

The Mediating Role of Brooding Rumination in the Relationship Between Positive Strivings Perfectionism and Depressive Symptoms

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Abstract

Perfectionism is a complex characteristic linked to psychological distress and reduced well-being. This study explores the potential mediation of brooding rumination in the relationship between positive strivings perfectionism and depressive symptoms. Using a cross-sectional design, 274 undergraduate students from a private university in Quezon City, Philippines, participated in the research. The medmod module of Jamovi 2.3 was utilized for mediation analysis. The results indicated a positive correlation between positive strivings perfectionism and brooding rumination, as well as between brooding rumination and depressive symptoms. Furthermore, a positive correlation was observed between positive strivings perfectionism and depressive symptoms. The mediation analysis revealed that brooding rumination fully mediates the relationship between positive strivings perfectionism and depressive symptoms. This finding underscores the complex interplay between cognitive patterns and emotional well-being. Individuals with positive strivings perfectionism may set high standards and goals, which can be motivating. However, when these standards are unmet, it can lead to brooding rumination. This brooding rumination, in turn, exacerbates depressive symptoms, creating a cyclical pattern that can be challenging to break. This study highlights the significance of addressing brooding rumination, offering insights for more inclusive mental health interventions and support networks.

Keywords: brooding rumination, positive strivings perfectionism, depressive symptoms, mental health

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Introduction

Perfectionism, a multidimensional personality construct, has garnered significant attention in psychological research due to its complex relationship with mental health. Traditionally, perfectionism is divided into two distinct dimensions: evaluative concerns perfectionism and positive strivings perfectionism. While evaluative concerns perfectionism is often viewed as maladaptive, characterized by a preoccupation with avoiding failure, fear of criticism, and self-doubt (Flett & Hewitt, 2002), positive strivings perfectionism is considered more adaptive. Positive strivings perfectionism is marked by setting high personal standards, a strong motivation for achievement, and a focus on self-improvement (Stoeber & Otto, 2006). Individuals with this trait tend to take pride in their accomplishments and are driven by personal growth rather than fear of failure.

However, recent research suggests that even adaptive forms of perfectionism, such as positive strivings, can contribute to psychological distress when paired with maladaptive cognitive patterns like brooding rumination (Macedo et al., 2017). Brooding rumination, a subtype of rumination, involves a passive and repetitive focus on negative emotions, especially related to perceived failures or shortcomings (Nolen-Hoeksema, 2000). This form of rumination has been consistently linked to depressive symptoms, as it perpetuates negative thinking without promoting active problem-solving (Treyner et al., 2003).

Despite the association between positive strivings perfectionism and positive outcomes, it remains unclear how individuals with this trait might experience depressive symptoms, particularly when they engage in brooding rumination. This study seeks to address this gap by exploring whether brooding rumination mediates the relationship between positive strivings perfectionism and depressive symptoms. While most research on perfectionism has focused on its maladaptive aspects, this study will examine how even adaptive forms of perfectionism can contribute to mental health issues.

Although the relationship between perfectionism and depression has been extensively studied, the specific mechanisms that explain how positive strivings perfectionism might lead to depressive symptoms remain underexplored. Existing literature has largely concentrated on the maladaptive aspects of perfectionism, such as evaluative concerns, which are more overtly linked to negative outcomes like anxiety and depression (Hill et al., 2010). However, fewer studies have investigated whether individuals with high positive strivings perfectionism are also vulnerable to depression, particularly when they engage in brooding rumination.

Brooding rumination is a well-documented risk factor for depression (Nolen-Hoeksema et al., 2008), but its role as a mediator between positive strivings perfectionism and depressive symptoms has not been fully explored. It is possible that individuals with high positive strivings, when faced with setbacks or unmet expectations, may engage in brooding as a response to perceived failure, which in turn exacerbates depressive symptoms. Addressing this gap is crucial for understanding the full spectrum of perfectionism's impact on mental health.

The purpose of this study is to examine the mediating role of brooding rumination in the relationship between positive strivings perfectionism and depressive symptoms among undergraduate students. Specifically, it aims to answer the following questions:

1. Is there a significant relationship between positive strivings perfectionism and depressive symptoms?

2. Does brooding rumination mediate the relationship between positive strivings perfectionism and depressive symptoms?
3. To what extent does brooding rumination mediate the association between positive strivings perfectionism and depressive symptoms?

This study is significant because it challenges the assumption that positive strivings perfectionism is entirely adaptive, offering new insights into how cognitive processes like brooding rumination can turn adaptive traits into potential risk factors for depression. The findings could have practical implications for mental health professionals and educators, providing them with a deeper understanding of how to support students who may appear outwardly successful but struggle with internal distress. The results could inform interventions designed to reduce brooding rumination, ultimately helping to prevent depressive symptoms in individuals with high perfectionistic tendencies.

Literature Review

Research on perfectionism has consistently highlighted its multidimensional nature. Evaluative concerns perfectionism, characterized by fear of failure and self-criticism, is associated with poor mental health outcomes such as anxiety and depression (Flett & Hewitt, 2002). In contrast, positive strivings perfectionism involves a focus on setting high goals and achieving excellence, often leading to positive outcomes like academic success and resilience (Stoeber & Childs, 2010). However, the literature has begun to reveal that even positive strivings can lead to psychological distress when individuals ruminate over their failures (Macedo et al., 2017).

Rumination, especially brooding rumination, is a cognitive process where individuals repetitively focus on negative emotions, amplifying depressive symptoms (Nolen-Hoeksema, 2000). Treynor et al. (2003) differentiated between brooding and reflection, with brooding being the more maladaptive form. The role of brooding rumination as a mediator between perfectionism and depression has been supported in prior research, though the focus has primarily been on evaluative concerns perfectionism. The present study aims to fill the gap by exploring whether positive strivings perfectionism can also lead to depression via brooding rumination.

While PSP is typically considered beneficial, it can lead to negative psychological consequences when individuals engage in excessive self-evaluation and unrealistic goal setting (Macedo et al., 2017). When perfectionistic individuals fail to meet their high standards, they may engage in brooding rumination as a response to perceived failure. This relationship has been supported by empirical studies demonstrating that PSP is significantly associated with brooding rumination, suggesting that perfectionistic individuals may be prone to overanalyzing their failures instead of adopting constructive coping mechanisms (Treynor et al., 2003).

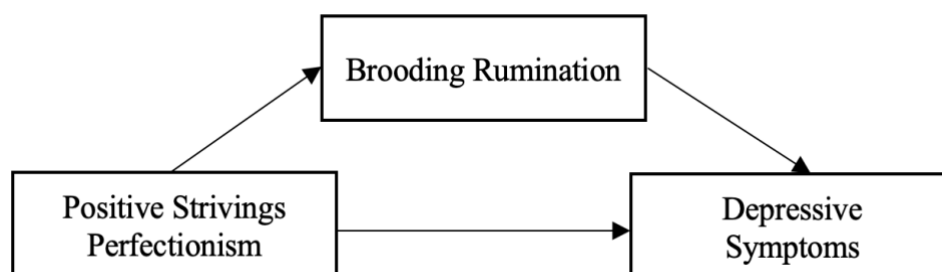
Depression is a common mental health condition characterized by persistent sadness, loss of interest, and cognitive disturbances (Radloff, 1977). Research has shown that brooding rumination is a key mediator in the relationship between perfectionism and depressive symptoms (Nolen-Hoeksema et al., 2008). Specifically, individuals high in PSP may not directly experience depressive symptoms but may develop them when their perfectionistic tendencies lead to excessive rumination over perceived shortcomings. The current study builds on prior research by examining whether brooding rumination fully mediates the

relationship between PSP and depressive symptoms, which could help refine existing theoretical models such as the Response Styles Theory (Nolen-Hoeksema, 1991).

This study is anchored in Response Styles Theory (Nolen-Hoeksema, 1991), which posits that individuals' habitual responses to negative emotions can influence the onset, severity, and duration of depressive symptoms. Specifically, brooding rumination is considered a maladaptive response that intensifies negative affect by focusing attention on distress rather than actively addressing the underlying problems. Within the context of perfectionism, individuals with high positive strivings may experience distress when their high standards are not met, leading them to ruminate on their perceived failures rather than adopting healthier coping strategies. This rumination may serve as a mechanism through which perfectionism contributes to depression, even in individuals with otherwise adaptive tendencies.

This study focuses on undergraduate students enrolled in a private university, specifically targeting a sample of 274 students selected through stratified random sampling. The figure below illustrates how the study will utilize self-reported measures of positive strivings perfectionism, brooding rumination, and depressive symptoms. The scope is limited to the cross-sectional design, meaning the data will be collected at a single point in time, which may not fully capture the dynamic nature of rumination or depression over time. Any generalizations made in this study will be limited to the research sample composed of students enrolled in the first semester of A.Y. 2024-2025. Results will not be categorized according to certain demographic profiles such as gender, age, and socio-economic backgrounds. Although the instruments will be answered in its entirety, this study will not explore other dimensions of perfectionism (evaluative concerns) and rumination (reflection).

Figure 1
Conceptual Framework



The following terms were operationally defined as:

1. *Brooding Rumination* - A maladaptive form of rumination involving a passive and repetitive focus on negative emotions, particularly related to perceived failures (Treyner et al., 2003).
2. *Depressive Symptoms* - Psychological symptoms associated with depression, including sadness, lack of interest, fatigue, and feelings of worthlessness, as measured by the Center for Epidemiological Studies Depression Scale (Radloff, 1977).
3. *Perfectionism* - A multidimensional personality trait involving the pursuit of high standards, which can manifest in both adaptive (positive strivings) and maladaptive (evaluative concerns) forms (Flett & Hewitt, 2002).
4. *Positive Strivings Perfectionism* - The dimension of perfectionism characterized by setting high personal standards and striving for excellence, typically associated with goal achievement and self-improvement (Stoeber & Otto, 2006).

5. *Response Styles Theory* - A theory proposing that individuals' habitual responses to negative moods, such as brooding rumination, can influence the onset and persistence of depression (Nolen-Hoeksema, 1991).

Methodology

This study employed a cross-sectional research design to examine the mediating role of brooding rumination in the relationship between positive strivings perfectionism and depressive symptoms among undergraduate students. The cross-sectional design is appropriate for exploring relationships between psychological constructs at a single point in time, allowing for the investigation of potential mediation effects in a relatively efficient manner.

The research was conducted in a private university in Metro Manila, Philippines, which offers a diverse range of undergraduate programs. This setting was chosen to target a population of students who are likely to experience perfectionism and its psychological consequences, as university environments often foster high expectations and competitive pressures.

The target population for this study consists of undergraduate students enrolled in various academic programs at the university. The sample is representative of a broad demographic, including students from different year levels, academic disciplines, and socio-economic backgrounds. The age range of participants is expected to be between 18 and 24 years old.

Stratified random sampling was utilized to ensure representation across different year levels and academic programs. The stratification process divided the student population into subgroups based on their program of study, ensuring that each subgroup was proportionally represented in the final sample. From these strata, 274 undergraduate students were randomly selected to participate in the study.

Data were collected using a self-administered questionnaire, which included the following standardized measures:

1. *Perfectionism (Positive Strivings Perfectionism Subscale)*: The positive strivings dimension of perfectionism was measured using the Frost Multidimensional Perfectionism Scale—Brief (FMPS-B), adapted from Burgess et al. (2016). This scale assesses individuals' pursuit of high personal standards from 1 (strongly disagree) to 5 (strongly agree), for a minimum total score of 8 and a maximum of 40, and minimum subscale score of 4–20. It obtained a Cronbach's alpha coefficient of 0.79 when validated in the Filipino sample (Simon, 2022).
2. *Brooding Rumination*: Brooding rumination was assessed using the Rumination Scale by Treynor et al. (2003). Using a 4-point Likert scale (4 = almost always; 1 = almost never), this measure focuses on the tendency to dwell on negative feelings and thoughts in response to stress or perceived failure. With a Cronbach's alpha of 0.65, the possible scores range from 5 to 20 for each of the instrument's subscale.
3. *Depressive Symptoms*: Depressive symptoms were measured using the Center for Epidemiological Studies Depression Scale (CESD) by Radloff (1977), which evaluates the frequency of depressive symptoms experienced in the past week. The responses were scaled from 0 (never) to 3 (all of the time), with total scores ranging from 20 to 80, and a Cronbach's alpha of 0.85.

Data were analyzed using the SPSS statistical software. Specifically, mediation analysis was conducted using Jamovi version 2.3.28 using the medmod analysis. This model is designed to test for mediation effects, which is appropriate for examining whether brooding rumination mediates the relationship between positive strivings perfectionism and depressive symptoms (Hayes, 2013). The following steps were performed in the analysis:

1. Descriptive Statistics: Initial descriptive statistics were computed to summarize the demographic characteristics of the sample (e.g., age, gender, academic year) as well as the mean scores for each of the psychological constructs measured (perfectionism, brooding rumination, locus-of-hope, and depression).
2. Correlation Analysis: Pearson correlation coefficients were calculated to examine the relationships between positive strivings perfectionism, brooding rumination, and depressive symptoms, along with locus-of-hope as an additional control variable.
3. Mediation Analysis: A mediation analysis was performed using PROCESS Model 4 to test whether brooding rumination mediates the effect of positive strivings perfectionism on depressive symptoms. The analysis followed a three-step procedure:
 - a. The direct effect of positive strivings perfectionism on depressive symptoms was assessed.
 - b. The indirect effect of positive strivings perfectionism on depressive symptoms via brooding rumination was calculated.
 - c. The total effect was analyzed to determine the overall strength of the relationship.
4. Bootstrapping Method: To confirm the significance of the mediation effect, the bootstrapping method (5,000 resamples) was employed, as it provides a more robust estimate of indirect effects, especially in non-normally distributed data.

In keeping a low psychological risk for the participants, the researcher observed ethical considerations in confidentiality, anonymity, and data privacy. A letter of permission from authorities and an informed consent from the respondents were obtained before conducting the study. The consent form along with the Google Form questionnaire contains the purpose of the study, expectations from the participants, their right to withdraw, and agreement to the terms of the study. Should the need to consult a professional arises, the contact information of a psychologist was provided.

In adherence to the Data Privacy Act of 2012, the anonymity of the participants was preserved by excluding their names and identities from the data collection, analysis, and publication of the study's findings. All collected information were kept and processed in password-encrypted digital tools solely accessible to the researcher. Upon the study's publication, the research data will be disposed of accordingly and the participants may request a copy of the findings. Although there are no direct benefits, their involvement in the study contributed to a better understanding of the various factors influencing college students' mental health.

Results and Discussion

The study was conducted to examine if brooding rumination (BR) mediates the relationship between positive strivings perfectionism (PSP) and depressive symptoms. Before the test of these hypotheses, the descriptive statistics were examined first to ensure that there were no irregularities in the data set.

Descriptive statistics for positive strivings, depressive symptoms, and brooding rumination are presented in Table 1. The means and standard deviations indicate moderate levels of each variable. Skewness and kurtosis values suggest that all three variables were approximately normally distributed, as their values fell within the acceptable range (± 1 for skewness and ± 2 for kurtosis; George & Mallery, 2013).

Pearson correlation analyses were conducted to examine the relationships among positive strivings, depressive symptoms, and brooding rumination. The correlation matrix is presented in Table 1. Positive strivings were significantly positively correlated with depressive symptoms, $r = .150$, $p = .013$, and brooding rumination, $r = .300$, $p < .001$. Additionally, brooding rumination was significantly positively correlated with depressive symptoms, $r = .374$, $p < .001$.

The significant association between positive strivings perfectionism and brooding rumination highlights the potential for even adaptive perfectionistic tendencies to foster maladaptive cognitive patterns. Positive strivings perfectionism is often characterized by high personal standards and the pursuit of excellence. While these traits can lead to success and achievement, the pressure to consistently meet such high standards can become overwhelming, particularly when individuals encounter failure or perceive that they have not reached their goals. The current findings align with previous research (Macedo et al., 2017) that suggests individuals with high positive strivings perfectionism may be prone to rumination, particularly brooding, when they fail to meet their expectations. The focus on unmet goals and perceived inadequacies can lead to a pattern of negative thinking, whereby individuals dwell on their perceived failures instead of adopting active problem-solving strategies.

Table 1
Descriptive and Correlation Analyses

Variable	Descriptive Statistics				Correlations		
	M	SD	Skewness	Kurtosis	(1)	(2)	(3)
(1) Positive Strivings Perfectionism	14.10	2.94	-0.09	-0.32		0.30**	0.15*
(2) Brooding Rumination	15.30	2.66	-0.49	0.23			0.37**
(3) Depressive Symptoms	51.50	9.23	-0.13	-0.33			

Note: ** Correlation is significant at $p < .01$, * at $p < .05$.

A mediation analysis was conducted to examine whether brooding rumination mediated the relationship between positive strivings and depressive symptoms. The mediation estimates are displayed in Table 2. The indirect effect of positive strivings on depressive symptoms through brooding rumination was significant, $b = 0.341$, $SE = 0.0833$, 95% CI [0.196,0.523], $z = 4.092$, $p < .001$, accounting for 72.3% of the total effect. The direct effect of positive strivings on depressive symptoms was not significant, $b = 0.131$, $SE = 0.1800$, 95% CI [-0.223,0.500], $z = 0.727$, $p = .468$. The total effect was significant, $b = 0.472$, $SE = 0.1762$, 95% CI [0.124,0.832], $z = 2.677$, $p = .007$. These results suggest that the relationship between positive strivings and depressive symptoms is fully mediated by brooding rumination.

As expected, brooding rumination was found to be a significant predictor of depressive symptoms. This finding aligns with extensive literature that establishes brooding rumination as a key risk factor for the onset and maintenance of depression (Nolen-Hoeksema et al., 2008). Individuals who engage in brooding rumination tend to focus on negative emotions and unresolved issues, perpetuating a cycle of negative thinking that impedes emotional recovery. The tendency to ruminate passively, without actively addressing the source of distress, can intensify feelings of hopelessness, guilt, and sadness, which are core symptoms of depression (Treynor et al., 2003). Thus, the current study reinforces the well-established link between rumination and depressive symptoms, particularly in populations prone to perfectionism.

Perhaps the most significant finding of this study is the full mediation effect of brooding rumination in the relationship between positive strivings perfectionism and depressive symptoms. This result indicates that brooding rumination serves as the primary mechanism through which positive strivings perfectionism contributes to depressive symptoms. While positive strivings perfectionism alone does not directly lead to depression, the tendency to engage in brooding rumination when high standards are not met explains the pathway to depressive symptoms.

This full mediation finding is particularly important because it challenges the traditional view of positive strivings perfectionism as purely adaptive. Although striving for excellence and setting high personal standards can be beneficial in many areas of life, these traits can also increase vulnerability to depression when combined with maladaptive cognitive styles like brooding rumination. This result supports the growing body of literature that calls for a more nuanced understanding of perfectionism, where even adaptive forms can have negative consequences under certain conditions (Macedo et al., 2017; Stoeber & Otto, 2006). Specifically, the mediation by brooding rumination highlights how adaptive traits, such as positive strivings, can turn maladaptive when individuals respond to failure or setbacks in a ruminative manner.

Table 2
Mediation Estimates

Effect	Estimate	SE	95% Confidence Interval		Z	p	% Mediation
			Lower	Upper			
Indirect	0.341	0.0833	0.196	0.523	4.092	< .001	72.3
Direct	0.131	0.1800	-0.223	0.500	0.727	0.468	27.7
Total	0.472	0.1762	0.124	0.832	2.677	0.007	100.0

Path estimates from the mediation model are presented in Table 3. Positive strivings significantly predicted brooding rumination, $b = 0.272$, $SE = 0.0526$, 95% CI [0.172,0.379], $z = 5.166$, $p < .001$. Additionally, brooding rumination significantly predicted depressive symptoms, $b = 1.255$, $SE = 0.1985$, 95% CI [0.861,1.652], $Z = 6.324$, $p < .001$. However, the direct path from positive strivings to depressive symptoms was not significant, $b = 0.131$, $SE = 0.1800$, 95% CI [-0.223,0.500], $z = 0.727$, $p = .468$, further supporting the full mediation model.

Table 3
Path Estimates

			95% Confidence Interval					
			Estimate	SE	Lower	Upper	Z	p
Positive Strivings	→	Brooding Rumination	0.272	0.0526	0.172	0.379	5.166	< .001
Brooding Rumination	→	Depressive Symptoms	1.255	0.1985	0.861	1.652	6.324	< .001
Positive Strivings	→	Depressive Symptoms	0.131	0.1800	-0.223	0.500	0.727	0.468

The present study sheds light on the intricate relationship between positive strivings perfectionism, brooding rumination, and depressive symptoms. By demonstrating that brooding rumination fully mediates the relationship between positive strivings perfectionism and depressive symptoms, this study reveals how an adaptive trait like perfectionism can turn into a psychological vulnerability. The findings emphasize the importance of addressing cognitive processes like rumination in individuals with high perfectionistic tendencies to prevent the onset of depressive symptoms.

Conclusion

The findings of this study offer valuable insights into the complex relationship between positive strivings perfectionism (PSP), brooding rumination (BR), and depressive symptoms. The results revealed three critical patterns: (1) positive strivings perfectionism significantly predicted brooding rumination, (2) brooding rumination significantly predicted depressive symptoms, and (3) brooding rumination fully mediated the relationship between positive strivings perfectionism and depressive symptoms. These findings have important theoretical, clinical, and practical implications.

The findings contribute to the refinement of Response Styles Theory (Nolen-Hoeksema, 1991), which posits that the way individuals respond to distress influences their vulnerability to depression. This study extends the theory by demonstrating that even individuals who engage in positive strivings perfectionism—a trait traditionally considered adaptive—are susceptible to depression if they respond to perceived failures with brooding rumination. It emphasizes that maladaptive response styles, such as brooding rumination, can neutralize the potential benefits of adaptive traits, thus promoting emotional distress. Future theoretical models of perfectionism and mental health should account for the role of cognitive styles like brooding in turning adaptive traits into risk factors for depression.

The clinical implications of these findings are substantial. While perfectionism, particularly positive strivings, has often been encouraged in high-achieving environments such as academics or professional settings, this study suggests that clinicians and educators should be cautious about promoting such traits without addressing the accompanying cognitive risks. Specifically, interventions for perfectionistic individuals should focus not only on reducing maladaptive perfectionism (i.e., evaluative concerns) but also on identifying and modifying cognitive patterns like brooding rumination that might undermine the potential benefits of positive strivings perfectionism.

Cognitive-behavioral interventions that target rumination, such as Mindfulness-Based Cognitive Therapy (MBCT) or Rumination-Focused Cognitive Behavioral Therapy (RFCBT), may be particularly beneficial for individuals with high positive strivings perfectionism. These therapeutic approaches could help individuals break the cycle of ruminative thinking and promote healthier, more adaptive responses to perceived failures. Teaching individuals to shift their focus from self-criticism and unmet goals to self-compassion and constructive problem-solving may prevent the development of depressive symptoms in this population.

In educational and professional environments that foster high achievement and perfectionistic tendencies, this study underscores the importance of promoting psychological resilience and adaptive coping strategies alongside academic or professional excellence. Teachers, mentors, and supervisors should be aware that students and employees with positive strivings perfectionism may appear to be high achievers but could be silently struggling with brooding rumination, which can lead to emotional distress.

The results advocate for a reevaluation of how perfectionism is addressed both in clinical settings and high-achieving environments. While the pursuit of excellence can indeed drive success, it is also important to recognize and mitigate the cognitive risks associated with perfectionistic tendencies by encouraging adaptive problem-solving strategies. Programs aimed at enhancing mental health in these settings should incorporate strategies that address perfectionistic tendencies and their potential cognitive consequences. Workshops on mindfulness, stress management, and cognitive restructuring could equip individuals with the tools they need to manage perfectionism in a healthy way, thereby reducing their risk for depression. Additionally, fostering environments where failure is viewed as a learning opportunity rather than a reflection of personal inadequacy may help perfectionistic individuals avoid falling into patterns of rumination.

Future research and interventions should continue to explore how adaptive traits can be managed to protect against mental health issues, particularly in high-achieving environments.

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