

An internet-based intervention for depressive symptoms including positive psychology and behavioral activation components: A qualitative analysis of patients' experiences

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ABSTRACT

Objective: Effective treatments for depression do not reach all patients. Many therapeutic components reduce negative symptoms without enhancing positive aspects. Positive psychology (PP) addresses this gap and has shown efficacy in improving depressive symptoms. Qualitative studies provide insight into patients' perceptions of psychological treatments. This study aimed to qualitatively analyze the experiences of 8 participants who completed an internet-based intervention (IBI) for mild to moderate depression. **Method:** After interviewing the participants, following the *Consensual Qualitative Research* methodology, there were analyzed domains, categories and nuclear ideas. **Results:** A total of 22 categories were identified across six domains: benefits related to the content of the program, like improving cognitive flexibility; benefits of the behavioral activation component, like increasing social engagement; benefits of the PP component, like savoring the present; advantages of the program being IBI; areas of the program that need improvement; and aspects of the online delivery that could be enhanced. **Conclusions:** Qualitative analysis provides valuable information about the experience of users.

Keywords: Internet-based intervention; positive psychology; behavioral activation; qualitative analysis.

Intervención a través de internet para la sintomatología depresiva que incluye componentes de psicología positiva y activación conductual: Un análisis cualitativo sobre la experiencia de los pacientes

RESUMEN

Objetivos: Los tratamientos eficaces para la depresión no llegan a todos los pacientes. Muchos componentes terapéuticos disminuyen los síntomas negativos sin incrementar los aspectos positivos. La psicología positiva (PP) aborda esta brecha, demostrando eficacia para mejorar los síntomas depresivos. Los estudios cualitativos informan sobre la valoración de los pacientes en relación con los tratamientos psicológicos. Este estudio pretende analizar cualitativamente la opinión de 8 participantes que completaron un programa de intervención a través de internet (IBI) para depresión leve y moderada. **Método:** Tras entrevistar a los participantes, siguiendo la metodología *Consensual Qualitative Research*, se analizaron dominios, categorías e ideas nucleares. **Resultados:** Se identificaron 22 categorías dentro de 6 dominios relacionados con los beneficios relacionados con el contenido del programa, como mejorar la flexibilidad cognitiva; beneficios del componente de activación conductual, como el disfrute social; beneficios del componente de PP, como saborear el presente; ventajas del programa por tratarse de una IBI; aspectos del programa que se deben mejorar; y aspectos de la aplicación en línea del programa que se deben mejorar. **Conclusiones:** El análisis cualitativo proporciona información valiosa sobre la experiencia de los usuarios.

Palabras clave: Intervención a través de internet; psicología positiva; activación conductual; análisis cualitativo.

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Introduction

The World Health Organization (2011) estimates that depression will be the leading cause of disability

by 2030. There are treatments for depression that have already shown their efficacy, such as cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), or problem-solving therapy (PST) (Cuijpers et al., 2023). However, more than half of people suffering depression receive no treatment (Evans-Lacko et al., 2018) and perceive external barriers to accessing psychotherapy, such as lack of time, cost of the therapy or difficulties in moving to the place where sessions are performed (Schaffler et al., 2022). An alternative resource to face-to-face therapy that overcomes these barriers is internet-based intervention (IBI) (Kazdin & Blase, 2011). In IBI programs, each patient can access this resource at their own pace and time, as these programs offer a self-applied and adapted guide that administers the intervention through the internet (Karyotaki et al., 2021). Some advantages of IBI are the ease of access for users, a decrease in the prejudices and stigma the patient could experience towards going to psychotherapy, the ability to reach a high number of people, and a decrease in waiting times (Andersson & Titov, 2014). This type of intervention is efficient and low cost for emotional problems such as depression (Karyotaki et al., 2021). The results of IBI can be comparable to those of face-to-face therapies in patients with depression (Carlbring et al., 2018). Nevertheless, the dropout rates in this kind of program are high (Woods et al., 2017).

Until recently, most psychological interventions have focused on reducing psychopathological symptoms, rather than enhancing wellbeing. However, it is important to consider that depression is characterized not only by a high negative affect but also by anhedonia, low positive affect, and well-being (Bolier et al., 2013). Positive psychology (PP) focuses on enhancing positive emotions, personal strengths, and subjective well-being, moving beyond the traditional goal of alleviating psychological distress (Seligman & Csikszentmihalyi, 2000). Unlike conventional approaches that primarily target symptom reduction, PP aims to build psychological resilience by fostering qualities such as gratitude, optimism, and hope. These elements have been shown to contribute not only to emotional recovery but also to sustainable mental health and life satisfaction (Fredrickson, 2001).

In the context of depression, PP seeks to address the anhedonia and low positive affect that often accompany the disorder. Multicomponent psychological programs, which combine elements like CBT, emotion regulation, psychoeducation, and mindfulness, offer a comprehensive approach to mental health care (Cuijpers et al., 2017). One example of this is the program PsicoObe, aimed to reduce weight and dysfunctional eating behavior (Félix-Alcántara et al., 2023). Research indicates they are

more effective than single-component interventions in reducing depression and improving well-being (Lopresti, 2019). Key interventions include practices like savoring positive experiences, recognizing and using personal strengths, and cultivating mindfulness of the present moment (Bryant & Veroff, 2007; Rashid, 2015). For instance, exercises such as identifying daily sources of gratitude or reflecting on personal achievements have been shown to reduce depressive symptoms and increase positive emotional states (Bolier et al., 2013). However, few studies have included a PP component in an IBI (Bolier et al., 2013). On the other hand, behavioral activation (BA) is a therapeutic approach that emphasizes increasing engagement in meaningful and enjoyable activities while reducing avoidance behaviors often associated with depression (Barraca, 2009; Cuijpers et al., 2023). BA operates on the principle that inactivity and isolation exacerbate depressive symptoms, whereas structured activity can improve mood and foster psychological resilience (Furukawa et al., 2018). While PP and BA share common goals, such as promoting pleasurable activities and improving emotional well-being, they differ in theoretical focus and application. BA emphasizes modifying behavior through structured activities to break cycles of avoidance and improve mood. In contrast, PP aims to foster reflection, personal strengths, and a sense of purpose, emphasizing emotional and cognitive enrichment (Rashid, 2015; Bryant & Veroff, 2007).

We have developed an IBI for depression, “Smiling is Fun”, which includes both a PP component and a BA component (Mira et al., 2017). Several randomized control trials (RCTs) have provided quantitative data about its effectiveness, acceptance, and usability in depressive patients in different contexts such as primary care settings or the general population (Montero-Marín et al., 2016; Mira et al., 2017). Currently an RCT dismantling study of the program is being conducted to examine opinions on the IBI and the respective contribution of both of its two main components (Mira et al., 2019).

The field of psychotherapy has experienced a notable increase in interest regarding the experiences of the clients or patients undergoing intervention (Levitt et al., 2016). While quantitative research has contributed significantly, qualitative studies offer insights into the experiences, behaviors and personal meanings that clients attribute to psychological treatments (Fernández-Álvarez et al., 2017). The Consensual Qualitative Research (CQR) methodology (Hill et al., 2021) provides not only a protocol for qualitative data analysis but also fosters consensus, facilitating teamwork as all members use the same methodology to compare

results (Fernández-Álvarez et al., 2017). The qualitative interview is a valuable instrument to understand integral aspects of health service users, as the combination of both qualitative and quantitative data provides potential advantages (Sørensen et al., 2023).

The aim of the present study was to conduct a qualitative analysis of the subjective experience of eight participants involved in the RCT dismantling study of Smiling is Fun (Mira et al., 2019). Specifically, the following aspects were qualitatively analyzed: the benefits related to the content of the program and to the BA and PP components, the advantages of the program due to being an IBI, and the aspects of the program and of the online application of the program to be improved. It is hypothesized that: (1) the IBI program will improve depressive symptoms in every condition; (2) the PP component will help participants identify and reinforce personal strengths, savor positive moments, and increase focus on the present; (3) the BA component will enhance motivation for activity, participation in pleasurable activities, and social engagement; and (4) participants will find the IBI delivery format beneficial due to aspects such as its flexibility and accessibility but may highlight areas for improvement.

Method

Participants

The sample for this study consisted of $n = 8$ patients recruited from the Psychological Care Service at the Universidad Jaime I (UJI). At the time of recruitment, participants had an average age of $M = 45$ years ($SD = 11.91$). The sample comprised 62.5% women and 37.5% men, with an equal distribution of marital status: 50% were married and 50% single. All participants had attained higher education. In the pre-treatment phase, the average score on the Beck Depression Inventory-II (BDI-II; Beck et al., 1996) was $M = 18$ ($SD = 7.25$), indicating mild to moderate depressive symptoms. Participants (denoted as Px according to their assigned number for this study) were allocated to the experimental conditions of the original study as follows: 50% ($n = 4$: P2, P4, P6 and P7) were assigned to the internet-based Global protocol condition (IGc), 25% ($n = 2$: P1 and P8) to the Internet-based Positive Psychology protocol condition (IPPC), and 25% ($n = 2$: P3 and P5) to the Internet-based Behavioral Activation protocol condition (IBAc).

The inclusion and exclusion criteria were the same as in the original RCT study. The inclusion criteria were: (a) age between 18 and 65 years; (b) ability to read and understand Spanish; (c) access to the internet

at home and possession of an email address; (d) basic user-level internet skills; and (e) mild to moderate depressive symptoms (scoring between 14 and 28 points on the BDI-II) (Beck et al., 1996); and in this study, an additional criterion was that f) participants had finished the entire intervention program. The exclusion criteria were: (a) receiving psychological treatment during the study period; (b) having a severe Axis I mental disorder, such as alcohol or substance dependence, psychotic disorder, or dementia; and (c) the presence of significant suicidal ideation or a concrete suicide plan.

The study has been approved by the Ethics Committee of the UJI (Castellón, Spain, approval number: 4/2017). The RCT has been registered at clinicaltrials.gov as NCT03159715.

Instruments

For the data collection, a semi-structured open-question interview composed by 40 questions was developed *ad hoc* to be used in this study to ask to the participants their opinion about the program. It was specifically related to the following: *Benefits related to the content of the program and benefits of the BA and PP components*. Furthermore, *advantages of the program due to being an IBI and aspects of the program to be improved*. This interview was developed according to the CQR criteria (Hill et al., 2021). One of the objectives of the CQR is to bring together information from different thematic areas. The purpose of the interview questions was to study the participants' opinions in depth.

Procedure

After completing the intervention program between June and September of 2023, the $n = 8$ participants were contacted via phone calls to conduct qualitative interviews lasting between 60 and 90 minutes, which took place from September to December of 2023. All interviews were recorded and fully transcribed to provide the necessary data for this study. The transcripts were analyzed using the CQR methodology (Hill et al., 2021), which facilitated the exploration of participants' perceptions of variables related to the treatment program, its online delivery, and the specific components of BA and PP.

This study was a qualitative investigation into the opinions and experiences of the first $n = 8$ participants of a three-armed, single-blind dismantling randomized controlled trial (Mira et al., 2019) who completed the Internet-based intervention (IBI) and participated in a qualitative interview post-intervention. The RCT

compared three experimental conditions: (a) the IGc; (b) the IBAc; and (c) the IPPc. Randomization was stratified based on the severity of participants' depression, ranging from mild to moderate. Further details regarding the study design, recruitment methods, inclusion criteria, intervention content, participant support, and primary outcomes are available in Mira et al. (2019).

The intervention program, Smiling is Fun, is an IBI designed to treat mild to moderate depressive symptoms. It is grounded in CBT and also includes a PP component. The program focuses on enhancing well-being, positive emotions, and psychological strengths. It comprises eight modules: 1. Motivation for change (Motivation), 2. Understanding emotional problems (Psychoeducation), 3. Learning to move on (BA), 4. Learning to be flexible (Cognitive Flexibility), 5. Learning to enjoy (PP), 6. Learning to live (PP), 7. Living and learning (PP), and 8. And from now on... what else? (Relapse Prevention).

Participants assigned to the IGc completed all eight modules. Table 1 illustrates the modules undertaken in the IBAc and IPPc conditions. While modules 1, 2, 3, and 8 were common across all three conditions, modules 4, 5, 6, and 7 were tailored to the specific experimental condition.

Data analysis

The narrative content of the interview was analyzed through the CQR methodology (Hill et al., 2021). The structure of the CQR methodology includes two key aspects. The first one is to establish a three-member team: one auditor and two judges. The second aspect is to follow specific steps, establishing domains (main topics), categories (the most important points that compose each domain and the frequency of repetition), and nuclear ideas (illustrative phrases that represent

each category). The procedure consisted of transcribing the interviews of the $n = 8$ participants and ordering the ideas provided by them to subsequently establish the domains, categories, and nuclear ideas.

The categories obtained were assigned as *general* if the frequency was 100%, which meant that all the participants gave a similar answer, *typical* if it was applicable to between 4 and 7 participants, and *variant* if it was applicable to between one and three participants.

Results

The domains, categories, and nuclear illustrative ideas cover the three key aspects of the CQR methodology. A total of 22 categories in six domains were found from which 12 appeared *typically* and 10 appeared *variant*. The six domains were *Benefits related to the content of the program*, *Benefits of the BA component*, *Benefits of the PP component*, *Advantages of the program due to being an IBI*, *Aspects of the program to be improved*, and *Aspects of the online application of the program to be improved*.

1. Benefits related to the content of the program

This domain referred to the benefits that participants obtain from the content of the program. The categories extracted from this domain were the following: Coping Strategies, Cognitive flexibility, Identification of one's own emotions, Goals for the future, and Other benefits (Table 2).

Coping strategies (variant). This category referred to the opinions related to the acquisition and improvement of coping strategies. A representative example of this category was the following:

Interviewer: "Would you recommend that other people with emotional problems do the treatment program? Why?"

Table 1. The structure of IBAc and IPPc conditions

IBAc protocol	IPPc protocol
Modules/Therapeutic Component	Modules/Therapeutic Component
1. Motivation for change/Motivation	1. Motivation for change/Motivation
2. Understanding emotional problems/Psychoeducation	2. Understanding emotional problems/Psychoeducation
3. Learning to be flexible/Cognitive flexibility	3. Learning to be flexible/Cognitive flexibility
4. Learning to be active/BA	4. Getting involved in life/PP
5. My significant activities/BA	5. Enjoying Life/PP
6. Seeking support to be active/BA	6. Accepting life/PP
7. Keeping my life active/BA	7. Achieving a full life/PP
8. And from now on what...? /Relapse prevention	8. And from now on what...? /Relapse prevention

Note. IBAc = Internet-based Behavioral Activation condition; IPPc = Internet-based Positive Psychology condition

Participant (P2): “Yes, because (...) you create your own strategies to adapt to changes that may occur or have occurred in your life and that, when applied later, are very useful, in fact, it has helped me a lot.”

Cognitive flexibility (typical). This referred to the aspects that the participants mention that have led to a change in their thoughts, such as obtaining more cognitive flexibility. E.g., participant P3 highlighted the following:

Interviewer: “What aspects of the treatment program you have carried out have been most satisfactory for you?”

Participant (P3): “Changing my thoughts, for example.”

Interviewer: “Ok, thought changes. Does this give you satisfactory results? Explain a little more about what you mean when you tell me that learning to change your thoughts has been satisfactory, or, in what sense are you telling me this?”

Participant: “Learning to identify those negative thoughts that are always going around in your head and relativize them a little.”

Identification of own emotions (variant). All statements about the program helping the participants to identify their emotions were included here, as well as identifying which were the triggering situations for that identification. Participant P2, e.g., stated the following: “I think that in order to understand or deal with situations, you have to understand the emotions that arise in those situations.”

Goals for the future (variant). This category referred to the benefits of the program regarding setting or achieving goals in the future. This category was exemplified through an extract from the interview with participant P5:

Interviewer: “How would you explain to me how useful the treatment program has been for you?”

Participant (P5): “(...) set my own goals and create strategies to achieve them.”

Other benefits (typical)

Examples of other benefits of the program were included in Table 2.

2. Benefits of the BA component

This domain included all the opinions of the participants who carried out the BA component. The categories extracted from this domain were the following: Finding or increasing motivation to carry out activities, carrying out pleasant activities /enjoyment,

Incorporation of or increase in the social component in the implementation of activities, Awareness of the importance of doing activities for mood, and Other benefits (see Table 3).

Finding or increasing motivation to carry out activities (typical). The first category of this domain included opinions regarding carrying out activities that they did not do before or having more desire to carry out those that they already did, thus, finding motivation to carry out activities. An example of this category was given by participant P3:

Interviewer: “What has been satisfactory for you about this learning?”

Participant (P3): “It has encouraged me to have a little more activity.”

Carrying out pleasant activities / Enjoyment (typical). The second category included opinions regarding the fact that this component has promoted the realization of discovery of and search for pleasant activities. E.g., participant P5 commented the following:

Interviewer: “What has been satisfactory for you about this learning?”

Participant (P5): “(...) “It has been very helpful in the sense that the important thing is not to do activities just for exercise but to engage in activities you enjoy.”

Incorporation of or increase in the social component in the implementation of activities (variant). This category included opinions regarding the fact that being active has helped them improve their social relationships. E.g., participant P7 commented the following: “Going from a comfort area to saying “No wait, people are there and I don’t have to do it alone, I can share in activities and I can even share in taking a walk””.

Awareness of the importance of doing activities for mood (variant). This category included opinions related to the fact that the component has helped participants to reflect on the fact that doing activities improves their mood. A comment that could illustrate this category was the one made by participant P2: “I was a little more aware that my state of mind depended on what I had done during the week, that is, I saw that if during the week I met my friends, my mood at the end of the week was better than if I hadn’t done that. Because one of my goals was to see more of my friends”.

Other benefits (variant). Examples of other benefits of the program were included in Table 2.

Table 2. Benefits of the treatment program and of its internet administration

Domain	Categories/frequency	Illustrative core idea
Benefits related to the content of the program	Coping strategies <i>variant</i> (3)	-P1 recommended the program for people with emotional or anxiety problems who need to acquire or practice coping strategies -P2 said that the program has provided useful tools to adapt to changes; had given her tools to improve mood -P5 reported that it has encouraged the creation of strategies to adapt to change
	Cognitive flexibility <i>typical</i> (7)	-P1 said that the chapters of the program have made her reflect on her attitude towards work and daily life -P2 realized the relationship and influence of thoughts and emotions it helped her to identify negative thoughts and change them in order to change her emotions; it helped her to learn tasks that can be done to change negative thoughts about herself into positive ones to increase self-acceptance -P3 learned to identify and relativize negative thoughts -P4 considered the program useful for managing thoughts and behavior and believes that a beneficial aspect is the reflection on “flexibilizing thinking that is not appropriate” -P6 affirmed that one of the utilities of the program was learning to judge things in a reasoned way and not to make value judgments on things that are not necessary -P7 learned to analyze the reason why he refuses to perform certain actions; he learned to look for the positive side; the program helped him to be more tolerant and flexible, and to avoid anticipating conclusions -P8 learned to make herself more flexible and to take things more slowly; she also realized that there are many points of view
	Identification of own emotions <i>variant</i> (3)	-P1 learned to identify negative emotions -P2 stated that the program let her understand the emotions that are triggered in certain situations -P7 stated that he learned to identify in which situations certain emotions are triggered
	Goals for the future <i>variant</i> (2)	-P5 believed that the program helped him, among other things, to set objectives -P8 affirmed that it helped her to find new goals in life
	Other benefits <i>typical</i> (5)	-P3 affirmed that the program was a help -P4 explained that at the beginning of the program she received a “shot of energy” -P5 stressed that the program helped to build his self-confidence and also to know strengths that he already had -P6 perceived that the program benefited her in refreshing the knowledge she obtained when she received face-to-face therapy; she considered the program to be a tool, and the more tools the person has, the better -P7 stated that the program encouraged him to find the why of things and to know each other better -P8 emphasized that it served to accept new stages
Advantages of the program due to being an IBI	Ease of access <i>typical</i> (5)	-P1, P2, P5 and P6 found the fact that the person does not need to move to be an advantage -P4 referred to being able to access the program from anywhere to be an advantage
	Adaptation of the time to suit the participant <i>typical</i> (7)	-P2 emphasized being able to adapt the program to the schedule available to the person and believed that, as it is a program, people can go at the pace that they need -P3 highlighted the comfort of being able to do it when the person is good -P4 and P5 referred that there are no schedules (the person can access at any time) -P6 highlighted being able to manage time as the participant wants -P7 and P8 mentioned the flexible schedule
	Other advantages of being an IBI <i>variant</i> (3)	-P1 believed that being online is a useful tool, especially in early sessions; it could be especially useful as an aid to improve for people who have already evolved in the treatment of their disorder -P3 referred to not having to deal with another person as an advantage -P4 considered the program a door for people who have no one to ask for help or who do not want to go to a psychologist

Note. P1, P2, P3, PX... = Participant 1, Participant 2, Participant X...; IBI Internet-Based Intervention

3. Benefits of the PP component

This domain included the participants' opinions in the PP condition regarding the benefits derived from engaging in this component. Their opinions regarding the perceived advantages were detailed in Table 3. The categories extracted from this domain were the following: Finding or reinforcing strengths, Ability to help others, Focusing on the present, and Other benefits (see Table 3).

Finding or reinforcing strengths (typical). This category included all the opinions related to the acquisition or reinforcement of strengths. To illustrate an example of this category, an extract from the interview with P4 participant was included: "Now I know that I have a strength and a courage that I did not know (...), I have understood that we do not have to pay so much attention to weaknesses, and strengths must be fostered more. It's what I've learned".

Table 3. Benefits obtained from the components BA and PP

Benefits of the BA component	Find or increase motivation to carry out activities <i>typical</i> (5)	-P3 noticed that this component helped him to be a little more active -P4 stated that this component served to carry out tasks (which she would not have carried out without it) -P5 understood the importance of leading an active life (improving relationships, feeling better about oneself, doing sports to improve health and physical well-being) -P6 claimed to have felt motivated to undertake activities -P7 learned the need to "move to advance"
	Carrying out pleasant activities / Enjoyment <i>typical</i> (4)	-P2 improved her mood through performing pleasurable activities -P4 claimed that thanks to this component, she had started pleasurable activities -P5 started to search for pleasurable activities; he found a taste for sports -P6 started to search for pleasurable and beneficial activities
	Incorporation of or increase in the social component in the implementation of activities <i>variant</i> (3)	-P5 said it has been helpful to socialize and improve relationships -P6 stated the program's utility to search for social support -P7 explained that he now carries out activities in company that he previously carried out alone
	Awareness of the importance of doing activities for mood <i>variant</i> (2)	-P2 referred that he was more aware of the influence that performing activities has on her mood -P3 learned that, although certain activities did not seem pleasant, doing them improved his mood; he noticed that by being more active and doing enjoyable activities, people feel better
	Other benefits <i>variant</i> (2)	-P4 stated that "it has been very effective" and "the theory related to this component was very well explained" -P7 said it was useful to "get out of the comfort zone"
Benefits of the PP component	Finding or reinforcing strengths <i>typical</i> (5)	-P1 stated that this component was useful for finding positive aspects of oneself -P2 believed that the BA content helps each person identify their own strengths -P4 claimed to have found strengths in herself that she did not consider strengths; she said that knowing her strengths increased her self-esteem -P6 found it useful to identify personal strengths; she learned to use strengths to resolve conflicts -P8 said it has helped her to find strengths in herself
	Ability to help others <i>variant</i> (2)	-P7 learned to give more instead of just asking -P8 reported having improved the ability to help others
	Focus on the present <i>variant</i> (3)	-P1 claimed to have learned to look for activities that improved her mood; she also learned about finding positive aspects; she highlighted the fact of learning and giving meaning to the concept of "flow" (thanks to this concept she understood why she focused on the activity when it was pleasant and "forgot everything else") -P6 said that the program helped her to "live in the present", the here and now -P7 said that this component helped him to appreciate things more, the details, and also to find the "charm" in things that was not found before
	Other benefits <i>variant</i> (2)	-P4 said that it helped her to consider and reinforce values and principles -P8 said that this component helped her to "re-illusion"; it helped her to recover joy

Note. BA = behavioral activation; PP = positive psychology; P1, P2, P3, PX... = Participant 1, Participant 2, Participant X...

Ability to help others (variant). This category included opinions referring to having acquired or improved their ability to help other people. E.g., when collecting the opinion of participant P8, in the interview she commented: "Being able to help others, I have also seen myself as very capable, because before the program I felt that such a sad person was not going to be able to help, and the truth is that I have generated so much internal energy that there have been times when I have supported myself a lot in the program to be able to help others".

Focusing on the present (variant). This category included aspects related to savoring and about the search for positive aspects. E.g., participant P7 highlighted: "About everyday things, a 'good morning', 'a smile', you do not give them any importance, as they are common, or more than common, mandatory. Then suddenly you say 'eh, wait', although they are not mandatory, they do contribute to the mood you have".

Other benefits (variant). Examples of other benefits of the program were included in Table 3.

4. Advantages of the program due to being an IBI

This domain included all the aspects that the participants thought were advantages of the program being applied through the internet. The categories extracted from this domain were the following: Ease of access, Adaptation of time to suit the participant, and Other advantages of being an IBI (see Table 2).

Ease of access (typical). This mainly referred to the convenience of being able to access it from home or from any place where there is an internet connection, without having to travel. Participant P2, e.g., referred to the fact that she "didn't waste time going back and forth."

Adaptation of time to suit the participant (typical). This included both the fact of not having a specific time to carry out the program and the possibility of adapting the time it takes to meet the needs of the participant. E.g., participant P8 highlighted "the flexibility of the schedule" as a beneficial aspect of the program being carried out over the internet.

Other advantages of being an IBI (variant). The aspects included in this category were mainly advantageous aspects of the fact that the program is an IBI that participants highlighted individually, which is why they were collected here. Participant P4, e.g., said, "As a treatment for people who (...) feel that they have no one to turn to or who do not want to go to a psychologist, as is my case, it is very helpful."

5. Aspects of the program to be improved

This domain included the participants' comments regarding aspects of both the structure and the content of the program that they did not like, along with suggestions for improvement in some instances. The categories extracted from this domain were the following: Structural aspects of the program to be improved and Aspects of the content of the program to be improved (see Table 4).

Structural aspects of the program to be improved (typical). An example of these aspects was pointed out by P5:

Interviewer: "What aspects do you think could be improved when applying this type of treatment program through the internet?"

Participant (P5): "In some cases, in the modules it seemed to me that there were few exercises for practice, that is, more practical cases could be given so that people could practice more for a week or two weeks."

Aspects of the content of the program to be improved (typical). E.g., participant P4 mentioned the following:

Participant (P4): "There are some things that have been difficult for me to understand, I have seen some topics that are not easy, and there were contents that are difficult, and they have been difficult for me, and I have needed the help of another person."

6. Aspects of the online application of the program to be improved

Under the name of this domain were grouped the categories that contain those aspects that the participants consider could be improved of the fact that the program was administered through the internet. The categories encompassed by this domain were: Include/increase contact with a psychologist, internet structural aspects and Obstacles of the program due to being an IBI (See table 4).

Include/increase contact with a psychologist (typical). This category included the opinions of the participants related to the fact that the program would be improved if a psychologist was included to explain some aspects of the program. E.g., participant P6 suggested it would be better to "add a treatment with psychologist apart from the online one, or that at the end of each topic, via Skype or other platform, to speak with her."

Platform structural aspects (typical). It included aspects related to how the design of the IBI platform was made, as technical aspects. etc. An illustrative example of this was

provided by participant P1, who suggested that *“There could be a chat where, at a certain time, you discuss with someone, with a therapist, how the day has been or what difficulty you have had. That would be cool because something happens every day and having a person who supports you is good, even if it’s online.”*

Obstacles of the program due to being an IBI (typical). This included limitations that participants found due to the fact that the program was administered through the internet. E.g., participant P2 commented the following:

Interviewer: “What aspects do you think are NOT beneficial when applying this type of treatment program through the internet?”

Participant (P2): “Well, for example, when a group is created, it promotes self-esteem due to the acceptance that can be created in said group or feeling supported. Referring to face-to-face.”

With this comment, the participant referred to the fact that she missed face-to-face contact with other people who also carried out this program.

Table 4. Aspects of the program and its internet administration to be improved

Domain	Categories/frequency	Illustrative core idea
Aspects of the program to be improved	Structural aspects of the program to be improved (questionnaires, chapters, exercises...) <i>typical (5)</i>	-P1 found the mood questionnaires very repetitive with a very broad response -P2 perceived that the answers to the questionnaires depended on the mood of the person at the time of performing them; she suggested adding more material to review the previous modules -P4 proposed implementing the program as a group and introducing the BA component as the first module, or at least before the one that focuses on thoughts, because “once the person is more active it is easier to change the thought” -P5 suggested including more practical exercises -P6 perceived that the program was very general
	Aspects of the content of the program to be improved <i>typical (4)</i>	-P1 believed that more educational content was missing -P3 did not find the last modules too interesting -P4 had difficulty understanding the part of the program that talked about “strengths and weaknesses”; she would have liked to delve deeper into that part -P7 perceived little utility in the first modules the first time he read them (he gave the example of the aspect of “smiling”, where he had no difficulties, so he did not see the usefulness)
Aspects of the online application of the program to be improved	Include/increase contact with a psychologist <i>typical (6)</i>	-P1 suggested including face-to-face contact with a professional to help put into practice what had worked on in therapy and emotional support -P3 said that as they (the participants) did not deal with another person, it was “colder” -P4 suggested including follow-up by professionals and increasing contact (for support and resolving doubts) -P5 highlighted the lack of contact with the professional -P6 proposed adding conversations with therapist, either face-to-face or through videoconferences -P7 suggested that the program administrators should be more aware of the participants and encourage less consistent participants to continue
	Platform structural aspects (tools, material format, technical aspects, etc.) <i>typical (4)</i>	-P1 suggested including a chat with a psychotherapist -P2 suggested being able to access from a smartphone and being able to change the access password -P4 suggested being able to download/print the material so as not to depend on the internet connection -P8 proposed that if the diary is filled out a little later than midnight, it should not yet count as a new day
	Obstacles due to being an IBI <i>typical (4)</i>	-P1 said it does not work as a treatment to “cure” people who do not know about their disorder/problem -P2 perceived a lack of social support compared to a face-to-face group program -P6 highlighted the distortion that is created when reading the information, losing part of the message compared to if it was transmitted personally; he believed that since there is no person aware of the participant’s work (unlike face-to-face psychotherapy) it is easy to get distracted -P7 highlighted the problem that the program required perseverance and that it had to be accessed daily

Note. P1, P2, P3, PX... = Participant 1, Participant 2, Participant X...; IBI = internet-based intervention

Discussion

The main objective of this study was to qualitatively analyze the experience of the participants that finished an IBI treatment (Smiling is Fun program) regarding the benefits they obtained from the program, specifically their opinion about the components of PP and BA, and also the advantages and inconveniences due to the fact that it was administered through the internet.

Regarding the psychotherapeutic benefits of the program, the participants highlighted that they acquired new coping strategies for difficult situations, with this being one of the important objectives of the intervention program. Coping strategies influence the intensity of symptoms associated with different mental disorders. For example, Moritz et al. (2016) has shown that the severity of the symptoms of different mental problems (i.e. obsessive-compulsive disorder or depression) is directly related to the use of maladaptive coping strategies. Furthermore, another aspect that participants highlighted as beneficial was being more cognitively flexible. This was one of the categories to which more participants have referred, with some of the nuclear ideas being flexibilizing thoughts, changing negative thoughts, and reflecting or judging reasonably. It is important that the intervention program impacts these aspects, since making dysfunctional thinking more flexible is one of the main objectives of CBT to work on depressive patients' cognitive restructuring (Johnco et al., 2014).

The identification of their own emotions was another aspect pointed out by the participants. This was an important result as the literature has shown that reinforcing the perceived ability to understand and manage one's emotions contributes to decreasing the levels of depression, anxiety and stress (Barraza-López et al., 2017). Moreover, setting goals for their future was another benefit highlighted by participants. According to Schippers & Ziegler (2019) it is, together with the perception of control over one's own life, a fundamental aspect to find meaning in life, a motivational force for the human being and a necessary condition for personal self-realization. Thus, it is relevant that the participants pointed out that completing the program has helped them to set objectives for the future.

Related to the specific opinions about the benefits of two of the main psychological components of the program, PP and BA, the results show that participants who performed the BA component emphasized that it has served to help them increase their level of activity, improve their mood, perform pleasurable activities, and improve relationships with other people. Performing meaningful activities is a key aspect for the treatment

of depression (Furukawa et al., 2018). In addition, increasing the social component in the realization of activities is one of the important aspects (Barraca, 2009), so it is relevant that the participants have highlighted that the program has helped to encourage them to do activities with others.

Regarding the contribution of the PP component, participants emphasized finding new strengths or reinforcing those they already had. One of the main strengths highlighted was related to helping others. The identification and reinforcement of psychological strengths is one of the goals proposed by PP (Rashid, 2015), since identifying strengths in oneself predicts greater well-being, life satisfaction, and happiness, among other benefits (Azañedo et al., 2021), reducing negative aspects and favoring long-term healthy development (Ovejero et al., 2016).

The participants also emphasized the importance of learning to focus on the present and savoring, which consists in becoming aware of pleasure and deliberately trying to maintain it (Bryant & Veroff, 2007). It is known that focusing on the present has a positive impact on well-being among other variables (Kiken et al., 2017). This study points out that including a specific PP component helps people to increase their strengths or obtain new ones, increase their ability to help others and focus on the present moment, among other benefits. The literature has shown that most current treatments for depression are focused on reducing negative affect, depression, and anxiety, rather than improving positive affect and well-being (Bolier et al., 2013). It is important to include the promotion of positive affect, well-being, and positive functioning as key elements for intervention.

Regarding the advantages of being an IBI program, time flexibility stood out, as other authors have already highlighted (Musiat & Tarrrier, 2014), as well as the ease of access to the content, depending only on having access to the internet and a computer, which Schulz et al. (2017) also found. Another aspect pointed out was not needing to travel, also found in previous literature (Etzelmueller et al., 2018). This is relevant since depression is a huge prevalent problem and many people do not receive the appropriate treatment for different reasons, one of them often being the geographical barrier or lack of time. Thus, these self-applied programs can help to overcome these barriers. All these advantages make it worth developing and disseminating IBI programs. That is why important efforts have been made to study the possibilities of IBI in the field of psychological treatments, as the literature shows that the application of evidence-based psychological treatments does not lose effectiveness when performed over the internet (Carlbring et al.,

2018). The fact that it is available at all times allows the program to reach many more people who, for different reasons, do not go to seek psychological treatment, or also who, due to a lack of resources, are not served (Musiat & Tarrier, 2014).

Finally, we explored the aspects of the program that the participants found to be aspects to improve. Firstly, the participants suggested including or increasing contact with a psychologist. It is important to take this point into account, since there are studies that have shown that one of the reasons for dropping out of IBIs is the lack of contact with a professional (Andersson, 2009) and there are also studies that show that support in IBIs provides greater effect size and lower dropout rate (Andersson & Cuijpers, 2009). As shown in the RCT study protocol, the professionals made a total of three phone calls to each of the participants (see Mira et al., 2019). Despite these calls, it seems that the participants missed more contact with the therapist. Perhaps an approach capable of solving this limitation related to the lack of contact with the therapist is that of Combined Therapy (Blended), which fuses traditional therapy resources (face-to-face) with IBI (Wentzel et al., 2016). This therapy modality has proved to be a promising approach for the treatment of depression (Kooistra et al., 2014).

Additional suggestions for improvement focused on the program's structure, including the desire to access it from various devices beyond just a computer (such as a mobile phone), or the incorporation of a chat tool with professional support to complement the program.

Finally, a series of disadvantages were also found since the program was carried out through the internet, such as the loss of non-verbal language, difficulty in establishing a good therapeutic alliance, and the fact that the program requires perseverance and access on a daily basis. These are aspects that have already been highlighted by other authors such as Andersson and Titov (2014). However, despite these drawbacks, according to Haller et al. (2023), IBI generates the great advantage of being able to bring effective psychotherapeutic interventions to those people who, for various reasons, do not access traditional therapy. In addition, the pandemic caused by the COVID-19 virus has led to the enhancement of the effectiveness of IBI (Komariah et al., 2022; Gordillo et al., 2024).

Although the program provided participants with exercises, practical activities, and multimedia content associated with the modules, there was a desire among participants for an increased quantity of such materials.

The fact that the program is general was also highlighted. This is something that characterizes self-applied IBI programs. In order to reach a very large number of people, content is developed in a way in which

most of the participants identify with it (Fernández-Álvarez et al., 2017), which causes individualization loss. Even so, the examples that are given throughout the program are very varied in terms of age, gender, etc. so that different people can see themselves reflected. More and more work is being done on the personalization of IBIs in order to overcome this barrier referred to by users of this type of program (Fernández-Álvarez, 2017).

The findings of this study reveal areas of conceptual overlap between PP and BA, particularly regarding their shared goal of fostering engagement in meaningful and pleasurable activities to alleviate depressive symptoms. Both approaches encourage active participation and the pursuit of enjoyable experiences, which may lead participants to perceive certain strategies, such as planning activities or savoring positive moments, as similar in intent. However, their theoretical foundations remain distinct. BA focuses on the relationship between behavior and mood, using structured actions to reduce avoidance and promote consistent engagement in activities that improve emotional states (Cuijpers et al., 2023; Furukawa et al., 2018). Conversely, PP emphasizes cultivating positive emotions, identifying personal strengths, and fostering long-term well-being through reflective practices such as gratitude, savoring, or mindfulness (Fredrickson, 2001; Rashid, 2015). While both approaches aim to enhance emotional health, BA prioritizes immediate behavioral changes, whereas PP emphasizes emotional enrichment and psychological resilience. This distinction is significant in interpreting participants' feedback on the benefits of the program. E.g., reports of improved mood and increased activity may align more closely with BA, while experiences of savoring the present moment or recognizing strengths reflect PP principles (Bolier et al., 2013).

Overall, this study has several strengths. As far as we know, it is the first study that aims to examine the roles of PP and BA components in an IBI. Additionally, the study adopts a qualitative methodology, which can provide insight for professionals regarding the specific aspects of the program that have been helpful to participants and identify areas that require improvement.

While this study provides valuable insights, it is important to note that there are some limitations. As already mentioned above, our sample is $n = 8$ participants. It should be noted that qualitative methodology usually uses small samples (Fernández-Álvarez, 2017). However, for the part in which we ask about the components of PP and BA, a larger sample would be needed to draw firmer and more generalizable conclusions.

The future of this research will focus on continuing the collection of the sample in order to have more

participants and continue qualitative analysis, comparing conditions. In this way, we could study their validity and give more conclusive conclusions. Future research should further explore these areas of overlap, particularly to assess whether combining PP and BA components produces synergistic effects that surpass their individual contributions.

Qualitative analysis is valuable for assessing the benefits and areas for improvement that participants detect. This information is useful for understanding where an intervention program should evolve, identifying aspects to modify or include, and recognizing the program's strengths. This study's results demonstrate the benefits of the IBI program, areas for improvement, and the contribution of specific intervention components. It should be noted that qualitative analysis is gaining importance and should be systematically applied alongside quantitative methodology to obtain reliable conclusions that cannot be reached through quantitative analysis alone.

Conflicts of interest

The authors have no conflicts of interest to disclose.

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