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COMPARING COGNITIVE-BEHAVIOR THERAPY AND POSITIVE PSYCHOLOGY TO ENHANCE EMOTIONAL WELL-BEING

Sheila Pintado[1]
Marco Castillo
Julio C. Penagos-Corzo
*Universidad de las Américas Puebla (UDLAP), Mexic*o

ABSTRACT
The effect of adding a cognitive behavioral program to an intervention program in Positive Psychology was. For this purpose, 45 university students were measured by SWLS, PANAS, CES-D, BAI and HADS scales and assigned to one of two groups: a) intervention with positive psychology or b) intervention with more cognitive-behavioral positive psychology. Pre-post comparisons indicate that a Positive Psychology intervention significantly increases life satisfaction and positive affect and significantly decreases negative affect, depressive symptoms and anxiety symptoms ($p < .05$). Moreover, ANCOVA analysis show that the Cognitive-behavioral intervention does not contributed anything additional to the program of positive psychology in each of the variables measured ($p > .05$). In short, our findings suggest that it is possible to offer psychological assistance by providing tools from Positive Psychology that promote well-being and psychological health focusing on maximizing strengths within a small period intervention.

Keyword
anxiety; depression**;** positive emotions; wellness; psychological health

RESUMEN
El presente trabajo estudió el efecto de agregar un programa cognitivo conductual a un programa de intervención en Psicología Positiva. Para ello, 45 de estudiantes universitarios fueron medidos las escalas SWLS, PANAS, CES-D, BAI y HADS y asignados a uno de dos grupos: a) intervención con psicología positiva o b) intervención con psicología positiva más cognitivo-conductual. Las comparaciones pre post indican que una intervención de Psicología Positiva aumenta significativamente la satisfacción vital y el afecto positivo y disminuye significativamente el afecto negativo, los síntomas depresivos y los síntomas de ansiedad ($p < .05$). Además, el análisis de ANCOVA muestra que la intervención cognitivo conductual no aporta nada adicional al programa de psicología positiva en cada una de las variables medidas ($p > .05$). En resumen, nuestros hallazgos sugieren que es posible ofrecer asistencia psicológica proporcionando herramientas de Psicología Positiva que promuevan el bienestar y la salud psicológica centrándose en la maximización de las fortalezas dentro de un pequeño período de intervención.

Palabras clave
Ansiedad; depresión; emociones positivas; bienestar; salud psicológica

[1] Correspondence about this article should be addressed to Sheila Pintado. Email address: maria.pintado@udlap.mx

COMPARACIÓN DE LA TERAPIA COGNITIVO-CONDUCTUAL Y LA PSICOLOGÍA POSITIVA EN LA MEJORA DEL BIENESTAR EMOCIONAL

Positive Psychology is the result of a new approach of the relationship between people and health (Post, 2005; Seligman, Ernst Gillham, Reivich, & Linkins, 2009). In the last century, pathologies were seen as the most important subject in the lives of people. For which, there are consequences like the victimization of the patients and seeing psychologists just as cataloguers of mental illness, forgetting the existence of normal life to make patients happier and more productive (Seligman, 2002; Vaillant, 2003). Otherwise, Positive Psychology shows that pathologies are only a part of the total of what is known as health (Huebner & Gilman, 2003). Therefore, in this conception, psychology focuses on issues that are outside the aura of pathologies, concentrating on the best qualities that are in each person (Castillo & Pintado, 2015; Fredrickson, 2001).

Positive Psychology is interested in enhancing the potential of well-being (Diener, 2000). The emphasis is on the positive aspect and the strengths of people in order to increase their happiness levels and prevent mental diseases (Schueller, 2009). It follows that emotional well-being is understood as the way in which a person evaluates their life, including the presence of positive emotions and the absence of pathologies, such as, anxiety and depression symptoms (Fredrickson, 2001). Moreover, the positive aspects promote the prevention of mental diseases and help to minimize pathologies (Diener, Suh, & Oishi, 1997; Fredrickson & Losada, 2005, 2013).

In the last 15 years there haves been several studies validating Positive Psychology (Bolier et al., 2013; Sin & Lyubomirsky, 2009; Vago & Silbersweig, 2012). Thus, nowadays valid information exist about: the relationship between forgiveness, gratitude and human well-being (Toussaint & Friedman, 2009; Wood, Froh, & Geraghty, 2010); how meditation increases positive emotions (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008); how support through coaching increases commitment, hope, cognitive strength, self-confidence and decrease depression levels in different educational and work environments (Burke & Linley, 2007; Green, Grant & Rynsaardt, 2007; Madden, 2011). It is further kwon that intervention programs to increase life satisfaction do have positive effects (Proctor et al., 2011), that specific exercises to increase happiness and decrease depressive symptoms are helpful (Seligman, Steen, Park, & Peterson, 2005) and that Cognitive-Behavioral therapy (CBT) increase emotional well-being and reduces anxiety and depression symptoms (Grant, Curtayne, & Burton, 2009; Green, Oades, & Grant, 2006; Seligman et al., 2005; Sergeant & Mongrain, 2011). Hence, research points out that the Positive Psychology intervention (PPI) is useful in enhancing human well-being, notwithstanding other important psychology trends.

It has been found that traditional CBT although it is effective for the treatment of anxiety and depression (Butler, Chapman, Forman, & Beck, 2006), there is still considerable room for improvement, for example, the rates of relapse and recurrence of these disorders (Casacalenda, Perry, & Looper, 2002; Hofmann & Smits, 2008; Segal, Williams, & Teasdale, 2002).

Positive Psychology pursuits the study of happiness and at the same time how it can help as a complement of many diseases´ treatments. For which, it has led to the redefinition of what is known as therapeutic change taking into account the understanding of well-being with a hedonic approach (presence of positive affect and the absence of negative affect) as well as with a eudemonic approach (the potential of optimum performance) (Wood et al., 2010; Wood & Joseph, 2010). Each of those perspectives have shown their investigation provides benefits for the prevention and recovery of adverse conditions (Vázquez, Hervás, Rahona, & Gómez, 2009).

It has been observed that the effectiveness of treating depression and anxiety has been positively related to the level of patients' life satisfaction (Seligman, Rashid, & Parks, 2006), quality of social relationships, participation in enjoyable activities and optimism (Carneiro, Falcone, Clark, & Del Prette 2007; Csikszentmihalyi & Hunter, 2003; Diener & Seligman, 2002; Tarlow, Schwartz, & Haaga, 2002).

While there is robust evidence on the positive effects of PPI (Bolier et al., 2013; Sin & Lyubomirsky, 2009) and CBT (Butler et al., 2006; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012; Ljótsson, Hedman, Mattsson, & Andersson, 2017), there appears to be no difference in comparing these types of psychological interventions (Chaves, Lopez-Gomez, Hervas, & Vazquez, 2017). However, it has been suggested that the integration of both interventions may have a positive effect on relapse prevention (Kennard, Stewart, Hughes,

Jarrett, & Emslie, 2008). In addition, some forms of CBT intervention clearly consider aspects of positive psychology, for example the Four-Step Model to Build Resilience by Padesky and Mooney (2012). Although CBT has occasionally been enriched by some PPI techniques (Seligman et al., 2006), the reverse case does not seem to be prevalent in the literature. Then, there is doubt as to if adding CBT procedures to an IPP will be more effective than an PPI without CBT. Therefore, the purpose of this study is to assess the effects of

integrating CBT into an intervention with Positive Psychology, as compared to a PPI programme. Nevertheless, we had to separate five different sub-goals; evaluate the effectiveness of the Positive Psychology program in relation to life satisfaction, evaluate the effectiveness of the Positive Psychology program in relation to the positive and negative affect, evaluate the effectiveness of the Positive Psychology program in relation to depression symptoms, evaluate the effectiveness of the Positive Psychology program in relation to anxiety symptoms and contrast the effectiveness of the Positive Psychology Program with a Cognitive-Behavioral plus Positive Psychology program in relation to the above mentioned variables.

Method

Participants

A total of 45 participants were selected, 84.4% women (N=38) and 15.6% men (N=7), all university students with a mean age of 20.91 years (SD=1.47). The inclusion criteria was that the participants were available for the sessions, had low scores on life satisfaction and positive affect, and also high scores on negative affect, depression and anxiety on the tests used.

Instruments

At first, an initial interview was conducted to collect demographic and social support data.

We used the online Spanish version of Values in Action Inventory of Strengths (VIA-IS) (Peterson & Seligman, 2004; VIA Institute on Character, 2003) to evaluate human virtues and strengths. It consists of 240 items and uses a five-point Likert scale. All VIA-IS scales have Cronbach alpha and test-retest correlation greater than .70.

Life satisfaction was measured with Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen and Griffin (1985; Diener, 2002). This test uses five items designed to determine cognitive judgment of one´s life satisfaction. It uses a seven-level Likert scale where 1 is presented as “strongly disagree” and 7 “strongly agree”. This test shows a Cronbach Alpha of .95.

Positive and Negative affect was measured by Positive and Negative Affect Schedule (PANAS) by Watson, Clark and Tellegen (1988; Robles & Páez, 2003). With an internal consistency from .86 - .90 for the positive affect scale and .84 - .87 for the negative affect scale.

Depressive symptoms were evaluated by the Center for Epidemiologic Studies Depression Scale (CES-D) by Raldoff (1977, 2003). This test consists of 20 items in Liker scale, and it has reported a Cronbach Alpha of .85 and .90.

Moreover, the Anxiety Inventory (BAI) (Beck, Steer & Garbin, 1988; Sanz, Navarro & Vázquez, 2003) was used in order to evaluate anxiety symptoms. This test consists of 21 items and presents an internal consistency higher than .80. In addition, the Hospital Anxiety and Depression Scale (HADS) by Zigmond and Snaith (1983; de las Cuevas Castresana, García-Estrada Pérez, & González de Rivera, 1995) was used to measure anxiety and depression symptoms. The internal consistency and test-retest reliability is .81.

Procedure

In the first place, a committee of the University about human investigation approved the present investigation in accordance with the 1964 Helsinki declaration. A public invitation was then posted on the university bulletin boards. The invitation to participate and respond to the depression and anxiety tests was voluntarily accepted by 70 students.

Thus, the 45 participants who met the inclusion criteria, and accepted and signed the informed consent, were randomly divided into two groups. 23 were assigned to the Cognitive-Behavioral & Positive Psychology Program (CBT+PPI) and 22 to the Positive Psychology Intervention (PPI). Once assigned, due to their schedules, three students could not participate in the PPI, so they were reassigned to the CBT+PPI. The final distribution is as follows: Positive Psychology program (N=19) “group A” and Cognitive-Behavioral & Positive Psychology program (N=26) “group B”. After that, it proceeded to implementing the programs during the same days at different hours. Both groups met weekly for two months; carrying out eight sessions each group (description of programs are on tables 1 & 2). Moreover, “group A” met for 30 minutes per

session, while in "group B" the sessions lasted 60 minutes. At the end of the last session, participants applied all measuring instruments again.

The intervention was conducted by an instructor who did not know the participants. The instructor was trained to conduct positive psychology and cognitive behavioral therapy group programs. He also had previous training in Positive Psychology.

Table 1.
Positive Psychology Program for Group (Group A)

Sessions	**Activity**
Session 1: Personal Strengths	Each participant did the VIA IS test and the results showed their strengths. The purpose of the program was to identify and reinforce the top three strengths of each participant. Participants had to propose a number of strategies for working on these strengths. Afterwards, each participant had to apply the strategies on a daily basis until the next session.
Session 2: Gratitude	It was conducted a group activity in which each participant made a list of 10 things they would like to thank for; then they shared the list with the rest of the team and the importance of being grateful was explained. As a homework, each participant had to make a daily thanking-list about those situations, things and/or people they were thankful for.
Session 3: Positive mind	At the beginning of the session, the group discussed the benefits of having conscious positive thoughts. After that, participants made a list of three positive things that happened to them in order to share it with the group. Homework consisted in making a list like in the exercise each day of the week.
Session 4: Full attention at present moment	It was explained what is meant by keeping full attention at the present moment and why is this relevant. The group shared personal experiences in which they feel mindful, and how they experienced it. The positive aspects were reunited, and then the homework was explained. For this week, they had as a daily homework to mindfully pay attention, to at least three actions, and write about those moments every day.
Session 5: Optimism	Optimism concept and its benefits were explained to the participants. In addition, some examples were mentioned of how even bad experiences can have good consequences. Participants interacted in pairs to explain their own examples, and then they commented those experiences to the group. The weekly task was to continue the exercise of introspection in order to have consciousness about the positive situations across the bad experiences.
Session 6: Assertive communication	In this session, concepts of social skills and assertive communication were reviewed. Making emphasis on the expression of positive thoughts. After that, participants mentioned why it is important to express feelings with respect and honesty. That week, participants wrote a letter every day for a person that they consider important in their lives. The instruction was that they could send the letter or not, but at the time of writing, they had to be completely honest with themselves.
Session 7: Positive view	At the beginning of the session, participants wrote a list of 10 positive things that they perceived in that moment, and then all the participants shared the list aloud. Moreover, it was explained why it is important to express and enhance a positive view. The exercise at home was directly linked to the expression of positive ideas verbally or in writing to the closest people, especially emphasizing the things that have not been said before.
Session 8: Self-compassion	The importance of the vision that people have about themselves and positive self-concept is explained at the beginning of the session. Besides, participants shared what they thought about the ability to have more insight and the benefits that this can produce. For this, the weekly task was to write a letter to themselves, with the instruction that they must write with total honesty.

Table 2.
Cognitive-Behavioral & Positive Psychology program (Group B)

Sessions	Activities
Session 1: Thoughts and mood	At the beginning of the session, it is shown how thoughts affect our mood. Then, the instructor addressed the topic of how to learn to identify types of thoughts and common thoughts errors. At the end of the session, they were instructed to identify how they feel during the day and record it on a scale from one to nine (during the entire program). Furthermore, for the week they were assigned to record significant thoughts during the day and write them down.
Session 2: Identify thoughts	Participants worked with the thoughts that they had during the last week. They worked on increasing thoughts that make them feel good, and then on reducing those that make them feel bad. For the task at home, they had to write the thoughts down that they had during the day, and at the end of each thought label as a positive or negative one.
Session 3: ABC method	ABC method was presented at the beginning of the session, which is described as the process that takes into consideration the activation of beliefs and behavior. Also, it was explained how an internal discussion about what happened in the form of feedback can be very useful. Exercises on this technique were made in order to consolidate the method. The weekly task was to make a list of thoughts that occurred during the day, with the application of the ABC method.
Session 4: Enjoyable activities	During the session it was explained how the activities affect the mood. After that, the definition of enjoyable activities was introduced. Besides, participants made a list of their favorite activities. It follows that they used the list they made to work at home; each day make they were supposed to tick the activities that they had made that day in order create awareness about how many activities they had done and what they were.
Session 5: Goals	Next in the program was the explanation of the importance of goals. Also deepened on how changes may occur over time in personal goals, according to different time classifications; short-term goals, long-term goals and life goals. The homework was to make a list of goals for the week, and they had to perform an action each day bringing them closer to their goal.
Session 6: Objective and subjective world	In this session, duality between the objective world and the subjective world was distinguished. The participants reflected and expressed how there can be a healthy point of view on both worlds. That week, participants had to choose five activities at the beginning of the day realize those and reflect about how they feel having made those activities at the end of the day.
Session 7: Social interactions I	In this session, participants were exposed to concepts of thoughts and expectations that people generated in daily interactions. Furthermore, assertiveness was explained. The task at home was to write drown significant interactions all day long and label them as positive or negative.
Session 8: Social interactions II	At the beginning of these session, it was discussed how thoughts and behaviors are affected by positive and negative contact with other people. The last task was to write down each day the contacts they had with others. After writing down negative contacts, participants were supposed to think of how this negative contact could be seen as a positive one.

Statistical data analysis

The research objectives were met with the creation of a database and statistical analysis using the Statistical Package for Social Science (SPSS) version 23. The study was conducted in two parts: In the specific case of group A, Student t was used for dependent sample, assuming equal variances, to determine clear conclusions on the effectiveness of the program in their different variables, and thereby testing the first four hypothesis. In the second part, ANCOVA was applied in each of the scales measured to ascertain the

fifth hypothesis, whether group A and group B show significant equivalencies in the outcome of the programs by excluding the influences generated by the conditions before starting the program.

Results

Pre-post comparison of PPI (Group A) in relation to the measured variables

In the specific case of group A, significant differences can be observed as life satisfaction has increased, measured by SWLS, $t(18) = -2.440$, $p < .05$.

The results have shown that positive affect increased significantly $t(18) = -2.989$, $p < .05$, while negative affect decreased significantly, $t(18) = 2.707$, $p < .05$.

Moreover, we observed that depressive symptoms were significantly lower in the CESD, $t(18) = 2.013$, $p < .05$, and in the HADS, $t(18) = 2.246$, $p < .05$.

Finally, the test BAI that measured physical anxiety symptoms does not show significant differences, $t(18) = 1.518$, $p = .146$, whereas in HADS a significant decrease in anxiety symptoms $t(18) = 2.246$, $p < .05$ is shown.

Pre-post comparison of CBT+PPI (Group B) in relation to the measured variables

In the specific case of group B, significant differences can be observed as life satisfaction has increased, measured by SWLS, $t(25) = -8.685$, $p < .05$.

The results have shown that positive affect increased significantly $t(25) = -5.921$, $p < .05$, but negative affect did not have differences statistically significant, $t(25) = .277$ $p = .784$.

Moreover, we observed that depressive symptoms were significantly lower in the CESD, $t(25) = 6.947$, $p < .05$, and in the HADS Depression, $t(25) = 3.619$, $p < .05$, and HADS Anxiety $t(25) = 5.144$, $p < .05$

Finally, the anxiety measured by test BAI, decreased significantly $t(25) = 3.619$; $p < .05$.

Table 3 shows the results of the Student´s t-test, regarding to the measurements between pre and post intervention in each of the dependent variables: life satisfaction (SWLS), positive and negative affect (PANAS), depressive symptoms (CES-D and HADS) and anxiety symptoms (BAI and HADS).

Table 3
Results of the contrast test for A & B groups, in relation to the measured variables

	Mean		**t**		***p***	
Scales	A	B	A	B	A	B
SWLS Pre	27.42	24.46	-2.44	-8.685	.025	.000
SWLS Post	29.88	28.95				
PANAS Positive Pre	29.53	27.96	-2.989	-5.921	.008	.000
PANAS Positive Post	36.11	37.08				
PANAS Negative Pre	24.63	26.77	2.707	.277	.014	.784
PANAS Negative Post	19.74	25.08				
CES-D Pre	39.47	44.27	2.013	6.947	.049	.000
CES-D Post	33.95	30.31				
HADS depression symptoms Pre	4.79	5.69	2.246	4.189	.038	.000
HADS depression symptoms Post	3.00	2.46				
BAI Pre	19.26	20.58	1.518	3.619	.146	.001
BAI Post	14.58	12.92				
HADS anxiety symptoms Pre	9.79	10.85	2.837	5.144	.011	.000
HADS anxiety symptoms Post	7.42	6.96				

Contrast of effectiveness between PPI and CBT+PPI in relation to the measured variables

Although groups A and B were randomly assigned, they were not equivalent under the “pre” conditions. Because of this, comparing the two groups in the "post" conditions can lead to a Type I error, given the previous differences. Therefore, a statistical treatment that considers the effect of "pre" measurements when comparing "post" measurements is necessary. So, in the contrast of effectiveness CBT vs PPP, ANCOVA was applied in each of the scales measured to ascertain our hypothesis, whether group A and group B show significant differences in the outcome of the programs by excluding the influences generated by the conditions before starting the program. The covariate variable was pre-treatment.

We can observe that there are not significant differences between both groups in any of the measured variables can be found (figure 1). ANCOVA for the life satisfaction after correction was $F(1,41) = .111$, $p > .05$, $\eta p^2 = .003$; covariate corrected $F(1,41) = .227$, $p > .05$, $\eta p^2 = .005$. For the positive affect no significant differences were found $F(1,41) = .127$, $p > .05$, $\eta p^2 = .003$; covariate corrected $F(1,41) = .032$, $p > .05$, $\eta p^2 = .001$. For the negative affect no significant differences were found $F(1,41) = .256$, $p > .05$, $\eta p^2 = .006$; covariate corrected $F(1,41) = .131$, $p > .05$, $\eta p^2 = .003$. For depressive symptoms measured by CES-D, $F(1,41) = .193$, $p > .05$ $\eta p^2 = .005$; covariate corrected $F(1,41) = .670$, $p > .05$, $\eta p^2 = .016$, and for depressive symptoms measured by HADS, $F(1, 41) = .020$, $p > .05$ $\eta p^2 = .000$; covariate corrected $F(1,41) = .298$, $p > .05$, $\eta p^2 = .007$.

Finally, for anxiety symptoms measured by BAI, $F(1, 41) = .517$, $p > .05$ $\eta p^2 = .012$; covariate corrected $F(1,41) = .646$, $p > .05$, $\eta p^2 = .005$, and for anxiety symptoms measured by HADS, $F(1, 41) = 1.083$, $p > .05$ $\eta p^2 = .026$; covariate corrected $F(1,41) = 1.781$, $p > .05$, $\eta p^2 = .042$.

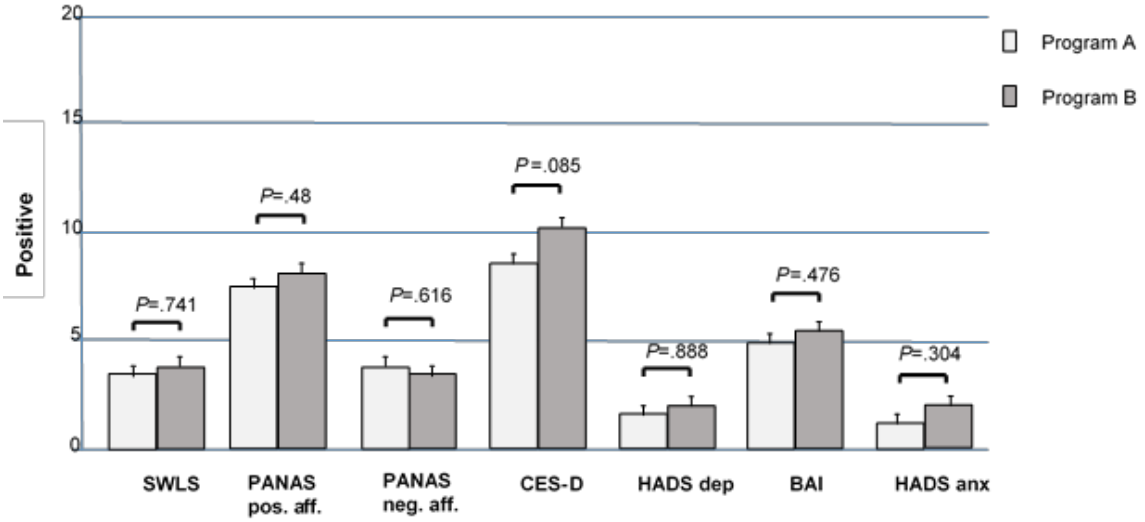

Figure 1. Comparison between groups on different scales.

Discussion

Our findings indicate that both groups (CBT+PPI & PPI) have positive effects on the variables studied, but the CBT does not contribute anything additional to the program of positive psychology.

We assume that adding a set of techniques (CBT), which have good evidence, to another set of techniques (PPI) could make the psychological intervention more effective. Our data denies this. Once the participants' "pre" or "input" values have been controlled, CBT + PPI produces similar effects than only intervening with PPI.

A person is likely to reach a certain level of improvement and cannot be pushed beyond that limit in the short term. In this sense, in general, the scales in the post measurement had values that can be considered normal or characteristic of healthy people (de las Cuevas Castresana et al., 1995; Robles & Páez, 2003; Raldoff, 2003; Sanz et al., 2003). If there are optimal or better values for well-being or health, these values will probably not change in the short term. Thus, if a person is without a major problem of depression or anxiety, a technique to reduce the problem loses its meaning. While CBT does not seem to add anything, interventions with people who have more severe rates of depression and anxiety may be needed. It is also important to try longer-term interventions. The sample of the present study was a subclinical sample and its progress, although remarkable, must also be interpreted in this context.

It is also important to note that the instructor had more training in PPI than in CBT. This could have impacted on reaching equivalent efficacy in the techniques. In this sense, there is evidence that the therapist's level of experience has an effect on therapy (Mason, Grey, & Veale, 2016)

Based on our findings, we can say that Positive Psychology program could be effective to increase life satisfaction and positive affect and to decrease negative affect and anxiety and depression symptoms, is confirmed. Our results are consistent with the other authors previously analyzed (Burke & Linley, 2007; Diener et al., 1997; Fredrickson, 2001; Fredrickson et al., 2008; Fredrickson & Losada, 2005, 2013; Green et al., 2007; Madden, 2011; Proctor et al., 2011; Seligman et al., 2005; Toussaint & Friedman, 2009; Wood et al., 2010). Nevertheless, the Positive Psychology Program compared with a Cognitive-Behavioral & Positive Psychology program would have the same efficacy. In this sense, we can observe that there are not significant differences between both groups in any of the variables analyzed.

Positive Psychology emerged as an attempt to overcome the 65% success that psychotherapy has been unable to overcome (Seligman & Csikszentmihalyi, 2000). This is very important, especially in the case of depression and anxiety, as they are the most prevalent pathologies in the general population (Carneiro et al., 2007). Positive Psychology interventions are an important resource that not based on the correction of defects but on building skills, developing strengths, and giving people tools to prevent possible pathologies (Seligman et al., 2005).

This research points out that a Positive Psychology program enhances emotional well-being in university students. The first statement is that the study shows an increase in life satisfaction from the proposed program based on Positive Psychology. Secondly; a direct impact on the meaning that people have

regarding a greater positive assessment of themselves in their life, has also been proved by this study (Carneiro et al., 2007; Csikszentmihalyi et al, 2003; Diener et al., 2002; Tarlow et al., 2002). Furthermore, from a hedonic point of view, in which well-being is seen as the presence of positive affect and the absence of negative affect (Vázquez et al., 2009), it is found that providing tools of Positive Psychology, university students increased their emotional well-being in both aspects (Diener et al., 1997). Moreover, it can be concluded that using Positive Psychology techniques or combining them with other validated psychological treatments (Carneiro et al., 2007; Lyubomirsky & Layous, 2013; Pintado & Castillo, 2015; Tarlow et al., 2002), to decrease depression symptoms, with depression being, one of the most investigated pathologies can help. Meanwhile, for anxiety symptoms differentiation of physical symptoms and emotional symptoms has to be made. The benefits of Positive Psychology also improved emotional well-being (Csikszentmihalyi el al., 2003; Diener et al, 2002; Lyubomirsky et al., 2013).

Health psychology is home to many different branches. It is a duty to share the most holistic treatment providing the tools that foster big differences in the life of patients, maximizing optimal experiences in their lives. Finally, the contrast of both groups shows that the Positive Psychology program, is as effective as a Cognitive- Behavioral combined with a Positive Psychology program (Carneiro et al., 2007; Vázquez et al., 2009).

The Positive Psychology program had many benefits, especially in increasing emotional well-being. Moreover, the variables can be measured in the middle of the program to investigate the process and the evolution of the participants. In order to capture whether Positive Psychology tools can prevent relapses and future pathologies, variables could be measured on the long term.

The limitations of the study do not allow us to know whether CBT has a greater or lesser effect than IPP, as the purpose was simply to know whether enriching PPI with CBT made PPI more efficient. Future studies could make a comparison between the two interventions, contrasting three intervention groups: CBT, PPI, CBT+PPI, plus a control group.

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