

The Effectiveness of Positive Psychology Interventions with Islamic Approach on Quality of Life in Females with Multiple Sclerosis

HADIS SAEEDI^{*1}, S. M. HOSSEIN MOUSAVI NASAB²,
ALI MEHDI ZADEH³ and HOSSEIN ALIEBRAHIMI⁴

¹Department of psychology, Islamic Azad University, Kerman branch, Kerman, Iran.

²Assistant Professor of Psychology, Shahid Bahonar University of Kerman, Kerman, Iran.

³Psychiatrist, Neuroscience Research Center, Institute of Neuro pharmacology,
Kerman University of Medical Sciences, Kerman, Iran.

⁴Neurology Research Center, Kerman University of Medical Sciences, Kerman, Iran.

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ABSTRACT

Multiple Sclerosis (MS) is one of the common chronic diseases of central nervous system and effects on the person's sensory and motor function. Since definitive and complete treatment of disease symptoms is unavailable in chronic diseases, it is tried to help these patients by psychological supports to accept that they are able to change their view toward disease and enjoy their other abilities and this disease can't eradicate their family life and vitality. The present research is of quasi-experiment type with pretest-posttest design together with control group and following test with one month duration after posttest. In this regard, 40 female patients from members of MS society of Kerman were selected as sample by targeted sampling and then they were placed in two groups of 20 people (experiment& control) through random assignment. Positive psychology was trained only in experiment group during 7 sessions in 120 minutes. Quality of life questionnaire was used as instrument. In order to analyze the data, the covariance analysis method was used with companionship of SPSS software, version 18. Results showed significant difference between quality of life in group of test and control ($p < 0/001$). The results showed that positive psychology interventions with Islamic Approach increase the quality of life in females with MS. Thus, forming the workshop of positive thinking education for these patients is suggested.

Key words: Positive Psychology, Islamic approach, Quality of life, Multiple Sclerosis

INTRODUCTION

MS is one of the common chronic diseases of the central nervous system and effect on the person's sensory and motor function (1). This disease has unknown cause and progressive nature with recrudescence and improvement periods, so that the suffering people experience various physical and mental disorders due to the disease during their life and these disorders strongly effect on daily performance, family and

social life, functional independence and planning for future (2). Although the disease cause is unknown, it seems that activation of safety mechanisms against Myelin antigens is involved in causing this disease.(3) So far, more than 2.5 million people around the world have been infected by this disease (4) The most common age for this disease is 20-40 years old. According to the results of the researches, the outbreak of this disease has been reported 51.9 people in city of Tehran and 57.3 people in city of Kerman in per one thousand

people that its outbreak in females is more than males, so that it is 3 to 1 in city of Kerman (5). People with M.S encounter with psychological outcomes such as being away from life goals, disruption in life daily relationships and activities because of the appearance of disease signs, drugs side effects and physical disabilities (6). Existence of such worries, it's not surprising that during time, the appearance of disease signs and symptoms result in negative emotional replies in these patients and cause decreasing Quality of life. The Quality of life is a scale for individual welfare that is based on individual perception from different aspects of life such as physical health, mental status, social communications, individual independence and people interaction with outstanding aspects of their environment. The studies' results have shown that patients with MS have low quality of life (7-8) and hopelessness in these patients can effect on attacks recrudescence and intensity of their diseases (9). Since these patients are unable to find a way to solve problems and achieve an approach in order to improve quality of life and their health (10), Therefore, in addition to drug remedies that target the physical symptoms of this disease, need to psychological interventions is also felt in order to increase quality of life in these patients. There are several psychological interventions; in the meantime, one of the interventions that has been considered recently, is positive psychological interventions. This approach has been presented by Seligman at the end of 1990's and at the beginning of twenty first century. From Seligman viewpoint, psychology science during twentieth century, has considered disorders such as anxiety, depression, despair and hopelessness and has not considered the human's positive emotions such as optimism, hope and subjective well being and now is the time that in addition to dealing with morbid and pathological aspects of the human psyche, positive aspects of human thoughts, beliefs, feelings and behaviors are also being considered (11).

Reviews show that optimism and generally positive beliefs have a positive and significant relationship with different dimensions of health and have an important role in preventing physical disorders outbreak and increasing hope (12-13). For example, the results of Lee et al research showed that optimism learning as mentioning the

hard events of past life and adjusting them by determining positive goals for future are effective on increasing self-efficacy and hope to life of patients with breast and colon cancer (14). Furthermore, it was specified in a research that was done by Kathrin, Bulter and Koopman (15) on patients having malignant tumor that patients who participated weekly in support meetings with instructions such as expressing emotions and positive experiences and learning how the tumor works, had more effective improvements than control group and their survival duration was also increased significantly.

On the other hand, in addition to positive beliefs and optimism, religion also has an important role in preventing physical and mental disorders, so that staying away from religious original beliefs paves the way for the person's developing internal and mental conflicts, feeling of emptiness and purposelessness, despair and hopelessness against exclusions, adversities and mental pressures (16). Therefore, nowadays, most of the experts believe that religion as the most natural and first need of human that must be considered in psychotherapy and consultation in addition to mental pathological assessment (17-18). Therefore, according to this fact that we live in a society that most of the people are consisted of Muslims, considering Islam religion subjects in performing psychological interventions is very important. Thereupon, according to the said materials, since M.S disease has unknown cause and progressive nature with periods of relapse and remission, people with this disease experience various physical disorders due to the disease in their life duration (2), that these disorders can have bad effect on emotional reactions and life evaluation of these people and effect on their quality of life. Therefore, the present research has been performed with the aim of determining the efficacy of positive psychology interventions with Islamic approach on increasing quality of life in females with M.S.

METHODOLOGY

This study is of quasi-experimental type with pretest-posttest plan with control group. At first, 40 patients who had the entrance to research

criteria were chosen among the list of woman patients with multiple sclerosis by referring to Kerman MS society and getting permission for performing research in order to participate in therapy sessions, and then we divided them into two groups of 20 patients (control and test) in random replacement form. The criteria of entering to this study included: woman patients with MS with the age range of 20-50 years old, having no history of divorce and death of family members in recent six months, no psychotic disorders, disease promotion almost in the same level, avoiding the use of narcotics and psychotropic drugs, minimum literacy in order to read and fill out written consent by patient and criteria of exiting from study were considered as the patient's non-acceptance in order to participate in the research, illiterate people, history of divorce or death of family members in recent six months, having psychotic disorders and narcotics usage. At first, we shared Schneider, short form of VaruSherben (1992) health survey (in order to measure quality of life) for the patients of both groups. Then positive psychology interventions were applied in the test group by the related teacher in 7 sessions of 2 hours, two sessions per week, while control group received no intervention. Quality of life was reevaluated in the two groups (control and test) after finishing educational sessions.

Research instruments

Data gathering tool in this study was provided by researcher after reviewing related texts

and combining the available tools in this field and also the related pundits' views. The most important applied tool for this purpose is as follows:

Short form of health survey

Short form of VaruSherben (1992) health survey has 36 articles that evaluate two dimensions of physical and mental health through eight subscales. The score of each is changing from zero to 100 that zero shows the worst status and 100 the best in the considered scale. Montazeri *et al* evaluated the validity of this questionnaire by using internal consistency and its reliability by using the method of comparing known groups. The analysis of internal consistency showed that excluding the subscale of vitality ($\alpha=0.65$), alpha coefficients of the subscales were from 0.77 to 0.90. Furthermore, convergent reliability by using the correlation of each article with the hypothesized scale showed that all of the correlation coefficients were more than the recommended amount of 0.4 and changes range of the coefficients was between 0.58 to 0.95 (19).

Description of the Training sessions

The researcher hasn't obtained a resource that positive psychology interventions are dealt with in it directly. Hence, she tried by spending much time to develop a comprehensive program about positive psychology interventions with Islamic approach by using **religious resources** and **psychological resources** under the supervision of psychologist and seminary experts as follows:

Table 1: Description of training sessions

First meeting: Meeting group members with each other, describing the objectives and rules of course, providing some explanations about the training sessions and orienting the treatment client within positive psychotherapy. Attention to positive aspects of self, in order to increase the self-esteem some materials about the Islamic comment were presented.

Second meeting: Attention to thoughts, controlling negative thoughts, some materials about the Islamic comment were presented.

Third meeting : Attention to the positive aspects of others and improve social relationships, some materials about the Islamic comment were presented.

Fourth meeting : To the blessings and thanks giving Attention

Fifth meeting : The positive interpretation of events and problem solving, some materials about the Islamic comment were presented.

Sixth meeting: Positive expectations about the future and achieve goals, some materials about the Islamic comment were presented.

meeting Seventh: a total review of the materials, polling the pervious and answering the question, testing the post test and holding the closing ceremony.

RESULTS

At first, in Table 2 The demographic characteristics is presented.

To study the differences in quality of life mean scores before and after it, in Table 3, the mean, standard deviation and covariance assumptions are presented and then investigated the effects of group membership scores in quality of life in table 4 are presented.

As it is obvious in table 3, there is a difference in the average of post-test scores of Quality of life at two groups of experiment and control. To analyze the significance of these differences and control of the effect of pre-test, the

statistical test of covariance analysis was used. The premise of using the covariance test, considers being homogenous of variance that holds based on the results of Levin ($p > 0.05$, $F = 0/119$). The results of covariance analysis are presented below.

As is obvious in table 4, assuming that the control variable is pretest scores, there is meaningful difference between quality of life scores before training and after that in test group ($p = 0/001$). Statistical power 1 shows that sample size has been enough.

DISCUSSION

The aim of the present research was to review the effectiveness of positive psychology

Table 2: demographic characteristics in group of test and control

| Group | Age (year) | | duration of illness (year) | | Single/ married | | |
|---------|------------|-------|----------------------------|------|-----------------|---------|---------|
| | Mean | SD | Mean | SD | Single | married | divorce |
| Test | 38.15 | 8.22 | 6.75 | 4.72 | 3 | 15 | 2 |
| Control | 36.4 | 10.87 | 5.12 | 3.40 | 1 | 15 | 4 |

Table 3: mean and standard deviation of the quality of in terms of two group of test and control groups

| Standard deviation | Mean | Test | Variable | Group |
|--------------------|-------|-----------|-----------------|---------|
| 14/44 | 54/11 | Pre test | Quality of life | TEST |
| 16/33 | 76/44 | Post test | | |
| 17/69 | 52/18 | Pre test | Quality of life | CONTROL |
| 17/67 | 51/23 | Post test | | |

Table 4: The results of covariance analysis test of quality of life's scores mean difference before training and after that in terms of both test and control groups

| Observed Squared | Eta | Sig. | F square | Mean of | Df square | Some of | Source | Power |
|------------------|------|-------|----------|---------|-----------|---------|----------|-------|
| 1 | 0/81 | 0/001 | 163/72 | 8971/9 | 1 | 8971/9 | Pre test | |
| 1 | 0/72 | 0/001 | 99/28 | 5440/9 | 1 | 5440/9 | Group | |
| | | | | 54/79 | 37 | 2027/5 | Error | |
| | | | | | 40 | 180390 | Total | |

interventions with Islamic approach on quality of life in females with Multiple Sclerosis . The results show positive psychology interventions with Islamic approach has been effective in increasing quality of life in females with Multiple Sclerosis. This result is matches with the findings of, Lee et al (14) ,Cathrine, Bulter and Koopman (15), Ho et al (20), Wong and Lim (21), and Ebadi (22).

In explaining the present research results, it can be noted that positivism skills training in order to reinforce and improve positive relationship with self, others and world causes the people to know themselves better and recognize their positive experiences and find out the role of these positive experiences in increasing and promoting respect to themselves. Attention to positive points and past good experiences, increase the probability of more positive impressions' occurrence from the self and others and this causes the people to be able to accept more responsibilities about their value and achieve a more complete understanding of themselves (23) that this causes increasing quality of life in people.

But the fact that the method of positivism with Islamic approach has been effective is not out of mind, because the effectiveness of beliefs on emotions and behaviors is both correlated with the

experiences of common sense and cognitive ideas. It has been said in the humans' history and story that the tensions haven't been necessarily destructive for religious people who has found goal and meaning in their life and even can also lead to their growth In this field , Pargament (24) also believes that religion has an important role in meeting life stresses and can adjust the effect of life sever crises . Because religious beliefs are acted as a shield against life stresses and in this way, help the person in choose appropriate and effective coping strategies And this can increase quality of life in females with M.S. It general , the findings of this study with previous research findings, it can be concluded that the use of positive thinking training is effective in increasing quality of life in females with MS, especially if the training along with religious teachings. because reflection on the teachings of Islam not only increasing people's spirituality, but also helps to human life that can appropriately deal with life issues.

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REFERENCES

- McCabe PM. Mood and self-esteem of persons with multiple sclerosis following an exacerbation. *J Psychosom Res.* 2005; 59:161- 66.
- Solari A, Radice D. Health Status of people with multiple sclerosis a community mail survey. *Neurological Science* 2001;22: 307-15.
- Smeltzer, S.C., & Bare, B.G. Text book of medical surgical nursin. Philadelphia: Lippincotth Company.2007
- Mark J tullman,. Overview of the Epidemiology, Diagnosis, and Disease Progression Associated With Multiple Sclerosis. *Am J Manag Care* . 2013;19:S15-S20.
- Ebrahimi,HA, Sedighi, B. Prevalence of multiple sclerosis and environmental factors in Kerman province, Iran. *Neurology Asia* .2013. 18(4) : 385 – 389. [Persian].
- Dennison L. Moss-Morris R . Chalder T. ,A review of psychological correlates of adjustment in patients with multiple sclerosis, *Clinical Psychology Review*,2008: :29 :pp. 141-153.
- Beiske, A.G., Naess, H., Aarseth, J. H., Anderson, D., & Elovaara, I. Health related quality of life in secondary progressive MS. *Mult Scler*, 2007. 13 (3), 386-392.
- Nejat, S., Montazeri, A., & Kazem, M " et al. Quality of life patients with multiple M.S compare with healthy people in Tehran. *J of Epidemiology, Persian. Iran*, 2006. 1(4), 19-24. [Persian].
- Noseworthy J, Lucchinetti C, Rodrigues M, Weinshenker BG. Multiple sclerosis. *N Engl*

- J Med 2000; 343(13): 938 -952
10. Russel, C. White, M.B., & White, P. Why me? Why now? Why multiple sclerosis? Making meaning and perceived quality of life in a midwestern sample of patients with multiple sclerosis. *Famil Sys Health*, 2006. 24(1), 65-69.
 11. Seligman MA. Csikszent MH. Positive psychology: *American Psychologist* 2000; 55(1):5-14.
 12. Maruta T. Colligan RC. Malinchoc M. Offord KP. Optimism-Pessimism assessed in the 1960s and self-reported health status 30 years later. *Mayo clinic Proceedings* 2002; 77(8):748-753.
 13. Anderson P. Happiness and health. *The Journal of Socioeconomics*, 2008;37:213-236.
 14. Lee, V. Cohen S. R. Edgar L. Andrea M. L. Gagnon A. J. Meaning-making intervention during breast or colorectal cancer treatment improves self-esteem, optimism, and self-efficacy. *Social Science & Medicine*, 2006. 62(12):3133-3145.
 15. Cathrine, C. L.; Bulter, J. R. & Koopman, L. Supportive expressive group therapy and distress in patient with metastatic breast cancer. *Journal of Medical psychology*. 2002. 122(1). Pp 52-57.
 16. Koenig H G. Spirituality and depression. *Southern Medical*, 2007. 7:737-739.
 17. Propst LR .The comparative efficacy of religious and non-religious imagery for the treatment of mild depression in religious individuals. *Cognit Ther Res*. 1980. 4: 167-78.
 18. Hofmann SG. The importance of culture in cognitive and behavioral practice. *Cognit Behav Pract*. 2006; 4(13): 243-54.
 19. Montazeri, A. Gashtasbi .A, Vahdani niya, M. (2005). Translation and determine the reliability and validity of Persian questionnaire SF-36. *Journal of Monitoring*, 5, pp. 56-49. [Persian].
 20. Ho M. Y. ; Cheung, F. M. & Cheung, S. F. The role of meaning in life and optimism in promoting well-being. *The Chinese University of Hong Kong: Shatin, University of Macau, China*. 2009.
 21. Wong, S. & Lim, T. Hope versus optimism in Singaporean adolescents: Contributions to depression and life satisfaction. *Psychological Studies Academic Group, National Institute of Education, Nan yang Technological University, 1 Nan yang Walk, Singapore 637616, Republic of Singapore*. 2009.
 22. Ebadi. N. Sodani. M. faghihi, A. Hassanpour, M. Efficacy of positive thinking by emphasizing the Quran to increasing life expectancy divorced women in Ahwaz. *New findings in the Journal of Psychology*. 2010. pp. 84-72. [Persian].
 23. Algoe, S. B., Haidt, J, & Gable, S. L. Beyond reciprocity: Gratitude and relationships in everyday life. *Emotion*, 2008: 8.p.425.
 24. Pargament K.I. Cummings J. Anchored by Faith: Religion as a Resilience Factor. In: Reich J.W. Zautra. A. J. Hall J. S. Hnadbook of adult resilience. *The Guilford Press, New York: London*. 2010.