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## RESEARCH ARTICLE

### DOES GRATITUDE JOURNALING IMPROVES SUBJECTIVE WELLBEING OF PATIENTS WITH DEPRESSION? A PRE-EXPERIMENTAL STUDY

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#### ABSTRACT

Subjective wellbeing plays an integral role in the onset and severity of depression. A one group pre-test post-test study was conducted to evaluate the effectiveness of selected positive psychotherapy technique called Gratitude Journaling on subjective wellbeing among depressive patients. The objectives were to assess the subjective wellbeing among depressive patients, determine the effectiveness of Gratitude Journaling on subjective wellbeing among depressive patients and identify the association between pre-test subjective wellbeing and socio-demographic characteristics. 30 depressive in-patients were selected using purposive sampling technique from Sree Ramakrishna Ashrama Charitable Hospital, Sasthamangalam after screening with Hamilton depression rating scale. The pre-test level of subjective wellbeing was assessed using researcher prepared Subjective wellbeing assessment rating scale followed by the administration of Gratitude Journaling technique for the consecutive 2 weeks duration. The post test was conducted two days after the interventions. The mean post test scores (38.73) was significantly higher than the mean pre-test score (19.83). There was a significant association between pre-test subjective wellbeing and level of depression ( $P < 0.05$ ). Hence it was concluded that there was significant improvement in subjective wellbeing among patients with depression after practising gratitude journaling technique.

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#### INTRODUCTION

Everyone wants to lead a happier life. The criteria for happiness vary from person to person. How one perceives and responds to the life events determines his or her satisfaction with life. A positive state of mind is essential for happiness and satisfaction in the life. When there is imbalance to the state of mind, it affects the wellbeing of the person and how the individual perceiving the life events also changes (Carver C.S, 2000). We all are living in a world in which the reality of life can be harsh and depressing. People need money to afford food and shelter, and are judged and influenced by the wealth and therefore social status they have, and most people spend the majority of their lives trying to earn as much money as possible. On a global level, the world is filled with disease, war, and tragedy, and in many ways it can be said that humans are their own worst enemies. How can we live in this reality without becoming incapacitated by the depressiveness and futility of life? (Flynn et al. 2008).

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Fortunately we are able to see the positive side of everything in our life. We are capable of appreciating what we have as a result of tragedy, and we believe that the future is bright and fulfilling. It is the combined effect of our cognitive, personality and affective factors, which provide the homeostatic regulation.<sup>2</sup>Mental health is accepted as an essential component of health. Mental health refers to a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. (World Health Organization, 2004). Subjective wellbeing refers to a cognitive and/or affective appraisal of one's own life as a whole. Psychological wellbeing focuses on the optimal functioning of the individual and includes concepts such as mastery, hope and purpose in life. Historically the mental health system has primarily focused on treatment of mental health disorders; however, it is acknowledged that this treatment-oriented approach alone cannot adequately address the growing social and economic burden of mental illness. The absence of mental illness is completed by the presence of subjective well-being (Andrews et al, 2004).

## Background and need for the study

Depression is a common illness worldwide, with more than 300 million people affected, which is a leading cause of disability worldwide, with major contribution to the overall global burden of disease. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds. The theme of 2017 World Health Day campaign is depression. (World health organisation, 2017) According to WHO, depression will be the second most important health problem by the year 2020. According to the lifetime prevalence statistics for major depression, 10% to 25% of women and 5% to 12 % of men are affected by the condition, with up to 15% of individuals dying by suicide. If this is indeed the case, the true prevalence of depression may be higher due to unreported incidents of depression within the community. (World Health Organization, 2008). A mental illness like Depression can alter the subjective wellbeing of the individual. There is substantial evidence that subjective wellbeing is inversely related to depression. Subjective wellbeing in turn plays an integral role in the onset and severity of depression. People with depression have a worse subjective wellbeing than people with other psychiatric disorders. It is predicted that depression assessment based on subjective wellbeing domains will lead to increased specificity of depression intervention available to clients. It was proposed that subjective wellbeing measures could effectively be used in depression detection and treatment evaluation. It can be assumed that most people with a subjective wellbeing level below 50% would be depressed. It is on this premise that the conclusion is made that measures of subjective wellbeing could be used to indicate depression (Knutosvaldheiertzeit, 2010).

The term wellbeing is a multifaceted construct with no single, clearly accepted definition in psychological research. Subjective wellbeing has been defined as how an individual evaluates his/her own life and incorporates both affective (e.g., positive and negative emotions) and cognitive (eg. satisfaction judgments) components. Subjective wellbeing is the full integration of states of physical, social, emotional, spiritual and intellectual wellbeing. Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. Social wellbeing is the ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends and co-workers contributes to our social wellbeing. Emotional wellbeing is the ability to understand ourselves and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness or stress; hope, love, joy and happiness in a productive manner contributes to our emotional wellbeing. Spiritual wellbeing is the ability to establish peace and harmony in our lives. The ability to develop congruency between values and actions and to realize a common purpose that binds creation together contributes to our spiritual wellbeing (Diener, E., 1984). The World Health Organization (2001) defines mental health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community". This definition emphasizes wellbeing and

positive functioning, and clearly indicates that mental health is more than the absence of illness. A growing body of scientific knowledge demonstrates that contrary to prior beliefs, wellbeing and illness are not simply flip sides of the same coin or opposite ends of a single continuum; rather they are independent but moderately correlated constructs. The implication for mental health is that alleviation of symptoms of illness (Ryff A., 2006).

A descriptive study was conducted to assess whether low wellbeing is a risk factor for depressive symptoms in Capella University. 121 depressive patients were assessed for subjective wellbeing, depressive symptoms, and a set of psychological and demographic traits at 3 month intervals during the year. Low subjective wellbeing significantly predicted increased depression symptom scores and accounted for individual level inter-variability in depression symptom trends across time. The study concluded that assessing subjective wellbeing may have utility in predicting future depression risk (Headey, B, Wearing A, 1989). For over 100 years, psychotherapy has been where clients go to talk about their troubles. In addition to trying many brands of psychotherapy, every year hundreds of thousands of people attend retreats, workshops, camps, and courses where the focus is nearly always on repairing negative symptoms, traumas, wounds, deficits, and disorders. In order to help address the shortcomings in understanding of wellbeing and the contribution it makes to mental health, the American psychological association presidential address (1998) called for the establishment of positive psychology - the scientific study of wellbeing and optimal human functioning. (Mitchell, 2010). Seligman and Csikszentmihaly's (2000) pioneered these principles of positive psychology in their well-known article entitled 'Positive psychology. A variety of interventions have been developed to facilitate positive emotions, subjective wellbeing, growth, creativity, relationships, fulfilment, and other desirable consequences. Among that, the researcher used "Gratitude Journaling" technique in the current study.

## Gratitude Journaling

The current study used, 'Gratitude Journaling' as a positive psychotherapy technique (PPT) in which the patients are asked to memorize and write down one of their past life event they are grateful for. The patients are provided with a diary and pen and each day one hour will be given for writing about one past event. The diary will be maintained for continuous 7 days in a week. The technique will be administered in four phases: 1) Orientation phase, 2) Working phase, 3) Maintenance phase and 4) Termination phase. Gratitude is a subject that has received considerable attention in psychological research. The efficacy of gratitude interventions has been studied in clinical samples, student populations and general adult populations. A gratitude journal is a diary of things for which one is grateful. Gratitude journals are used by individuals who wish to focus their attention on the positive things in their lives. Gratitude journals may be one treatment used to alleviate depression. A daily gratitude intervention resulted in higher reported levels of the positive states of alertness, enthusiasm, determination, attentiveness, and energy. Research has shown that keeping a journal helps strengthen the immune system, reduces symptoms of asthma and rheumatoid arthritis and decreases stress. Focusing on gratitude helps to reduce stress and increases feelings of happiness, satisfaction and overall well-

being. A gratitude journal combines both. (William F. Dover spike., 2010). There is a mounting body of information indicating subjective wellbeing can be enhanced both immediately and in the long term through a range of positive psychotherapy techniques. One of the larger experimental studies that investigated long-term effects compared multiple groups in University of Colorado. Changes in subjective wellbeing and depressive symptoms were tested for a time interval of up to 6 months among a total of 411 depressive patients who were randomly assigned to five intervention groups or to a placebo control group. The participants self-administered the interventions for 1 week (or longer if they continued to practice), and completed questionnaires to measure their degrees of subjective wellbeing and depression at six time points (pretest, posttest directly after the intervention, after 1 week/1 month/3 months/ 6 months).

Subjects who employed three of the tested interventions (i.e., 'Gratitude Journaling'; 'Three Good Things'; and 'Use of Character Strengths')<sup>8</sup> demonstrated an increase in subjective wellbeing and an alleviation of depressive symptoms compared to the placebo control. Their results showed that PPIs can indeed be effective in enhancing well-being ( $r = 0.29$ , standardized mean difference Cohen's  $d = 0.61$ ) and help to reduce depressive symptom levels in clinical populations ( $r = 0.31$ , Cohen's  $d = 0.65$ ). Whereas the effects of the Gratitude Journaling intervention on subjective wellbeing and depression lasted for 1 month. (Martin E. P. *et al.*, 2005). Positive psychotherapy rests on the hypothesis that mental illness like depression can be treated effectively not only by reducing its negative symptoms but also by directly building positive emotions. Subjective wellbeing measures like positive psychotherapy can be used to screen for depression could lead to better understanding of the nature of depression in an individual, therefore enabling more specific and efficacious treatment options to be devised (Sin, N. L., *et al.*, 2009). Positive psychotherapy techniques like "Gratitude Journaling" contrasts with standard interventions for depression by increasing positive emotion, engagement, and meaning rather than directly targeting depressive symptoms. Hence the researcher felt the need of experimenting the effectiveness of these positive psychotherapy techniques in improving the subjective wellbeing among depressive patients.

### Statement of the Problem

A study to evaluate the effectiveness of Gratitude Journaling technique on subjective wellbeing among depressive patients in selected mental health centres at Thiruvananthapuram.

### Objectives

- To assess the subjective wellbeing among depressive patients.
- To determine the effectiveness of Gratitude Journaling techniques on subjective wellbeing among depressive patients.

## MATERIALS AND METHODS

The current study used a one group pre-test post-test design in quantitative approach. The study was conducted among 30 patients with depression admitted in Sree Ramakrishna Ashrama Charitable Hospital, Sasthamangalam,

Thiruvananthapuram selected using Non probability purposive sampling technique. Inclusion criteria used in the study were as follows; willing depressive in-patients who are in the age group of 20-60 years, of both gender, having mild to moderate depression scores according to Hamilton depression rating scale, able to understand, read, write Malayalam (local language) or English with grade III to VI Insight, where main/or co-diagnosis can be Schizo-Affective disorder, Mood disorder, Substance abuse disorder, Neurotic and Personality disorders. Exclusion criteria were; Depressive patients who are receiving ECT and patients having disabilities like blindness, deafness, dumbness, dysgraphia, expressive or receptive language disorder.

The researcher interviewed the subjects using 2 tools: Tool 1:- Hamilton depression rating scale (17 items) and Tool 2:- Subjective wellbeing assessment rating scale with 2 sections. (Section A: -Demographic variables, Section B: - Subjective wellbeing assessment rating scale.). The demographic variables included age, gender, religion, marital status, education, occupation, monthly family income, type of family, previous hospitalization, level of depression, level of insight and diagnosis. Subjective wellbeing assessment rating scale is a researcher prepared 4-point rating scale consists of total of 20 statements assessing the subjective wellbeing of following five domains (Physical, Social, Emotional, Spiritual and Intellectual domain) with 20 items. Each domain was assessed by four statements each. The items were scored in a 4-point scale, ranging from 1=Rarely, if ever to 4=Always. The investigator assessed the subjective wellbeing score of depressive patients by rating each of the statements.

The sum total of 20 items was used to assess the total score. Interpretation of the score is as follows: Very unhealthy (0 – 20), Unhealthy (21-40), healthy (41-60), and Very healthy (61-80). The content validity of the tool was established in consultation with nine experts in the field of Mental Health Nursing, Psychiatry, and Clinical psychology. Test-retest method was used to test the reliability of the tool. Correlation of the test was found out by using Karl Pearson's correlation coefficient formula ( $r=0.82$ ). A pilot study was conducted to assess the feasibility for conducting the main study and it was done with 6 samples.

The setting of the pilot study was Jayabharatham Mental Health Centre, Punalur. Prior to the data collection, permission was obtained from concerned authority of the mission hospital for conducting the main study. Ethical clearance obtained from institutional review board. Samples were selected according to the selection criteria of the study. Confidentiality was assured to all subjects. An informed consent form was given to all subjects before data collection. The pre-test level of subjective wellbeing was assessed using Subjective wellbeing assessment rating scale followed by the administration of Gratitude Journaling technique for the consecutive 2 weeks duration. The post test was conducted two days after the interventions. Frequency and percentage distribution was used to describe the demographic data. Mean, mean percentage and standard deviation was used to assess the level of subjective wellbeing. Unpaired t-test was used to find out the effectiveness of selected positive psychotherapy techniques to improve subjective wellbeing. Chi-square test was used to find out the association between the subjective wellbeing and selected demographic variables.

## RESULTS

More than one-fourth (30%) of the subjects belonged to the age groups of 20-30 years and 51-60 years each, about 66.66% were males and 33.34% were females, 73.33% were unmarried, with More than half (63.33 %) had primary school Education, and Around three-fourth (63.33%) of the subjects were unskilled workers, from a joint family (60%). In the current study around three-fourth (73.33%) of the subjects had moderate level of depression whereas the remaining one fourth (26.66%) of the samples were having mild level of depression. (Fig.1).

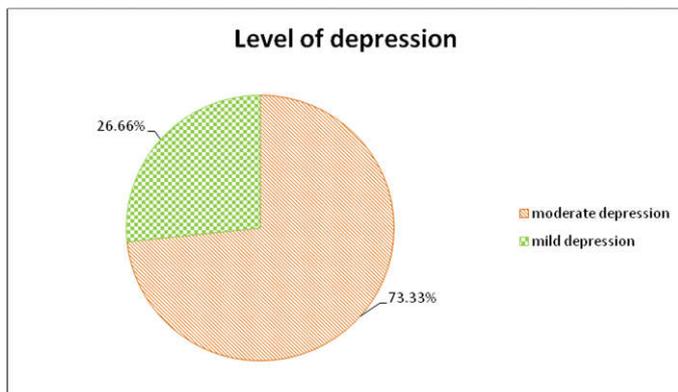


Figure 1. Level of depression(%) among the subjects (n=30)

More than half (63.33%) subjects had grade III insight whereas more than one fourth (30 %) were having grade IV insight, and the least 6.66% grade VI insight (Fig. 2).

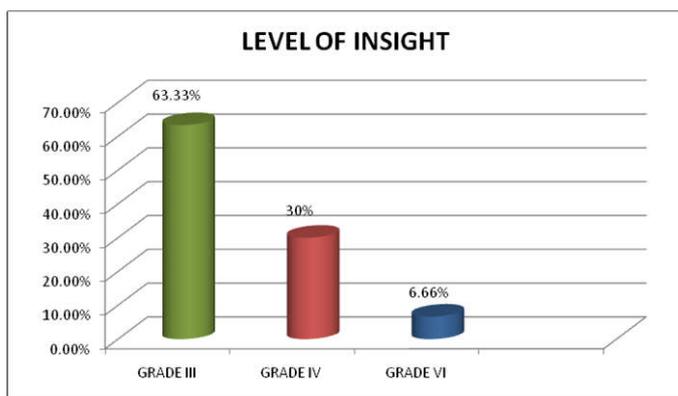


Figure 2. Level (%) of insight among subjects (n=30)

The data presented in the Table 1 shows that the pre-test subjective wellbeing score of 56.66% of subjects was very unhealthy and 43.34% subjects had an unhealthy subjective wellbeing score whereas in the post-test 70% had a healthy subjective wellbeing score and 30% of subjects had an unhealthy subjective wellbeing score.

The findings in table 1 revealed that the mean post test score (38.73) was significantly higher than the mean pre-test score (19.83). The calculated 't' value (17.215) in subjective wellbeing was greater than the table value (2.756) at 0.01 level of significance. Therefore, the research hypothesis (H1) was accepted indicating the improvement in subjective wellbeing was not by chance. Hence it was concluded that there was significant improvement in subjective wellbeing among depressive patients after 'Gratitude Journaling'. The association between selected socio-demographic variables and subjective wellbeing was analysed. The association between level of depression ( $\chi^2=11.912$ ) and pre-test subjective wellbeing found to be significant at 0.01 level of significance.

## DISCUSSION

The researcher conducted the study in which pre-test subjective wellbeing scores of depressive patients showed that more than half (56.66%) of the samples had a very unhealthy subjective wellbeing and the rest (43.34%) of the samples had an unhealthy subjective wellbeing. Similarly, a descriptive study was conducted to assess the level of subjective wellbeing among depressive patients in psychiatric hospitals in a selected urban area at Canada, United States of America. The data were collected from 100 depressive patients selected by purposive sampling using subjective wellbeing scale. The results suggested that among the depressive patients majority (88%) had low subjective wellbeing score and 12% had moderate subjective wellbeing score. (Sin, N. L *et al.*, 2009). An experimental study was conducted to evaluate the effectiveness of Gratitude Journaling on enhancing subjective wellbeing New York, United States of America.

Table 1. Frequency, Percentage, Mean, Mean difference and 't' value between pre-test and post test scores

SWB score	Pre-test			Post test			M.D	't' value
	f	%	Mean	f	%	Mean		
Very Unhealthy	17	56.66	19.83	0	00.0	38.73	18.99	17.215**
Unhealthy	13	43.33		9	30			
Healthy	0	00.0		21	70			
Very Healthy	0	00.0		0	00.00			

p < 0.01 \*\* = Significant

The researchers examined the effects of a grateful outlook on subjective wellbeing and other outcomes of positive psychological functioning in 221 depressive patients (147 women and 54 men). There were a total of 65 participants in the Gratitude Journaling, 64 in the hassles group, and 67 in the events condition. A posthoc Scheffe's test revealed that the Gratitude Journaling elicited more gratitude (MD= 10.16, SD =1.93) than did the hassles condition (MD= 9.08, SD =1.95, p <.05). Results indicated that Gratitude Journaling was associated with enhanced self-reported gratitude, optimism, life satisfaction, and decreased negative effect. Feeling grateful in response to aid mediated the relationship between experimental condition and general gratitude at the 3-week follow-up. The most significant finding was the robust relationship between gratitude and satisfaction with life at both the immediate post-test and 3-week follow-up. The study concluded that Gratitude Journaling seems to be an effective intervention for subjective wellbeing enhancement in depressive patients (Seligman M. E *et al.*, 2005). In mental health care, positive psychotherapy techniques can be used in conjunction with problem-based preventive interventions and treatment. This combination of interventions might be

appropriate when clients are in remission; positive psychotherapy techniques may then be used to strengthen psychological and social resources, build up resilience and prepare for normal life again. Practitioners can tailor their treatment strategy to the needs and preferences of a client and can use positive psychotherapy techniques in combination with other evidence-based interventions that have a positive approach and aim to enhance subjective wellbeing, such as mindfulness interventions, Acceptance and Commitment Therapy, forgiveness interventions, behavioral-activation and reminiscence. In the context of public health, positive psychotherapy techniques can be used as preventive, easily accessible and non-stigmatizing tools. They can potentially be used in two ways. In mental health promotion (e.g. leaflets distributed for free at community centers, (mental) health internet portals containing psycho-education), and as a first step in a stepped care approach. In the stepped care model, clients start with a low-intensity intervention if possible, preferably a self-directed intervention. These interventions can be either guided by a professional or unguided, and is increasingly delivered over the internet. Clinical outcomes can be monitored and people can be provided with more intensive forms of treatment, or referred to specialized care, if the first-step intervention does not result in the desired outcome. Limitations in the study were: 1) study was restricted to one particular mental health centre, 2) with limited samples which reduced the chances of generalization 3) lack of control group and limited time period (6 weeks). By considering the scope of the current findings it can be recommended to 1) Replicate study on a large sample thereby generalize the findings to a large population 2) The delivery of interventions over a longer period (at least four weeks and preferably eight weeks or longer) on an individual basis. 3) scope of both qualitative and mixed method study to explore the client's inner feelings regarding the subjective wellbeing and effect of psychotherapies.

## Conclusion

Considering the current study findings and supporting literatures, positive psychotherapy techniques like gratitude journaling found to be effective in improving physical, social, emotional, spiritual and intellectual domains of subjective wellbeing among patients with depression. So the practice of the same can be implicated in both inpatient and outpatient care of patients with depression. Mental health professionals can take up the role of facilitators in improving the gratitude and thereby the wellbeing of the needy.

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