 57,* 11–25.
Doi: 10.1016/j.jrp.2015.02.006

Nolen-Hoeksema S, Larson J, Grayson C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology, 77,* 1061–1072.

Papageorgiu, K.A., Denovan, A., & Dagnall, N. (2019). The positive effect of narcissism on depressive symptoms through mental toughness: Narcissism may be a dark trait but it does help with seeing the world less grey. *European Psychiatry 55,* 74–79.

Paulhus, D.L. (1998). Interpersonal and intrapsychic adaptiveness of trait self-enhancement: A mixed blessing? *Journal of Personality and Social Psychology, 74*, 1197–1208.

Perissinotto, C.M., Stijacic Cenzer, I., & Covinsky, K.E. (2012). Loneliness in older persons: A predictor of functional decline and death. *Archives of Internal Medicine*, *172*, 1078–1083.

Petrides, K.V., Vernon, P.A., Schermer, J.A., & Veselka, L. (2011). Trait emotional intelligence and the dark triad traits of personality. *Twin Research and Human Genetics, 14*(01), 35–41.

Pincus, A.L., & Lukowitsky, M.R. (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology, 6,* 421–446.

Pincus, A.L., Cain, N.M., & Wright, A.G. (2014). Narcissistic grandiosity and narcissistic vulnerability in psychotherapy. *Personality Disorders: Theory, Research, and Treatment, 5*, 439.

Prina, A.M., Ferri, C.P., Guerra, M., Brayne, C., & Prince, M. (2011). Prevalence of anxiety and its correlates among older adults in Latin America, India and China: cross-cultural study. *British Journal of Psychiatry, 199*, 485–491.

Raskin, R.; Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54*(5), 890-902.

Rice, K.G., Ashby, J.S., & Slaney, R.B. (1998). Self–esteem as a mediator between perfectionism and depression: A structural equations analysis. *Journal of Counseling Psychology, 45,* 304–314.

Ronningstam, E. (2010). Narcissistic personality disorder: A current review. *Current Psychiatry Reports, 12*, 68–75.

Ronningstam, E. (2011). Narcissistic personality disorder: A clinical perspective. *Journal of Personality and Social Psychology, 17*, 89–99.

Ronningstam, E.F. (2005). *Identifying and Understanding the Narcissistic Personality*. New York: Oxford University Press.

Røvik, J.O. (2001). Overt and covert narcissism: Turning points and mutative elements in two psychotherapies. *British Journal of Psychotherapy, 17,* 435-447.

Russ, E., Shedler, J., Bradley, R., & Westen, D. (2008). Refining the construct of narcissistic personality disorder: diagnostic criteria and subtypes. *American Journal of Psychiatry, 165,* 1473-1481.

Rutz, W. (2001). Preventing suicide and premature death by education and treatment. *Journal of Affective Disorders, 62,* 123–129.

Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology, 52*, 141-166.

Ryff, C.D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57,* 1069-1081.

Ryff, C.D., & Keyes, C.L.M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719-727.

Ryff, C.D., & Singer, B.H. (1998). The contours of positive human health. *Psychological Inquiry, 9,* 1-28.

Ryff, C.D., & Singer, B.H. (2000). Interpersonal flourishing: A positive health agenda for the new millennium. *Personality and Social Psychology Review, 4*, 30-44.

Ryff, C.D., & Singer, B.H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies, 9,* 13-39.

Schmuck, P., Kasser, T., & Ryan, M.R. (2000). Intrinsic and extrinsic goals: Their structure and relationship to well-being in German and U.S. college students. *Social Indicators Research, 50*(2), 225-241.

Sedikides, C., Rudich, E.A., Gregg, A.P., Kumashiro, M., & Rusbult, C. (2004). Are normal narcissists psychologically healthy?: Self-esteem matters. *Journal of Personality and Social Psychology, 87*(3), 400.

Sherry, S.B., Gralnick, T.M., Hewitt, P.L., Sherry, D, L., & Flett, G.L. (2014). Perfectionism and narcissism: Testing unique relationships and gender differences. *Personality and Individual Differences, 61-62,* 52-56.

Sherry, S.B., Hewitt, P.L., Flett, G.L., & Harvey, M. (2003). Perfectionism dimensions, perfectionistic attitudes, dependent attitudes, and depression in psychiatric patients and university students. *Journal of Counseling Psychology, 50,* 373–386. Doi:10.1037/0022-0167.50.3.373

Skrabski, A., Kopp, M., Rozsa, S., Rethelyi, J., & Rahe, R.H. (2005). Life meaning: an important correlate of health in the Hungarian population. *International Journal of Behavioral Medicine, 12*, 78-85.

Smith, M.M., Sherry, S.B., Chen, S., Saklofske, D.H., & Flett, G.L. (2019). Perfectionism and narcissism: A meta-analytical review. *Journal of Research in Personality, 64*, 90-101.

Smith, M.M., Sherry, S.B., Chen, S., Saklofske, D.H., Mushquash, C., Flett, G.L., & Hewitt, P.L. (2017). The perniciousness of perfectionism: A meta-analytic review of the perfectionism-suicide relationship. *Journal of Personality*. Advance online publication. DOI: 10.1111/jopy.12333

Smith, M.M., Sherry, S.B., Rnic, K., Saklofske, D.H., Enns, M., & Gralnick, T. (2016). Are perfectionism dimensions vulnerability factors for depressive symptoms after controlling for neuroticism? A meta-analysis of 10 longitudinal studies. *European Journal of Personality, 30,* 201–212. Doi: 10.1002/per.2053

Sprock, J., & Yoder, C.Y. (1997). Women and depression: an update on the report of the APA Task Force. *Sex Roles, 36*, 269–303.

Twenge, J.M. (2014). *Generation me: Why today's young Americans are more confident, assertive, entitled and more miserable than ever before* (2nd ed.). New York, NY: Atria.

Verhaeghe, P. (2014). *What about me? The Struggle for identity in a market-based society*. London, UK: Scribe Publications.

Waterman, A.S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of Personality and Social Psychology, 64*, 678-691.

Weehuizen R.M. (2008). Mental capital. The economic significance of mental health. Maastricht: Universitaire Pers Maastricht.

WHO (2017). *Depression and other common mental disorders – Global health estimates*. Geneva: WHO Document Production Services.

WHO (2018). *https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.* Retrieved 12th of April 2020.

Widiger, T.A. (2011). Personality and psychopathology. *World Psychiatry, 10*(2), 103–106.

Wittchen, H.U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jönsson, B., … Steinhausen, H.C. (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European Neuropsychopharmacology, 21*(9), 655-679.