

# **Relationship of Narcissism and Resilience with Perceived Social Support and Depression**

*Project submitted for partial fulfillment of the degree of*

**MASTER OF ARTS IN  
PSYCHOLOGY**



**THAPAR INSTITUTE**  
OF ENGINEERING & TECHNOLOGY  
(Deemed to be University)

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## CERTIFICATE

This is to certify that the thesis entitled, “**Relationship of Narcissism and Resilience with Perceived Social Support and Depression**” being submitted in partial fulfilment of requirements for the award of degree of **Master of Arts in Psychology**, submitted in the **Thapar School of Liberal Arts and Sciences (TSLAS), Thapar Institute of Engineering and Technology, Patiala** is a bonafide work carried out under the supervision of Dr. Santha Kumari, Professor and Program Chair, School of Liberal Arts, Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.

  
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This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.

  
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## CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, “**Relationship of Narcissism and Resilience with Perceived Social Support and Depression**” in partial fulfilment of the requirement for the award of the degree of **Master of Arts in Psychology**, submitted in the **Thapar School of Liberal Arts and Sciences (TSLAS), Thapar Institute of Engineering and Technology, Patiala**, is an authentic record of my own work carried out under the supervision and guidance of Dr. Santha Kumari, Professor and Program Chair, School of Liberal Arts, Thapar Institute of Engineering and Technology, Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

Date: May 2020

Place: Patiala

  
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This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.

  
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## Abstract

The present study focuses on understanding how narcissistic admiration and rivalry, and resilience affect depression and perceived social support. Further, we also analyzed the gender differences. It was investigated using four scales, Narcissistic Admiration and Rivalry Questionnaire (NARQ), Connor–Davidson Resilience Scale, Multidimensional Scale of Perceived Social Support (MSPSS), and Beck Depression Inventory. The total sample consisted of 158 subjects (90 females and 68 males). The age range of the participants is 18-40 years. The research objective was to study the gender differences and relation between narcissism, resilience, depression, and perceived social support. The findings of this study indicate that narcissistic admiration is positively correlated with perceived social support. Also, there is a negative significant relationship between narcissistic rivalry and perceived social support. Further, resilience is positively correlated with depression and negatively with perceived social support. Lastly, the gender differences were not significant. Theoretically, this study adds new evidence and extends social interactions to mental health outcomes for the NARC model. The future research should consider comparing variables other than these.

**Keywords:** narcissism, narcissistic admiration, narcissistic rivalry, resilience, perceived social support, depression

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# CHAPTER 1

## INTRODUCTION

### 1.1 Narcissism

According to American Psychological Association, narcissism is a self-centered personality style characterized as having an excessive interest in one's physical appearance and an excessive preoccupation with one's own needs, often at the expense of others. Because maladaptive narcissists have a hard time maintaining mental health, narcissism is an important personality feature to evaluate (Konrath & Bonadonna, 2014).

In daily usage, the term "narcissism" refers to someone who is extremely self-absorbed, selfish and egotistical, self-enhancing, arrogant, and shameless (Jonason et al., 2012); however, there are two types of narcissism: vulnerable and grandiose narcissism (Wink, 1991; Pincus et al., 2009; Miller et al., 2012). According to the research tradition, vulnerable narcissism has most often been interpreted as clinical narcissism due to its intra-inter-personally malevolent correlates such as hypersensitivity, introversion, shyness, vulnerability to depression, incompetence, anxiety, defensiveness, avoidance, hostility, passive aggression, low self-esteem, and poor well-being (Wink, 1991; Hendin and Cheek, 1997; Rose, 2002; Dickinson and Pincus, 2003; Miller et al., 2011; Brown et al., 2016).

Because it includes a mix of positive and negative correlates, such as assertiveness, self-confidence, self-efficacy, charm, extraversion, high self-esteem, and well-being—aggressiveness, antagonism, dominance, disagreeableness, entitlement, and exploitativeness—grandiose narcissism was most often misinterpreted as usual or subclinical narcissism (Morf and Rhodewalt, 2001; Rose, 2002; Ackerman et al., 2011; Miller et al., 2011; Back et al., 2013; Brookes, 2015; Krizan and Herlache, 2017). Grandiose narcissism is a prevalent concept in the general and scientific endeavors. Part of the fascination with grandiose narcissism stems from its conflicting dynamics and outcomes: narcissists are often described as self-assured but fragile, seeking social approval but being uninterested in others, charming and assertive, but also arrogant and aggressive. They seem to impress peers, dating partners, and co-workers early on but evoke relationship conflict and dissolution in the long run.

Grandiosity is a term used to describe the inflated self-image, entitlement, and exploitativeness that are at the heart of many narcissistic descriptions (Cain et al., 2008; Miller, Hoffman,

Campbell, & Pilkonis, 2008). Shame, wrath, violence, and protective social withdrawal are all examples of narcissistic vulnerability, which refers to dysregulated emotional, self-evaluative, and interpersonal responses to the perceived loss of admiration (Cain et al., 2008; Pincus et al., 2009). Back et al. (2013) defined grandiose narcissism as a combination of admiration and rivalry. Both dimensions reveal an attempt to keep a grandiose sense of self alive.

The NARQ (Back et al., 2013) comprises three admiration components: grandiosity, uniqueness, and charmingness, and three rivalry components of devaluation, supremacy, and aggressiveness. In the NARC model, admiration and rivalry are distinct, albeit correlated, aspects of grandiose narcissism (Back et al., 2013).

These two dimensions are directly related, but due to their distinct motivating processes, they are not interchangeable. The goal of narcissistic admiration is to achieve uniqueness, grandiose fantasies, and charmingness through an active self-enhancement (self-promotion) technique. Narcissistic rivalry, on the other hand, is built on an antagonistic self-protection (self-defense) strategy marked by a desire for superiority, devaluation of others, and hostility.

Narcissistic admiration involves anticipation and an approach of opportunities for admiration through assertive self-promotion. Attempts for originality, grandiose fantasies, and displays of charm elicit desirable effects, such as positive attention and prestige from others, at first. As a result of feeling exceptional and admired, the individual's grandiose sense of self and prosocial approach are maintained and developed (Back et al., 2013).

Attempts to retain a grandiose sense of self in narcissistic rivalry involve a defensive orientation characterised by the fear of challenges to the desired self-image that would result from the loss of status and admiration. This encourages an antagonistic approach to preventive self-defense. The person aspires to be superior to others, undervalues their worth, and acts aggressively, irritably, insensitively, and defensively. Back et al. (2013) found that, in contrast to admiration, narcissistic rivalry is faced with rejection, unpopularity, and criticism, which maintains and reinforces the antagonistic, defensive, and avoidant style.

## **1.2 Resilience**

The concept of resilience, which affects individuals to cope with difficult situations, is often described in the literature as an ability to overcome a state of extreme distress and stress

(Garmezy, 1991; Masten, 2001). Resilient people who can “survive” and sustain their interaction with the environment despite all kinds of environmental problems are people who do not usually get frustrated in the face of stressful events. On the contrary, they can quickly recover, get stronger, and get rid of troubles and adverse environmental conditions (Henderson & Milstein, 1996).

Three common points are elaborated in various definitions of the concept of resilience. These are; a) risk or difficulty, b) positive adaptation, coping, competence, and c) protective factors. In this case, resilience is “a phenomenon that occurs due to the pronounced interaction of protective factors associated with healthy adaptation and contributing to this adaptation process with existing risk factors” (Windle, 1999).

It is observed that resilient individuals who can manage with difficulties, quickly recover from difficult situations, and be psychologically flexible possess specific characteristics. Krovetz (1999) talks about four essential features of resilient individuals. These characteristics are; (1) Social competence: The ability to create positive impressions on others and thus to establish positive relationships with both adults and their peers. (2) Problem-solving skills: Skills necessary to ask for help from others and plan activities under one’s control. (3) Autonomy: Ability of a person to possess their own identity, behave independently, and establish control over their environment. (4) Having goals and a sense of future: Sense of having some goals, educational expectations, hope, and a bright future.

Within the concept of resilience, two main factors have been emphasized. The first one focuses on getting rid of stressful life events and is the ability to quickly balance and recover from stress. The second factor is sustainability. It can be expressed as the ability to sustain healthy reactions in other stressful situations due to giving healthy responses to stressful life events (Reich et al., 2010).

The American Psychological Association (2014) defines resilience as a process of adaptation to adversity, trauma, tragedy, threat, and essential stressors. According to some authors, resilience refers to a dynamic development process associated with maintaining positive adaptation under life-threatening conditions (Luthar et al., 2000; Masten, 1999).

According to Higgins (1994), resilient individuals have positive relationships, are skilled in solving problems, and have the motivation to improve themselves. These individuals participate in social changes and activities; they are faithful; many can extract meaning and

benefits from their lives' troubles, traumas, and worries. The existing research has revealed that resilience is associated with problem-solving (Neenan & Dryden, 2012); stress and exhaustion (Hao et al., 2015); locus of control (Dunn & Brody, 2008); family support (White et al., 2008); social support (Nikmanesh & Honakzahi, 2016; S, Baltacı & Karatas, 2015); hope (Duggal et al., 2016); pessimism and positive affectivity (Tugade & Fredrickson, 2004) and life satisfaction (Akbar et al., 2014; S, Baltacı & Karatas, 2015); depression (Baltacı & Karatas, 2015), self-esteem and hopelessness (Karatas & Savi-Çakar, 2011), hope and life satisfaction (Shetty, 2015); life satisfaction, stress and social support (Yang et al., 2018).

Resilience can also be understood as a personality trait defined as the ability to maintain balance as a healthy state of the individual (Maltby et al., 2015). Resilience has been related to the attenuation of depressive symptoms for victims of trauma (Wingo et al., 2011) and reduced prevalence of suicide behavior for victims of trauma (Roy, Carli, & Sarchiapone, 2011). That is, resilience acts as a buffer such that youths characterized by high levels of resilience are less likely to engage in behaviors that are frequently associated with adverse circumstances than would be otherwise expected (e.g., suicide behavior in trauma victims; Roy et al., 2011). The presence of resilience could negate or attenuate the aggressive tendencies typically associated with narcissism by means of providing alternative coping strategies (Connor & Davidson, 2003) for perceived stressors.

### **1.3 Perceived Social Support**

Social support is a broad term consisting a variety of more specific characteristics of an individual's social world that might promote well-being or increase resistance to health problems (Cohen, Gottlieb, & Underwood, 2000). Social support processes are strongly linked to mental and physical health (House, Landis, & Umberson, 1988).

Measures of received social support are designed to assess the specific supportive behaviors provided to recipients by their support networks. Perceived social support measures recipients' perceptions concerning the general availability of support or global satisfaction with support provided (Sarason, Sarason, & Pierce, 1990). Because received support measures instruct raters to recall specific examples of behavior rather than general impressions, they are thought to reflect actual support provided by the environment more accurately than other types of support measures (Barrera, 1986).

By contrast, perceived support measures may be subject to individual differences in perceptual, judgment, and memory processes that may result in an idiosyncratic perception of supportive events (Lakey & Drew, 1997) or maybe influenced by judgments regarding the relationship contexts in which the supportive events occur (Sarason, Sarason, & Pierce, 1995). Perceived social support has consistently been linked both concurrently and prospectively to positive mental and physical health outcomes (for recent reviews, see Broadhead et al., 1983; S. Cohen & McKay, 1984; Thoits, 1982; Wallston, Alagna, DeVellis, & DeVellis, 1983; Wortman, 1984). However, not much is known about the determinants of the perception that one is receiving adequate social support (Gottlieb, 1981; Mitchell & Trickett, 1980; Wellman, 1981).

Weiss has described six different social functions or provisions obtained from relationships with others. He contends that all six provisions are needed for individuals to feel adequately supported and to avoid loneliness. However, different conditions may be most crucial at different life cycle stages. Each of the provisions is most often obtained from a particular relationship, but multiple provisions may be obtained from the same person.

The six relational provisions described by Weiss are (a) attachment, a sense of emotional closeness and security, usually provided by a spouse or lover; (b) social integration, a sense of belonging to a group of people who share common interests and recreational activities, usually obtained from friends; (c) reassurance of worth, acknowledgment of one's competence and skill, usually obtained from co-workers; (d) reliable alliance, the assurance that one can count on others for assistance under any circumstances, usually obtained from family members; (e) guidance, advice, and information, usually obtained from teachers, mentors, or parent figures; and (f) opportunity for nurturance, a sense of responsibility for the well-being of another, usually obtained from one's children.

Furthermore, perceived social support refers to people's subjective perception or experience that they will receive support from their social networks when they are in need (House, Landis, & Umberson, 1988). Perceived social support has been shown to modulate the personality–depression relationship in both theory and practise (Finch & Graziano, 2001). That is, personality features may have an impact on how much social support is perceived, which is associated to depression.

## 1.4 Depression

Depression occurs clinically in various situations and a variety of individuals. However, despite superficial heterogeneity, a limited number of basic underlying patterns emerge from the myriad instances of depression encountered in clinical practice. The first predisposition to depression is based on a “dominant other” type of ideology and relationship. In individuals belonging to this group, an esteemed other is relied on to bestow meaning, allow gratification, and maintain self-esteem. They do not experience satisfaction directly from the effort but only through an intermediary who gives or withholds rewards. They have formed an imagined agreement with the important other that may be called a “bargain relationship.” The individual forgoes the independent derivation of gratification in return for the continued nurturance and support of the esteemed other.

The second form of depressive personality organization may be called the “dominant goal” type. These individuals invest their self-esteem to achieve some lofty goal and shun any other activities that possibly divert them from this quest.

The third type of depression occurs that cannot be recognized as episodic or recurrent but is a form of chronic character structure or personality. In patients with this disorder, depression appears to be a constant mode of feeling lurking in the background during everyday life. Individuals with this type of depression inhibit any form of gratification because of firmly held taboos instilled by their families and culture.

Depression is related to sadness but also implies a deviation from the normal way of experiencing sadness. It has become a significant public health issue all over the world. Personality factors can influence the onset or maintenance of depression, according to the personality and depression model (Klein, Kotov, & Bufferd, 2011). Narcissism is an important personality trait to consider because maladaptive narcissists have a hard time maintaining mental health (Konrath & Bonadonna, 2014).

## CHAPTER 2

### REVIEW OF LITERATURE

#### 2.1 Narcissism and Perceived Social Support

Social support plays a significant role in human life in areas such as physical health (Cohen et al., 2000), mental health (Barker et al., 2012), quality of life (Helgeson, 2003), and well-being (Turner, 1981). Grandiose narcissism and non-pathological narcissism can be particularly tied to perceived social support. These forms of narcissism include displays of superiority and beliefs in one's ability to attract and influence others.

People characterized by higher agentic narcissism (i.e., narcissistic admiration) are charming, attractive, and self-confident. Higher levels of antagonistic narcissism (i.e., narcissistic rivalry) are connected with the devaluation of others, aggressiveness, and hostility (Back et al., 2013). On the other hand, communal narcissism is associated with warmth and helpfulness (Gebauer et al., 2012). As narcissists are more self-centered than other people and feel entitled to more, with the constant need to be admired (Campbell & Foster, 2002), they may underestimate what they get from others (Back et al., 2013; Wurst et al., 2017), including social support.

Agentic narcissism is connected to extraversion (Back et al., 2013; Rogoza et al., 2016) and making a good first impression (Leckelt et al., 2015). Those narcissists care about being better than others, not by putting others down but by getting better (Lange et al., 2016). Antagonistic narcissism is connected to low agreeableness (Rogoza et al., 2018) and low emotional stability (Rogoza et al., 2016), the traits that are determinants of stable social functioning and cooperativeness (Goldberg, 1999).

Antagonistic narcissists perceive others as a threat (Lange et al., 2016) and distrust them (Kwiatkowska et al., 2019). They also function worse in relationships with other people (Back et al., 2013; Wurst et al., 2017), so they experience more loneliness (Rogoza et al., 2018). As communal narcissists build their self-worth around socially desirable traits (Gebauer et al., 2012), they like people more, and in return, people like them more (Rentzsch & Gebauer, 2019).

Narcissism admiration often leads to positive interpersonal interactions, which can help people acquire social resources and expand their social networks (Back et al., 2013). As a result, people who have a high level of narcissistic admiration may sense more social support in

pleasant relationships. Narcissistic rivalry, on the other hand, anticipates greater rejection from others and has more dysfunctional interpersonal interactions while using the hostile self-protection approach (Grove, Smith, Girard, & Wright, 2019). As a result, people with high levels of narcissistic rivalry experienced less social support. Furthermore, one study found that narcissistic admiration is associated with higher levels of perceived social support, but narcissistic rivalry is associated with lower levels of perceived social support (Grove et al., 2019).

Fukushima and Hosoe indicate that the more narcissistic traits an individual has, the more actively involved that individual will be to achieve greater positive self-view from others to accomplish early success; although due to belittling the tendencies of others, the individuals will have lower social support.

## **2.2 Narcissism and Depression**

Since its inception as a clinical construct, narcissism has been conceptually associated with depression. Psychodynamic approaches have linked depression with narcissistic identification and self-reproach (Freud, 1917), compensatory grandiosity (Miller, 1979), and emptiness and shame (Kohut and Wolf, 1978). In a review of this literature, Anastasopoulos (2007) describes narcissistic pathology as an element in the susceptibility to depression.

Despite abundant literature, empirical knowledge of pathological narcissism is limited due to a frequent reliance on non-clinical samples and shortcomings in measuring broad narcissistic psychopathology (Pincus et al., 2009).

Various studies have identified a link between pathological narcissistic traits and depressive symptoms (Chabrol et al., 2010) and between pathological narcissism and contingent self-views, considered a risk factor for depression (Fetterman and Robinson, 2010).

Coming into contact with reality without the sense of parental support, the adolescent suffers a narcissistic injury, experiencing weakness because stripped of fantasies of dictatorship. Under certain conditions of internal or external pressure, it is often challenging for adolescents to construct a self-image while under pressure from the mental pain of disharmony between the real and the ideal self.

Adolescents are more prone to depressive symptoms precisely because of their narcissistic vulnerability. Although the incidence of major depressive disorder is no higher amongst adolescents than adults, depression in adolescence is associated with higher rates of suicide and severe psychosocial deficits. It also dramatically increases the probability of depression or substance abuse during young adulthood (Levinsohn and Clarke, 1999).

Non-pathological narcissism also includes exploitativeness and a sense of entitlement, vanity, self-promotion, a tendency to view oneself as superior to others, and self-proclaimed leadership skills (Barry, Frick, & Killian, 2003; Roche et al., 2013). It has been positively associated with self-esteem and inversely related to symptoms of depression and anxiety in children and adolescents (; Barry & Kauten, 2013) and is viewed as an exaggerated variant of typical self-perception that takes on a relatively grandiose form (Miller & Campbell, 2011).

Narcissistic individuals are very vulnerable to depression because their self-worth depends on constant external affirmation. Their realistic self is often neglected in favor of an image they feel they have to defend and because they think intense envy towards those who have what they desire and cannot achieve.

Narcissism scales have also been conceptualized in defensive self-esteem (Raskin, Novacek, & Hogan, 1991). Associations of these measures with an unjust and hostile grandiosity suggested that “aggression, grandiosity, dominance, entitlement, and exploitativeness are among behaviors that narcissists use to protect themselves from self-doubt and depression.”

Many theorists and clinical researchers have documented associations between narcissism and depression. According to Milrod (1988), depression results from narcissistic injuries resulting from discrepancies between self-representation and the desired self-image. Thus, at times, pathological narcissism may successfully distort and inflate the person’s self-view to ward off feelings such as shame and depression (Morf, Horvath, & Torchetti, 2011; Raskin, Novacek, & Hogan, 1991).

In a review of literature, Anastasopoulos (2007) describes narcissistic pathology as an element in the susceptibility to depression. In their study, Miller et al. (2017) showed that grandiose narcissism is negatively related to self-reports of depression and anxiety.

In a non-clinical sample, Tritt et al. (2010) found an association between narcissistic vulnerability and depressive temperament, the non-acute trait expression of major depression.

### **2.3 Resilience and Perceived Social Support**

Social support, including social networks, is a particularly salient factor known to promote resilience (Bonanno & Mancini, 2008; Mancini & Bonanno, 2009). In particular, the size of a person's social network has been linked with higher levels of resilience among individuals exposed to trauma. Specifically, more extensive social networks are associated with increased resilience (Mancini & Bonanno, 2009). Jose and Novaco (2016) found that resilience was significantly associated with decreased depression and anxiety among victims of IPV after controlling for social support, including the size of social networks.

Some research proved social support's positive effect on resilience (Wilks and Croom, 2008, Wilks and Spivey, 2010). Indeed, as a personality trait, resilience would also positively affect seeking social support as a part of the coping process (DeLongis and Holtzman, 2005).

Two conceptual models of resilience postulate that caregivers who have low resilience would experience a high burden even in inadequate care demand from a care recipient. On the contrary, caregivers with high resilience would experience a low burden even when they experience high care demand.

Social support and resilience protect individuals against threats to their mental and physical health by reducing or balancing the adverse effects of stressful events that they experience in life (Sun et al., 2017; Woodhead, Northrop, & Edelstein, 2016).

A qualitative study showed that social support has a significant positive impact on individual resilience and those supportive intervention strategies are considered critical for improving the individual resilience of patients and their spouses (Gooding et al., 2017).

Savi-Cakar and Karatas (2011) found that the social support perceived by adolescents predicts their level of resilience significantly. There is a positive relationship between the resilience level of adolescents and the social support they receive from their family, friends, and teachers, and resilience levels differ based on gender, so girls have a higher level of resilience compared to boys.

## 2.4 Resilience and Depression

The higher psychological resilience individuals have, the better they cope with adversity and other adverse life events, and the fewer mental health problems (Ai and Hu, 2014; Pietrzak and Cook, 2013). Findings from a previous study suggested that psychological resilience was a promising candidate for interventions designed to reduce distress in populations facing chronic stressors (Yi-Frazier et al., 2013). Oppositely, low psychological resilience has been linked with depression (Terrill et al., 2014), and the relationship has been studied both biologically and psychologically (Southwick et al., 2005).

Humphreys (2003) suggests that higher resilience scores were significantly associated with lower levels of distress symptoms (i.e., depression, anxiety, repeated thoughts, impulses) in a sample of women residing in a battered women's shelter.

Depression is a common mental disorder and has been predicted to be the number one cause of disability in developed and developing worlds by 2030 (World Health Organisation 2008). Several studies found that greater resilience is associated with substantially fewer negative life outcomes such as depression (Smith et al. 2008; Wagnild and Young, 1993). For instance, Wu (2011) reported that resilience and a hope state mediated the effect of post-traumatic stress disorder and depression in 175 family members of victims of man-made trauma.

Similarly, in a longitudinal study focusing on the relationship between affect, resilience, and life satisfaction, Cohn et al. (2009) found that positive emotions were associated with more resilience and that resilience fully mediated the relationship between positive emotions and life satisfaction. However, in the above study, negative emotions were only weakly related to lower resilience and life satisfaction. This finding indicated that the longitudinal predictive relationships between positive affect, resilience, and life satisfaction follow a different pattern than the relationships between negative affect, resilience, and life satisfaction (Cohn et al. 2009). Such differential patterns may also exist for the relationships between positive and negative affect as well as resilience as predictors of depression.

Aroian and Norris (2000) reported on the relationships among resilience, demographic characteristics, immigration demands, and depression in a sample of 450 adult immigrants. The study did not support the relationship between resilience and psychological outcomes; that is, no support was found for resilience modifying or mediating the relationship between the

demands of immigration and depression. However, the investigators did find that resilience increased the odds of not being depressed by about twofold.

## CHAPTER 3

### THEORETICAL FRAMEWORK

#### 3.1 A New Two-Dimensional Conceptualization and Process Model of Narcissism: The Narcissistic Admiration and Rivalry Concept (NARC)

The NARC borrows from some important predecessors, particularly the dynamic self-regulatory processing model (Morf & Rhodewalt, 2001; Morf et al., 2011) and the extended agency model, and the contextual reinforcement model (Campbell & Campbell, 2009). Narcissists are motivated to create and maintain not just a positive but a grandiose self (Horvath & Morf, 2010; Sedikides, Campbell, Reeder, Elliot, & Gregg, 2002), and this overarching goal is also at the motivational core of the NARC. According to the NARC, this goal can be pursued by two social strategies that can be seen as narcissistic variants of the universal motives of self-enhancement and self-protection (Alicke & Sedikides, 2011; Higgins, 1998): narcissistic self-promotion and self-defense. These tactics result in two behavioural dynamics (narcissistic admiration and rivalry), each with its own set of affective-motivational, cognitive, and behavioural states, as well as social consequences. Ego boosts and ego threats, respectively, reinforce the social strategies.

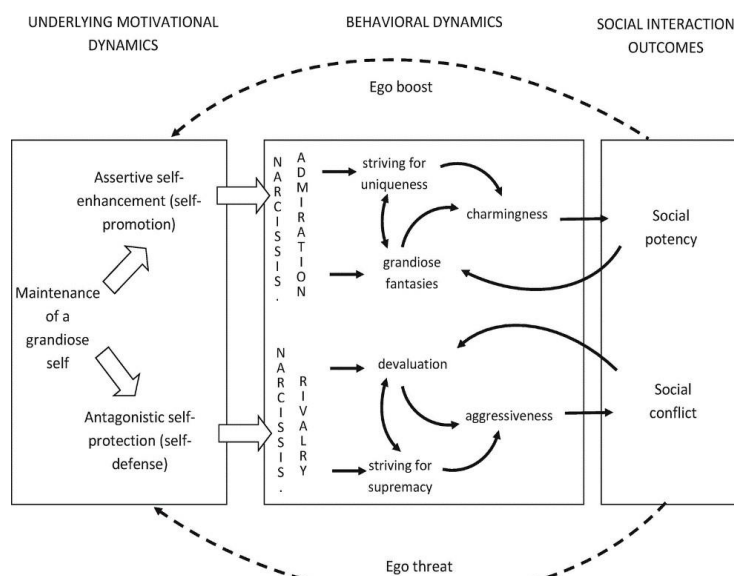
According to a proposed process model of narcissism, admiration and rivalry are two characteristics of narcissism that are positively correlated yet separate. The concept of narcissistic admiration and rivalry is based on the idea that the narcissist's overarching goal of maintaining a grandiose self can be achieved through two social strategies: the tendency to approach social admiration through self-promotion (assertive self-enhancement) and the tendency to avoid social failure through self-defense (antagonistic self-protection). Admiration and rivalry are two techniques that are thought to activate different affective-motivational, cognitive, and behavioural pathways. According to the NARC, people differ greatly in their general predisposition to inhabit and sustain an overall grandiose self, as well as the ease and strength with which they do so through activating narcissistic self-enhancement and self-protection,

The NARC claims that narcissistic self-protection causes not just passive intrapersonal reactions like devaluation of others, but also aggressive social reactions like retaliation. These aggressive behaviours in response to actual or perceived failures and ego threats can be very

active reactions, and as a result, they may be perceived as insulting by others (particularly in the absence of any objective social threat).

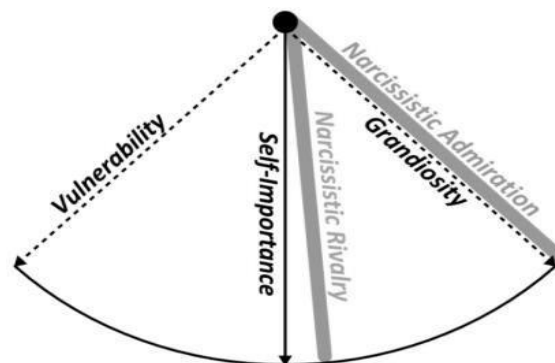
It is believed that assertive self-enhancement activates a set of behavioural dynamics known as narcissistic admiration. It is made up of three interconnected narcissistic domains: striving for uniqueness (affective-motivational), grandiose fantasies (cognitive), and charmingness (behavioral). The activation of narcissistic self-enhancement leads to a positive pursuit of one's uniqueness and grandiose thoughts. Both intrapersonal systems cause self-assured, dominant, and expressive actions (charmingness), which lead to desirable social outcomes including social status, success, recognition, being picked as a leader, extracting social resources, attractiveness, and inspiring social interest (social potency).

A separate set of behavioural dynamics known as narcissistic rivalry is hypothesised to be activated by antagonistic self-protection. Striving for supremacy (affective motivating), devaluing others (cognitive), and aggressiveness (behavioral) are all part of this dimension. When narcissistic self-protection is activated, it leads to a need to restore and maintain one's superior standing, especially when compared to imagined social rivals. Also prominent are narcissists' insensitive and demeaning ideas about others. This state of mind leads to irritable, hostile, and socially cold behaviours (aggressiveness), which have a variety of negative social consequences, including rejection, relational violations, unpopularity, criticism, and a lack of trust from others (social conflict; Brandts, Riedl, & Van Winden, 2009).



### 3.2 Narcissism Spectrum Model

Although grandiose and vulnerable narcissism is uncorrelated in empirical research, there is some evidence that the rivalry captures a modest amount of vulnerability (Miller et al., 2014), which can be explained within the framework of the Narcissism Spectrum Model (NSM; Krizan and Herlache, 2017). The NSM defines the model of narcissism as a three-dimensional construct, with the central part expressing self-importance and entitlement as the main trait of narcissism. Grandiosity and vulnerability, two other characteristics of narcissism, deviate from egotism in different directions at an angle of (nearly) 90 degrees, making them (almost) perpendicular (and hence - uncorrelated). As the angle of the self-importance dimension approaches 45 degrees, it should be relatively positively connected to both the vulnerability and grandiosity dimensions. Simultaneously, the wider the angle, the stronger but more negative the relationship becomes, i.e., their relationship may be negative as the spectrum expands beyond the dimensions of vulnerability and grandiosity. Due to the rationale of the spectrum model (Krizan and Herlache, 2017), rivalry should be related to the vulnerability and grandiosity dimensions at the same time because it captures such characteristics of the self-importance dimension as superiority, devaluation, and aggressiveness (Back et al., 2013).



## **CHAPTER 4**

### **RESEARCH GAP, MOTIVATION FOR THE STUDY, OBJECTIVES, CONCEPTUAL FRAMEWORK, AND HYPOTHESES**

#### **4.1 Research Gaps**

From the literature review, it was found that most of the studies have been done in the context of grandiose and vulnerable narcissism. Also, the research done on gender differences in these areas is quite very few. The present study focuses on understanding how narcissistic admiration and rivalry, and resilience affect depression and perceived social support. Further, the study also analyzed gender differences.

#### **4.2 Motivation of the Study**

Narcissism is increasingly conceptualized as a heterogeneous construct, with two dimensions of narcissistic dysfunction: Grandiose Narcissism and Vulnerable Narcissism (Miller & Campbell, 2008; Pincus & Lukowitsky, 2010). Also, narcissistic individuals are very vulnerable to depression because their self-worth depends on constant external affirmation and internal resilience. For that reason, the current study will focus on narcissism and resilience and examine how it is related to perceived social support and depression.

#### **4.3 Objectives**

The objectives of the current research are:

- 1) To study the relationship between narcissism, resilience, perceived social support, and depression.
- 2) To study the gender differences in narcissism, resilience, perceived social support, and depression.

#### **4.4 Hypotheses**

**H<sub>1</sub>:** Narcissistic admiration will be positively correlated with perceived social support

**H<sub>2</sub>:** Narcissistic rivalry will be negatively correlated with perceived social support

**H<sub>3</sub>:** Narcissistic admiration will be negatively related to depression

**H<sub>4</sub>:** Narcissistic rivalry will be positively related to depression

**H<sub>5</sub>:** Resilience will be positively correlated with perceived social support

**H<sub>6</sub>:** Resilience will be negatively correlated with depression

**H<sub>7</sub>:** Males will have high narcissistic traits than females

**H<sub>8</sub>:** Females will be more resilient as compared to males

**H<sub>9</sub>:** Females will perceive more social support than males

**H<sub>10</sub>:** Females will be more depressed as compared to males

## CHAPTER 5

### METHODOLOGY

#### 5.1 Sample

In this study, the total numbers of participants taken are 158 subjects comprising 90 females and 68 males. The age range of the participants is 18-40 years. The method of sampling used in this study was convenient.

#### 5.2 Design

A correlational design was used in this study. Narcissism and resilience are the predictor variables. Depression and perceived social support are the criterion variables for the present study.

#### 5.3 Measures:

**Narcissistic Admiration and Rivalry Questionnaire (NARQ)**- The full version of the NARQ is an 18-item scale that differentiates between agentic (admiration) and antagonistic (rivalry) aspects of grandiose narcissism. Each dimension features three subscales, each with three items, with content covering the effective–motivational, cognitive, and behavioural processes of narcissists. Items are answered on a 6-point scale ranging from 1 (not agree at all) to 6 (agree completely).

**Connor–Davidson Resilience Scale**- The Connor– Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) measures the ability to cope with adversity. The CD-RISC contains 25 items, all of which carry a 5-point range of responses as follows: not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all of the time (4). The scale is rated based on how the subject has felt over the past month. The total score ranges from 0–100, with higher scores reflecting greater resilience. Cronbach’s alpha for the total scale was 0.89

**Multidimensional Scale of Perceived Social Support (MSPSS)**- The MSPSS is a 12-item scale that measures the perceived adequacy of social support from three domains: family, friends, and significant others (Zimet et al., 1990). It has a three-factor structure. Participants

are asked to indicate their agreement with items on a seven-point Likert scale, ranging from very strongly disagree to very strongly agree to yield a score range from 12 to 84. Scores from 12–48 indicate low social support, scores from 49–68 indicate moderate social support, and scores from 69–84 indicate high social support. The Cronbach's alpha coefficient and the intra-class correlation coefficient (ICC) for this tool were 0.89 and 0.92, respectively.

**Beck Depression Inventory-** Depression was measured with the self-rated, psychometrically validated, 21-item Beck Depression Inventory (BDI). Items were rated on a Likert scale of 0–3; total score ranges from 0 to 63, with higher scores reflecting higher levels of depression. The following score ranges suggest levels of depression severity:  $BDI \leq 9$  reflects no depression,  $9 < BDI \leq 18$  mild depression, and  $BDI \geq 19$  moderate to severe depression. The internal reliability of the scale is 0.86.

#### **5.4 Procedure**

This study was carried out on 158 subjects (90 females and 68 males) of the 18-40 age range. This research aimed to study how narcissistic admiration, rivalry, and resilience affect depression and perceived social support. Further, the gender differences were also analyzed. The study comprises four questionnaires; Narcissistic Admiration and Rivalry Questionnaire (NARQ), Connor–Davidson Resilience Scale, Multidimensional Scale of Perceived Social Support (MSPSS), and Beck Depression Inventory which consisted of 76 items designed to study the subjects' narcissistic traits, resilience, perceived social support and depressive symptoms. The consent was obtained from the participants. Then the study's objectives were explained, and informed confidentiality and anonymity were assured. Afterward, the subjects were asked to fill out the questionnaire via Google forms. The average time taken to complete the questionnaire was 10-15 minutes. Scoring was done after collecting the data, and correlational analysis was used to measure the results.

#### **5.5 Statistical Analyses**

The data was analyzed using Statistical Package for Social Sciences (SPSS 21.0), where descriptive statistics (mean and standard deviation), t-test, correlation, and regression were used.

## CHAPTER 6

### RESULTS

The data was analyzed using descriptive statistics, correlation to analyze the relationship among narcissism, resilience, perceived social support and depression; regression analysis to predict the variation and t-test for gender differences.

**Table 1. Descriptive Statistics**

	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>
<b>Narcissism</b>	158	55.37	11.789
<b>Resilience</b>	158	67.59	12.965
<b>Perceived Social Support</b>	158	65.01	15.308
<b>Depression</b>	158	9.84	8.231

Table 1 shows the descriptive statistics. The mean and standard deviation of narcissism (N 158) is 55.37 and 11.789, and that of resilience (N 158) is 67.59 and 12.965, respectively. For perceived social support (N 158), the mean and standard deviation were 65.01 and 15.308, respectively. Lastly, the mean for depression (N 158) is 9.84, and the standard deviation is 8.231.

**Table 2. Correlation between narcissistic admiration, narcissistic rivalry, resilience, perceived social support and depression**

	<b>Narcissistic Admiration</b>	<b>Narcissistic Rivalry</b>	<b>Resilience</b>	<b>Perceived Social Support</b>	<b>Depression</b>
<b>Narcissistic Admiration</b>	1				
<b>Narcissistic Rivalry</b>	.006	1			
<b>Resilience</b>	.247**	-.172*	1		
<b>Perceived Social Support</b>	.307**	-.344**	.407**	1	
<b>Depression</b>	.071	.016	-.226**	-.107	1

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

\* . Correlation is significant at the 0.05 level (2-tailed).

As is evident from Table 2, the narcissistic admiration is positively correlated with perceived social support ( $r=.307$ ,  $p<0.01$ ), and the narcissistic rivalry is negatively correlated with perceived social support ( $r=-.344$ ,  $p<0.01$ ). Also, there is a significant positive relationship between resilience and perceived social support ( $r=.407$ ,  $p<0.01$ ) and a significant negative relationship between resilience and depression ( $r=-.226$ ,  $p<0.01$ ).

**Table 3. Predicting Perceived Social Support from resilience, narcissistic admiration and narcissistic rivalry**

Model		Unstandardized Coefficients		Standardized	t	Sig.	Adjusted R Square
		B	Std. Error	Coefficients			
1	(Constant)	32.512	5.942		5.472	.000	.160
	Resilience	.481	.086	.407	5.569	.000	
2	(Constant)	47.065	6.750		6.973	.000	.243
	Resilience	.424	.084	.359	5.058	.000	
	Narcissistic Rivalry	-.552	.138	-.283	-3.986	.000	
3	(Constant)	37.490	7.128		5.260	.000	.295
	Resilience	.353	.084	.299	4.208	.000	
	Narcissistic Rivalry	-.575	.134	-.294	-4.281	.000	
	Narcissistic Admiration	.411	.122	.235	3.367	.001	

a. Dependent Variable: Perceived Social Support

Table 3 shows the regression analyses, where perceived social support is the dependent variable.

Resilience is found to have the highest contribution in perceived social support. With every unit increase in resilience, perceived social support increased by 0.481 units. The adjusted R square value indicates that resilience explains a 16.0% variation in perceived social support.

Further, 24.3% variance in perceived social support is explained by resilience along with narcissistic rivalry. Additionally, it indicates that 1 unit increment in narcissistic rivalry decreases perceived social support by 0.552 units.

Lastly, with every unit increase in narcissistic admiration, rivalry and resilience, perceived social support increased by 0.411 units. The adjusted R square value indicates that narcissistic admiration explains a 29.5% variation in perceived social support.

**Table 4. Predicting depression from resilience**

Model	Unstandardized Coefficients		Standardized	t	Sig.	Adjusted R Square
	B	Std. Error	Coefficients Beta			
1	(Constant)	19.560	3.407	5.741	.000	.051
	Resilience	-.144	.050	-.226	-2.904	.004

a. Dependent Variable: Depression

Table 4 shows the regression analyses where depression is the dependent variable. Resilience came out to be the highest contributor to depression.

With every unit increase in resilience, depressive symptoms decrease by 0.144 units. The adjusted R square value indicates that resilience explains a 5.1% variation in depressive symptoms. It also suggests that the depression is only affected by resilience and not by narcissistic admiration and rivalry.

**Table 5. Group statistics and t-test for narcissism, resilience, perceived social support and depression**

	Gender	N	Mean	Std. Deviation	t-value
<b>Narcissism</b>	Female	90	55.17	11.535	.253
	Male	68	55.65	12.198	
<b>Resilience</b>	Female	90	68.04	12.583	.500
	Male	68	67.00	13.525	
<b>Perceived Social Support</b>	Female	90	65.61	15.274	.564
	Male	68	64.22	15.430	
<b>Depression</b>	Female	90	9.88	7.965	.063
	Male	68	9.79	8.631	

Independent Variable: Narcissism, Resilience

Dependent Variables: Perceived Social Support, Depression

The table above shows the group statistics of narcissism, resilience, perceived social support, and depression among female and male individuals. Males showed slightly more narcissistic traits (Mean=55.65, SD=12.198) when compared to females (Mean=55.17, SD=11.535). The level of resilience was more in females (Mean=68.04, SD=12.583) than in males (Mean=67.00, SD=13.525). Furthermore, females perceived more social support (Mean=65.61, SD=15.274) as compared to males (Mean=64.22, SD=15.430). Lastly, the depressive symptoms were a bit more in females (Mean=9.88, SD=7.965) than in males (Mean=9.79, SD=8.631).

## CHAPTER 7

### DISCUSSION

The major focus of the present research was to study the association between narcissistic admiration and rivalry and resilience with depression and perceived social support. Further, the gender differences were also analyzed.

The first hypothesis proposed was, “Narcissistic admiration will be positively correlated with perceived social support,” was accepted. Individuals with narcissistic admiration trait perceived more social support. Our results are in line with a meta-analysis that confirmed that narcissistic admiration was positively linked to perceived social support (Fang et al., 2021). People with a high level of narcissistic admiration have a lot of social potency, which allows them to have a lot of social resources. When they require assistance, their extensive social networks may cause them to perceive more social support (Rueger et al., 2016).

Secondly, it was hypothesized that “Narcissistic rivalry will be negatively correlated with perceived social support” was accepted. Individuals with high narcissistic rivalry trait perceived less social support. Congruent with the hypothesis, the study by Weronika Gąsiorowska et al. (2021) confirms narcissists characterized by higher levels of antagonistic narcissism reported more increased loneliness and lower social support, and reduce social support mediated the link between antagonistic narcissism and loneliness. Individuals with high levels of narcissistic rivalry are more likely to have poor interpersonal connections (Back et al., 2013; Wurst et al., 2017) and consequently perceive less social support.

Then, the third hypothesis proposed was, “Narcissistic admiration will be negatively related to depression,” was rejected. The subjects with high narcissistic admiration trait had more depressive symptoms. Individuals who have narcissistic admiration may be satisfied in their lives, and satisfaction is associated to fewer depressive symptoms (Moksnes et al., 2016; Wang & Peng, 2017). Some studies show depression is negatively related or unrelated to narcissism, typically when assessment is limited to relatively adaptive grandiose themes and traits (Watson, Sawrie, Greene, & Arredondo, 2002; Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004).

The fourth hypothesis stated, “Narcissistic rivalry will be positively related to depression,” was rejected. The subjects with high narcissistic rivalry trait had more depressive symptoms, but the value was not significant. Narcissistic rivalry is a risk factor for depression and has been

linked to negative mental health outcomes. When narcissistic rivalry fails to satisfy expected expectations, self-protection techniques work. Negative emotion and despair result from the gap between ideal and reality (Helfrich & Dietl, 2019). However, studies assessing pathological narcissism (e.g., Kealy et al., 2012; Morf et al., 2016; Thomas et al., 2012) or NPD find a positive association with depression and demonstrate common comorbidity between depressive disorders and NPD.

Next, it was hypothesized that “Resilience will be positively correlated with perceived social support” was accepted. Resilient individuals perceived more social support. In particular, the size of a person’s social network has been linked with higher levels of resilience among individuals exposed to trauma. Specifically, more extensive social networks are associated with increased resilience (Mancini & Bonanno, 2009).

After that, the sixth hypothesis stated, “Resilience will be negatively correlated with depression,” was accepted. Resilient individuals showed fewer depressive symptoms. Previous literature supportive of this idea includes a study that found that resilience factors may ameliorate depressive symptoms in patients with major depressive disorder (Seok et al., 2012) and a longitudinal survey that found that high resilience might contribute to better treatment response in depressed patients (Min et al., 2012). Besides, the finding also corresponds well with those of previous studies, which suggested the protective effects of resilience on depression in general populations (Skrove et al., 2013; Wingo et al., 2010). A study by Fedina et al., 2017 suggests an attenuating effect of resilience on associated depression, psychological distress, and suicidal ideation among women in the study’s general population sample.

The seventh hypothesis purposed was, “Males will have high narcissistic traits than females,” which was rejected. The male subjects had more narcissistic traits as compared to females but the value was not significant. Empirical research generally suggests the opposite pattern of results, with men displaying higher narcissism than women (Watson, Taylor, & Morris, 1987). At the same time, other studies have found that the narcissism gender difference is near zero (Furnham, 2006). A study by Grijalva et al. (2015) found that men have higher levels of narcissism than women. Further, they found that all three facets of grandiose narcissism exhibited statistically significant gender differences favoring men as measured by the NPI.

Further, it was hypothesized that “Females will be more resilient as compared to males” was rejected. Female subjects were more resilient than males but the values were insignificant. Netuveli et al. (2008) found greater resilience among women and claimed that the higher

longevity among women despite greater adversity could also indicate greater resilience in older women. Similarly, Yang, Wang, Zhang, Zeng, and Ma (2014) found that women are more resilient than men. The researchers rationalized that the tendency of women to be good at communication skills could be a reason that makes them better at emancipating their negative thoughts and emotions, which subsequently helps them in positive cognitive reappraisal and thus, enhances their resilience.

Likewise, the ninth hypothesis stated, “Females will perceive more social support than males,” was also rejected. Females perceived more social support as compared to males but the value was not significant. The finding of this study is similar to the study done in Malaysia by Tam et al., who reported that females perceived significantly higher social support than males. According to Alcántara et al. 2015; Araújo and Borrell 2006, female emerging adults seek more social support and may be affected by stress to a lesser extent than males. Some researchers pointed out that women had a larger social network than men (Caetano et al., 2013).

The last hypothesis of the study was, that “Females will be more depressed as compared to males,” was rejected too. Females are more likely to be depressed as compared to males (Hankin et al., 2007; Piccinelli and Wilkinson, 2000). This gender difference could be explained by the stress reactivity model, which attributes this difference to the gender differences in reactivity under stress (Hankin et al., 2007).

## CHAPTER 8

# CONCLUSION, IMPLICATIONS, SCOPE FOR FUTURE USE, AND LIMITATIONS

### 8.1 Conclusion

Narcissism and resilience have a tremendous psychological impact on individuals. The present research aimed to study the association between narcissistic admiration and rivalry and resilience with depression and perceived social support. Further, the gender differences were also analyzed. The findings of this study indicate that narcissistic admiration is positively correlated with perceived social support. Also, there is a significant negative relationship between narcissistic rivalry and perceived social support. Further, resilience is positively correlated with depression and negatively with perceived social support. Lastly, the gender differences were not significant.

### 8.2 Implications

The results of this study could assist in identifying those individuals with an elevated risk of depression. The findings also highlight the importance of resilience in coping with depressive symptoms. Individuals should build a social support system for dealing with uncertainties. Particular attention should be paid to maintaining social connections and increasing perceived social support during the pandemic. Theoretically, this study adds new evidence and extends social interactions to mental health outcomes for the NARC model. The results reaffirm that narcissistic admiration and rivalry have divergent relationships with perceived social support and depression.

### 8.3 Scope for future use

To our knowledge, this study is the first prospective study to assess the association between narcissistic admiration and rivalry with depression and perceived social support. It is hoped that the contribution of the study, in combination with prior and future studies like it, will promote a more thorough understanding of narcissistic personality and how it operates within the relational domain. This research expands knowledge about the social functioning of

narcissists and will explain how it is related to perceived social support and depression. Future research should consider comparing variables other than these. Future studies may recruit samples from clinical settings. We also suggest future studies looking into other mediating factors between resilience and depression while also identifying any other potential moderators that can change how they are related.

#### **8.4 Limitations**

Every research has its limitations due to time, financial, and some other factors. The heavy reliance on technology for the purpose of the study is bound to incur flaws. This research also suffers from some limitations. The sample size is not large enough to promise generalizability to the Indian population. Data was collected by online mode, which is not so reliable. The reliance on self-report itself has limitations, such that it may be prone to misinterpretation. The sample only consisted of individuals from a particular region with a restricted age range, limiting the present study to generalize its results to society. We assessed depressive symptoms by self-report measures but did not make formal diagnoses since this study did not involve a clinical interview.

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## APPENDIX A

### Consent Form

Psychology Department Informed Consent Statement

Study Title: Relationship of Narcissism and Resilience with Perceived Social Support and Depression

Experimenters:

Tanya Chopra- tanya8299chopra@gmail.com

In order to participate in this research study, it is necessary that you give your informed consent.

By signing this statement, you are indicating that you understand the nature of the research study and your role in that research and that you agree to participate in the research. Please consider the following points before signing:

I understand that I am participating in psychological research;

I understand that I will engage in filling up of two questionnaires;

I understand that my identity will not be linked with my data, and that all information I provide will remain confidential;

I understand that my participation in this research project is voluntary, that my refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled, and that I may discontinue participation at any time without penalty.

I understand that I will be provided with an explanation of the research in which participated and be given the name and contact information of an individual to contact if I have questions about the research. In addition, I understand that I may contact the Psychology Department, TIET, Patiala, at [santha@thapar.edu](mailto:santha@thapar.edu), if I have questions concerning my rights as a participant in psychological research or to report a research-related injury.

I understand that certain facts about the study might be withheld from me, and the researchers might not, initially, tell me the true orful purpose of the study. However, the complete facts and true purpose of the study will be disclosed to me at the completion of the study session.

By signing this form, I am stating that I am 18 years of age or older, that I understand the above

information, and that I consent to participate in this study being conducted at Thapar Institute of Engineering and Technology.

Participant's Full Name:

\_\_\_\_\_

Contact no.: \_\_\_\_\_

Email- id \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX B**

### **Questionnaire 1- Narcissistic Admiration and Rivalry Questionnaire (NARQ)**

1. I am great.
2. I will someday be famous.
3. I show others how special I am.
4. I react annoyed if another person steals the show from me.
5. I enjoy my successes very much.
6. I secretly take pleasure in the failure of my rivals.
7. Most of the time I am able to draw people's attention to myself in conversations.
8. I deserve to be seen as a great personality.
9. I want my rivals to fail.
10. I enjoy it when another person is inferior to me.
11. I often get annoyed when I am criticized.
12. I can barely stand it if another person is at the center of events.
13. Most people won't achieve anything.
14. Other people are worth nothing.
15. Being a very special person gives me a lot of strength.
16. I manage to be the center of attention with my outstanding contributions.
17. Most people are somehow losers.
18. Mostly, I am very adept at dealing with other people.

### **Questionnaire 2- Connor– Davidson Resilience Scale**

1. I am able to adapt when changes occur.
2. I have one close and secure relationship.
3. Sometimes fate or God helps me.
4. I can deal with whatever comes my way.
5. Past successes give me confidence.
6. I try to see the humorous side of things when I am faced with problems.
7. Having to cope with stress can make me stronger.
8. I tend to bounce back after illness, injury or other hardships.
9. I believe most things happen for a reason.
10. I make my best effort, no matter what.
11. I believe I can achieve my goals, even if there are obstacles.
12. Even when hopeless, I do not give up.
13. In times of stress, I know where to find help.
14. Under pressure, I stay focused and think clearly.
15. I prefer to take the lead in problem-solving.
16. I am not easily discouraged by failure.
17. I think of myself as a strong person when dealing with life's challenges and difficulties.
18. I make unpopular or difficult decisions.
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.
20. I have to act on a hunch.
21. I have a strong sense of purpose in life.
22. I feel like I am in control.
23. I like challenges.
24. I work to attain goals.
25. I take pride in my achievements.

### **Questionnaire 3- Multidimensional Scale of Perceived Social Support (MSPSS)**

1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.

5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

#### **Questionnaire 4- Beck Depression Inventory**

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 am no more irritated by things than I ever was.  
 1 I am slightly more irritated now than usual.  
 2 I am quite annoyed or irritated a good deal of the time.  
 3 I feel irritated all the time.
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  
 3 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.