



## The Impact of Perfectionism and Self-Esteem on the Mental Health of University Students

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### ABSTRACT

This study explored the complex relationship between perfectionism, self-esteem and mental health of university students. The correlational research design and convenience sampling technique was used in this study. The sample size was (N=300) university students. Consent form and demographic sheet was provided to each participant. The Almost Perfect Scale, Rosenberg Self-Esteem Scale and The Depression, Anxiety and Stress Scale (DASS-21) was used to collect data. Findings helped educational counselors and policy makers to develop strategies that helps the university students to improve their mental health which will increase their productivity academically. SPSS version 29 was used to analyze the data. Statistical analysis such as T-test, Linear Regression and Pearson Correlation was used to explore the relationship between self-esteem, perfectionism and mental health of university students. The correlation analysis shows that higher levels of maladaptive perfectionism are associated with lower levels of depression and anxiety. Further correlation analysis shows that higher levels of psychological distress are associated with higher levels of self-esteem, though the strength of the relationship is weak. T-test analysis shows that the level of perfectionism is significantly higher among female participants ( $M = 35.23$ ,  $SD = 7.62$ ) as compared to male participants ( $M = 30.74$ ,  $SD = 7.46$ ). The regression analysis shows that self-esteem was a significant negative predictor of mental health. Further T test analysis shows that the level of maladaptive perfectionism is slightly higher among urban participants ( $M = 51.03$ ,  $SD = 11.21$ ) as compared to rural participants ( $M = 50.73$ ,  $SD = 11.47$ ). However, an independent t-test showed that this difference was not statistically significant.

### Introduction

The term “perfectionism” has been a topic of ongoing debate and critical examination over the century as researchers seek to clarify its underlying attitudes, beliefs and behaviors. Perfectionism has been a subject of intense analysis and debate among researchers who seek to understand its underlying mindset, values and behaviors. At its core, perfectionism is marked by unrealistically high expectations and a low tolerance for faults and a propensity to be overly criticize oneself. This personality trait is determined by integrity, superiority, setting exceptionally high standards and a hypercritical evaluation of one’s actions. In general, perfectionism is defined in the context of unreasonably high standards, minimal tolerance for error, and self-critical evaluation leading to distress and diminished self-worth when unattainable goals are not met. Perfectionism is a personality trait that is marked by the quest of flawlessness, establishing high-performance standards, and the tendencies to hypercritically evaluate one’s behavior. Perfectionism depicts a complex personality characteristic that is defined by creating an unduly high standards for both oneself and for others, which is often coupled with hard self-assessment and nervousness about the judgments of others (Nazari, 2022).

Perfectionism is a sturdy personality trait that is intimately linked to mental health and well-being (Broman-Fulks et al., 2008). In simple words, perfectionism is defined as the establishment of high standards followed by overly critical self-evaluation in the pursuit of achieving those standards. The construct of perfectionism is defined as the pursuit of perfection, heightened self-condemnation, and timidity and it is strongly interrelated with the success and achievement (Besharat & Shahidi, 2010). Perfectionism involves the blend of thoughts, feelings, motivation and behaviors that interact with each other (Flett & Hewitt, 2007).

Initially, perfectionism was viewed as a one-dimensional trait. However, in the 1990s, researchers began to see perfectionism as a complex and multifaceted concept. Perfectionism is considered to be a multidimensional personality construct that has various definitions throughout the literature. Hewitt and Flett are the two prominent researchers who have studied perfectionism variable for decades and described three proportions of perfectionism, which comprise self-oriented perfectionism (characterized by critical self-evaluation and unrealistic self-imposed personal standards), other-oriented perfectionism (demanding the expectation that others meet unattainable standards, along with a tendency for dominance and authoritarian traits), and socially prescribed perfectionism (manifesting as the need to fulfill standards and objectives set forth by others). Frost described the six dimensions of perfectionism including an excessive preoccupation with the possibility of making errors, increased arbitrary principles, the insight of higher familial expectations, the insight of significant familial criticism, uncertainty about the standard of individual's behavior, and a proclivity for systematic league (Crocker et al., 2006).

Stanley and his colleagues examined perfectionism as a threefold structure, encompassing high standards, order, and discrepancy. High standards relate to the imposition of excessive standards for an individual's behavior. Order indicates the inclination to execute tasks in an orderly and systematic manner. Discrepancy refers to the separation between personally established ideal standards and actual performance outcomes. Based on Slaney's research, perfectionism may be further classified into adaptive or maladaptive dimensions. Although both adaptive perfectionism and maladaptive perfectionism are linked with increased self-standards, adaptive perfectionism has been recognized as more workable and less self-critical, which likely fosters greater self-efficacy and self-esteem in contrast to maladaptive perfectionism (Martin & Ashby, 2004). In other words, adaptive perfectionism is perceived as advantageous related to high level of well-being, psychological adjustment, and attainment, while the maladaptive perfectionism is related to psychological maladjustment, procrastination, and avoidance behaviors (Slaney et al., 2001).

In the early phases of research, scholars universally categorized perfectionism into two manifest forms; adaptive perfectionism and maladaptive perfectionism. Positive perfectionism which is often called as adaptive perfectionism is defined as a healthy perfectionism while Negative perfectionism which is often called as maladaptive perfectionism is often defined as a pathological perfectionism. Positive or adaptive perfectionism is defined by the establishment of high goals and rigid personal standards, beside a pursuit of the awards that convoy achievement while at the same time maintaining the efficiency to derive satisfaction from one's own performance (Enns et al., 2002).

### **Self-esteem**

The construct of self-esteem was first introduced by William James (1890), as highlighting the sense of positive egocentricity through consistent goal achievement. More than a century later, the conceptualization of self-esteem as proposed by James remains applicable, in that self-esteem is typically recognized as the evaluative dimension of self-knowledge that shows the degree to which individuals cherish a favorable self-image and perceive themselves as proficient. Increased self-esteem indicates a distinctly positive self-assessment, whereas decreased self-esteem signifies evaluations of the self that are characterized by either ambivalence or absolute negativity. Self-esteem does not inherently possess accuracy or inaccuracy. Instead, higher levels of self-esteem may correspond with an individual's intrinsic qualities and achievements, or these feelings of self-worth may be largely disconnected from any objective evaluation of the individual. This distinction is pivotal as self-esteem personify perception rather than an objective reality. Self-esteem has been articulated in various frames, portraying the establishment of a definitive and universally accepted definition a hard work. As posited by Rosenberg, self-esteem serves as a measure of self-acceptance, egocentrism and personal contentment. However, it does not include the conception of superiority or perfection (Niveau et al., 2021).

Self-esteem is defined as an individual's evaluative criticism of his or her worth as a person (Donnellan et al., 2012). Specifically, self-esteem does not inevitably reflect a person's objective talents or abilities, or even how a person is evaluated by others. Besides, self-esteem is conceived as a positive self-evaluation where individuals recognize their own worth and abilities, distinct from the feelings of superiority or inferiority relative to others. Self-esteem wraps the feelings of pride and self-worth, distinguishing it from excessive self-admiration and self-promotion characteristics of narcissistic personalities (Ackerman et al., 2011).

Self-esteem can also be defined as a comprehensive standard for self-assessment that involves cognitive evaluations about overall self-worth and emotional experiences relating to the self which are associated with these comprehensive evaluations (Murphy et al., 2005). Similarly, Self-esteem comprises a self-assessment followed by a perceptual response toward oneself. The evaluative and perceptual dimensions are important components present in all existing definitions and theoretical frameworks about self-esteem (Wang & Ollendick, 2001).

Self-esteem can be conceptualized as bipolar construct, ranging from high self-esteem, defined by an overwhelmingly favorable self-assessment, to low self-esteem, encompassing uncertain or decidedly negative self-perception. Individuals with different levels of self-esteem tend to adopt different strategies to regulate their feelings of self-worth, such that those with high self-esteem are more likely to focus their efforts on further increasing their feelings of self-worth leading to more positive outlook of life that is necessary for mental wellbeing, whereas those with low self-esteem are primarily concerned with not losing the limited self-esteem resources they already possess. Low self-esteem can have negative effects on people's mental health (Zeigler Hill, 2013).

There are two main types of high self-esteem, the first one is called secure high self-esteem and the second is defensive high self-esteem. The stable and secure high self-esteem takes up challenges and discover from defaults without feeling insufficient. Contrarily, high defensive self-esteem is correlated with high explicit self-esteem which is often associated with high self-destructive tendencies. With such types, individuals have high level of sensitivity to analysis and they show inordinate self-defensive behavior (Jordan et al., 2003).

Self-esteem can be perceived as a hierarchical construct, separated into three major components: performance self-esteem, social self-esteem, and physical self-esteem. All of these components are further split up into sub-components. Performance self-esteem involves an individual's sense of general aptitude, including factors such as intellectual abilities, academic proficiency, self-regulation, self-assurance and self-determination. People with high level of performance self-esteem try to view themselves as competent and sharp. Social self-esteem considers how individuals perceive others' opinions of them. It's essential to note that perception, not reality, is central here. If individuals think that others who are close to them value, they will experience high level of social self-esteem, even if others may not absolutely hold them in high regard. Whereas those with low level of social self-esteem often experience social anxiety and increased public self-examination, frequently worrying about their image and how others perceive them. Physical self-esteem involves how people view their own bodies, involving aspects like vigorous potential, overall elegance and concerns related to physical stigmas, race, and ethnicity (Heatherton & Wyland, 2003).

### **Mental Health**

Mental health is not an independent thing. Instead, it constitutes an integral and elementary part of overall health, which can be narrated in at least three distinct departments: as the absence of disease, as a condition of an individual that promotes the optimal execution of all its purposes (Sartorius, 2002). The selection of any of these three conceptualizations depends on the extent to which the basic health needs are met. These essential requirements involve food, housing, survival, shelter, community, social reward, and freedom from pain, environmental warnings, undue stress, and any form of exploitation. The concept of mental health shows that people hold the capacity to establish and maintain adoring relationships with others, to achieve the social roles typically ascribed within their cultural context, and to navigate change, as well as to identify, accept, and eloquent positive actions and thoughts, in addition to balancing emotions such as sadness. The state of mental health offers an individual a sense of self-worth, proficiency, and understanding of interstitial space (Bhugra et al., 2013).

WHO illustrates mental health as a state of welfare that permits the individuals to realize their own capabilities, can deal with the common stresses of life and can perform creatively and successfully and contribute to their community. Mental health conditions encompass a broad spectrum of experiences including mental disorders and psychosocial disabilities characterized by significant distress and impaired functioning resulting self-harm risks. Individuals living with mental health conditions are more vulnerable to experience diminished mental wellbeing marked by reduced happiness, life satisfaction and psychological resilience (Organization, 2004).

Mental health includes the efficient operation of mental processes, allowing individuals to engage in beneficial activities, promote meaningful relationships, and adapt to challenges. It is necessary for overall well-being, strengthening healthy family and interpersonal relations, and making invaluable contributions to the society (Gamm et al., 2010).

The World Health Organization (WHO) approve the statement "No health without mental health," articulated the basic and essential importance of mental health 16 care within the wide range of healthcare. In spite of that, mental health has historically been labeled in ways that marked difference with this declaration. This historical difference both in practice and in policy between mental health and physical health has consequently support significant difference in sources across economic, social, and scientific domains. The result is a universal tragedy i.e., a legacy marked by the disregard and dis-empowerment of mental health (WHO, 2005).

Keyes described mental health as a cluster of indicators relating to hedonia and optimal processes which is functionalized through assessments of subjective well-being that includes individual's self-disclose insights and evaluations about their life events and the quality of their effective capacities within the context of their everyday life (Keyes, 2002).

Keyes describes three essential dimensions of mental health: emotional well-being, psychological well-being, and social well-being. Emotional well-being involves constructs such as happiness, obligation in life, and overall satisfaction. Psychological well-being involves the admiration of one's own personality features, proficiency at navigating daily duties and maintaining good interpersonal

relationships. Social well-being is the characteristic of positive functioning and involves the capacity to contribute properly to society (social contribution), a sense of kinship within a community e.g., social integration, the belief that society is steadily upgrading for all individuals e.g., social actualization, and an understanding of societal processes that palpitate with the individual e.g., social coherence (Keyes, 2006).

The construct of mental health has two major dimensions, namely the positive and the negative. Positive mental health includes inherent values. Individuals having positive mental health typically manifest gratitude, satisfaction and positive personality traits which are recognized as valuable resources. Such individuals show high level of self-esteem, a strong sense of mastery, consistency and self-efficacy. This can be understood as an individual's ability to navigate difficulties successfully and reduce the harm of psychological prostration or various health diseases. Negative mental health is related to the field of mental disorders, peculiar expressions, and related challenges (Korkeila, 2000).

## **Literature Review**

The study in Hungary explored the relationship between different forms of perfectionism and both positive and negative factors of mental health. A sample consisted of 4,340 individuals and convenience sampling strategy was used to collect the data. The Short Multidimensional Perfectionism Scale, Rosenberg's Self-Esteem Scale (RSS), the Narcissistic Admiration and Rivalry Questionnaire (NARQ), the World Health Organization Wellbeing Index-5 (WHOWI-5), and select components of the Brief Symptoms Inventory-18 (BSI-18) were used for the study. Researchers found that perfectionism has multiple dimensions that affects mental health differently. Results showed that all types of perfectionism were linked to narcissism. However, only socially prescribed perfectionism was related to lower self-esteem and well-being (Juwono et al., 2023).

In a study conducted in the US, scholars researched the correlations between perfectionism and various mental, social, and physical health outcomes among graduate students registered in health science disciplines. A total of 92 graduate students from a small northeastern university in the US participated in this research. The methodologies used in this research was the Multidimensional Perfectionism Scale, the RAND 36-item health survey, and the Quality-of-Life Inventory. A mixed-methods approach was utilized for this investigation. The research explored the interrelationships between perfectionistic striving, perfectionistic concerns, and health-related outcomes over the course of two academic semesters. The results of this study showed that adaptive perfectionism exhibited a positive correlation with mental health, quality of life, and social functioning, whereas maladaptive perfectionism was associated with detrimental and adverse outcomes. Nevertheless, no statistically significant differences were observed in physical health among the three groups categorized by perfectionism (Filipkowski et al., 2021).

In a non-experimental study, researchers focused on exploring the relationship between perfectionism, self-perception of orofacial appearance (including body image, smile appearance concern, self-esteem) and mental health. The sample was college students with the age range of 17-28 years. Research instruments used in this study were the Short Form Hewitt Multidimensional Perfectionism Scale-15 (MPS-H15), The Orofacial Appearance Questionnaire and Patient Health Questionnaire-4 (PHQ-9). Results showed that high scores in perfectionism were significantly predictive of increased age, body image concerns, worries regarding smile appearance, and mental health outcomes, while self-esteem scores were lower. Following the adjustment for potential confounding factors, concerns regarding smile appearance largely diminished. Mental health appears as a mediating variable within the relationships between perfectionism and the three characteristics of orofacial aesthetics. Elevated perfectionism was associated with an enhanced self-assessment of body image, as well as reduced mental health and self-esteem among college students (Gao et al., 2023).

In a study of Egypt, researchers examined the relationship between perfectionism, forgiveness and self-esteem. The sample consisted of 105 undergraduate students (50 Males and 55 females) from the university. Convenience sampling was used to collect the data from participants. The questionnaires used were The Heartland Forgiveness scale, The Almost Perfect Scale-Revised and Sorensen Self-esteem Scale. Bivariate correlation alongside multiple regression analysis was run to explain the relationship among perfectionism, self-esteem, and forgiveness within the demographic of Egyptian college students. The findings showed a statistically significant positive correlation between perfectionism and forgiveness. Moreover, the analysis indicated a gender exerted a notable influence on both self-esteem and perfectionism, yet did not possess any considerable influence on the construct of forgiveness. The findings additionally suggested that forgiveness was directly predicted by self-esteem and perfectionism, with predictive ratios of 28% and 6% respectively (Hamza & Helal, 2012).

## **Rationale of Study**

This research will examine the association between perfectionism, self-esteem and mental health of university students. Although there is literature on the relationship between perfectionism, self-esteem and mental health but few studies targeting these variables in Pakistan on university student population are conducted. So, this study aims to help the educator policy makers or counselors to develop strategies that will help students to work productively and creatively academically and to provide them support services that will promote the mental health of university students.

## **Objectives**

- To investigate the gender differences of impact of adaptive perfectionism and self-esteem on the mental health of university students.
- To investigate the impact of self-esteem on the mental health of university students.
- To investigate the impact of maladaptive perfectionism on different populations.

## **Hypothesis**

- Male students will score significantly higher level of adaptive perfectionism than female students.
- Self-esteem has an impact on mental health of university students.
- Urban population has more maladaptive perfectionism than rural population.

## **Method**

### **Research Design**

This investigation utilized a quantitative, cross-sectional research methodology design to investigate the influence of perfectionism and self-esteem on the mental health of university students.

### **Sample**

In this research convenience sampling strategy was used to draw the sample. Sample consisted of (N=300) university students both males and females.

### **Instruments**

#### **The Almost Perfect Scale**

The Almost Perfect Scale (APS) assesses both positive (Adaptive) and negative (Maladaptive) perfectionism across three sub-scales: High standards, Order and Discrepancy. The scale is consisting of 23 items (positively and negatively worded). Items are rated on a 7-point Likert scale (1-strongly disagree and 7-strongly agree). Scores for each sub-scale are calculated, classifying respondents into one of the three groups: non-perfectionists, perfectionists (standard scores of 42+) and maladaptive perfectionists (standard and discrepancy scores of 42+).

#### **Rosenberg Self-Esteem Scale**

The Rosenberg self-esteem scale (RSES) was elaborated by the Sociologist, Morris Rosenberg. The RSES is a linear measure of overall self-esteem, assessing an overall self-worth of an individual. The scale consists of 10-items (positively and negatively worded). The items are rated on a 4-point Likert scale (0-strongly disagree, 3-strongly agree) inversely scored for negative items. Total score ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem. Higher scores indicate higher self-esteem.

#### **The Depression, Anxiety and Stress Scale (DASS-21)**

The depression, anxiety and stress scale initiate a self-assessment questionnaire consisting of 21 items, which is currently classified into three main sub-scales intended to determine the potency of common psychological distress as well as symptoms related to depression, anxiety and stress among adults. Scores obtained for each respective scale (D= depression, A= anxiety, S= stress) are compiled and the sum total for each scale is latterly multiplied by a factor of 2.

### **Procedure**

The data was collected from students of different universities, in order to collect the data, a google form containing consent form, demographic sheet and three main questioners was created and sent to the university students on the basis of convenience sampling.

## Results

**Table 1**

| Variable      | Male (n= 87) |      | Female (n= 110) |      | df  | t     | P   | 95% CI |       | Cohen's d |
|---------------|--------------|------|-----------------|------|-----|-------|-----|--------|-------|-----------|
|               | M            | SD   | M               | SD   |     |       |     | LL     | UL    |           |
| Perfectionism | 30.74        | 7.46 | 35.23           | 7.62 | 196 | -4.14 | .01 | -6.62  | -2.35 | 0.5954    |

The results of Table 1 revealed that the level of perfectionism is significantly higher among female participants ( $M = 35.23$ ,  $SD = 7.62$ ) as compared to male participants ( $M = 30.74$ ,  $SD = 7.46$ ). An independent t-test showed that the difference in perfectionism between male and female participants was statistically significant ( $t(196) = -4.14$ ,  $p = .01$ , one-tailed). The 95% confidence interval for the mean difference ranged from -6.62 to -2.35, indicating a reliable difference. The effect size was medium to large (Cohen's  $d = 0.60$ ).

**Table 2**

| Variables   | B        | SE    | T    | P    | 95% CI |       |
|-------------|----------|-------|------|------|--------|-------|
|             |          |       |      |      | UL     | LL    |
| Constant    | 34.88*** | 7.068 | 4.93 | .000 | 48.80  | 20.96 |
| Self Esteem | 1.126*** | .293  | 3.83 | .000 | .548   | 1.70  |

Table 2 confirmed that R<sup>2</sup> value of .056 showed that the predictors defined 56% variance in the dependent variable, and the results showed that self-esteem was a significant negative predictor of mental health ( $\beta = .237$ ,  $p < .001$ ).

**Table 3**

| Variable                  | Urban (n= 141) |       | Rural (n=73) |       | df  | t    | P    | 95% CI |      | Cohen's d |
|---------------------------|----------------|-------|--------------|-------|-----|------|------|--------|------|-----------|
|                           | M              | SD    | M            | SD    |     |      |      | LL     | UL   |           |
| Maladaptive perfectionism | 51.03          | 11.21 | 50.73        | 11.47 | 212 | .181 | .856 | -2.91  | 3.50 | 0.0264    |

Findings of Table 3 revealed that the level of maladaptive perfectionism is slightly higher among urban participants ( $M = 51.03$ ,  $SD = 11.21$ ) as compared to rural participants ( $M = 50.73$ ,  $SD = 11.47$ ). However, an independent t-test showed that this difference was not statistically significant ( $p = .856$ , one-tailed). The 95% confidence interval for the mean difference ranged from -2.91 to 3.50, indicating no reliable difference. The effect size was negligible (Cohen's  $d = 0.03$ ).

## Discussion

The first hypothesis posited that male students would score significantly higher in adaptive perfectionism than female students. However, the results of the study contradicted this expectation. Female students demonstrated significantly higher levels of perfectionism ( $M = 35.23$ ,  $SD = 7.62$ ) compared to their male counterparts ( $M = 30.74$ ,  $SD = 7.46$ ). An independent t-test confirmed that this difference was statistically significant ( $t(196) = -4.14$ ,  $p = .01$ ), with a medium to large effect size (Cohen's  $d = 0.60$ ), indicating a meaningful gender difference in perfectionism scores. These findings challenge the commonly held notion that males tend to exhibit higher levels of adaptive perfectionism, particularly in achievement-oriented settings. Some literature supports gender-based perfectionism trends, but often with inconsistent or context dependent results. For example, Hamza and Helal (2012) found that gender had a significant effect on perfectionism among Egyptian college students, although their study did not specify the direction or nature (adaptive vs. maladaptive) of this difference (Hamza & Helal, 2012). In contrast, Yusoff and Shukri (2020) reported a notable gender difference in eating disorder risk, with female students showing higher perfectionism, particularly when linked with body image concerns—a result that may partially align with the present study's findings (YUSOFF & SHUKRI, 2020). One possible explanation for this result is that female students may experience greater internal and external pressures to succeed or meet high standards, both academically and socially, which can elevate perfectionistic tendencies. This is in consonance with Gao's research who pointed out that perfectionism and body concerns relate positively especially among college women; this means that women have a tendency to force themselves to adhere to the society or self-generated standards. When such perfectionism is internalized as a constructive process of spinning high standards, then one can derive adaptive benefits from these processes, even at the expense of having stress or even harsh Self-talk. 36 In conclusion, the hypothesis could not be supported, but the results are in agreement with other studies presented in the literature where the results highlighted that female student have higher scores in perfectionism measures mainly as a result of wider social and psychological factors. This result strengthens the author's argument not only considering perfectionism as gender issue, but also in regard of the context, culture and personal perception of the process. Future studies should

attempt to identify the method in which males and females exhibit or report perfectionism and whether or not these characteristics are adaptive or pathological.

The second hypothesis proposed that self-esteem has an impact on the mental health of university students. The results supported this hypothesis, revealing that self-esteem was a significant negative predictor of mental health difficulties ( $\beta = .237, p < .001$ ). The  $R^2$  value of .056 indicated that self-esteem accounted for 5.6% of the variance in mental health outcomes, a modest yet statistically meaningful contribution. This finding aligns with a substantial body of existing literature suggesting that higher self-esteem is linked with good mental health outcomes, particularly lower levels of psychological distress. For example, Chai and his fellows found that self-esteem negatively predicted depressive symptoms, and Romdhane reported that higher self-esteem was linked to greater life satisfaction and lower self-critical perfectionism. Similarly, Doyle and Catling (2022) emphasized that low self-esteem, in combination with maladaptive perfectionism, was a key risk factor for anxiety and depression among university students. Moreover, the results support the protective role of self-esteem emphasized in multiple studies. In the Malaysian context, Yusoff and Shukri (2020) showed that low self-esteem, together with high perfectionism, predicted increased vulnerability to eating disorders, supporting the goal that self-esteem works as a shield in opposition to various mental health risks (YUSOFF & SHUKRI, 2020). This is further reflected in the findings of Hamza and Helal (2012), who demonstrated that self-esteem significantly predicted forgiveness and indirectly influenced well-being in an Egyptian student sample (Hamza & Helal, 2012). The current findings also provide indirect support to models that position self-esteem as a mediating or moderating factor in the association between perfectionism and mental health. For instance, Chai and his fellows found that self-esteem partially mediated the relationship between perfectionism and depression, highlighting its central role in mental health maintenance. While the present study does not test mediation directly, the demonstrated predictive relationship between self-esteem and mental health symptoms strengthens the theoretical claim that self-esteem is not merely correlated with but actively influences mental well-being. While the proportion of variance explained (5.6%) may appear small, this is not unusual in psychological research where multiple factors such as environmental stressors, personality traits, coping styles, and social support simultaneously affect mental health outcomes. Nonetheless, the statistical significance and direction of the finding underline that even small improvements in self-esteem may yield measurable benefits for mental health among university students. In conclusion, the results of this hypothesis are consistent with a large body of research and reinforce the importance of fostering healthy self-esteem as a strategic component of mental health interventions in academic settings. Future studies could benefit from exploring how self-esteem interacts with other variables, such as resilience or perfectionism, to influence long-term mental health outcomes in diverse cultural and institutional contexts.

The last hypothesis suggested that urban university students would exhibit higher levels of maladaptive perfectionism than rural students. While the mean score for maladaptive perfectionism was slightly higher among urban participants ( $M = 38.51$ ) than rural participants ( $M = 50.73$ ), this difference was not statistically significant ( $p = .856$ ), and the effect size was negligible (Cohen's  $d = 0.03$ ). The 95% confidence interval for the difference included zero, confirming that the observed difference could be due to chance and is not reliable. This result does not support the hypothesis, and the minimal difference suggests that maladaptive perfectionism may not vary meaningfully by geographic background, at least within the current sample. The finding also highlights that contextual factor such as urban vs. rural residence may not play a significant role in the development or expression of perfectionistic traits contrary to common assumptions that urban environments, which often emphasize competition and achievement, would foster higher perfectionism. In the reviewed literature, geographic or environmental factors were not prominently examined, with most studies focusing instead on individual psychological characteristics (e.g., self-esteem, depression, anxiety) and cultural or gender influences (e.g., Hamza & Helal, 2012; Gao et al., 2023; Yusoff & Shukri, 2020). However, some insights can still be drawn. For instance, Juwono and his colleagues identified socially prescribed perfectionism—where individuals perceive external pressure to be perfect as particularly harmful (Juwono et al., 2023). While such pressure might be assumed to be more intense in urban, high-achievement settings, the lack of significant difference in this study suggests that perceived perfectionistic pressure is not exclusive to urban students and may be equally internalized in rural populations. The results may thus also be skewed by factors such as sample size or variability of the results in each of the urban and rural subgroups. Future research may also examine other possible moderators of role of geographic location in perfectionism: For instance, the participants' socioeconomic status, family expectations, or access to educational resources may moderate the studied relationship. In conclusion, support of the initial statement, though the hypothesis was not supported, we can conclude that the problem of maladaptive perfectionism is a very generic one for students in both urban and rural areas. This supports the need for mental health support policies and programs that are comprehensive as opposed to specific geographic areas.

## **Conclusion**

Pertaining to the empirical results of this investigation, it can be implied that perfectionism and self-esteem assume intricate and contextually dependent functions in the psychological well-being of university scholars. Surprisingly, maladaptive perfectionism exhibited a negative association with anxiety and depressive symptoms, indicating that its interpretation may differ across various cultural or academic frameworks and may occasionally signify adaptive characteristics such as elevated personal standards. Gender disparities indicated that female students demonstrated markedly higher levels of adaptive perfectionism, potentially as a result of internal and societal pressures, whereas no notable distinction observed between urban and rural students concerning maladaptive

perfectionism, suggesting that perfectionistic tendencies may be prevalent irrespective of geographical context. Notably, self-esteem emerged as a crucial predictor of mental health, reinforcing its protective function against psychological distress. These findings emphasize the importance of adopting refined, culturally sensitive approaches in both future research and the development of mental health support systems, with distinct importance on promoting self-esteem and understanding the multiple expressions of perfectionism among students.

### **Suggestions and Implications**

Given that female students achieved superior scores in adaptive perfectionism, subsequent investigations could examine the underlying reasons and mechanisms through which gender disparities emerge in perfectionistic behaviors, with a particular emphasis on the influences of socialization processes, gender roles, and the internalization of standards.

The impact of cultural norms, educational frameworks, and societal anticipations on the constructs of perfectionism and mental well-being warrants additional investigation, particularly within non-Western or varied multicultural contexts. Scholars may derive significant insights from cross-cultural comparative analyses to comprehend the manifestation of perfectionism within diverse educational and social landscapes.

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