The effectiveness of positive psychology interventions with Islamic approach to increase hope in females with multiple sclerosis

Hadis Saeedi, Hossein Mousavi Nasab, Ali Mehdi Zadeh Zare Anari, Hossein Ali Ebrahimi, Mohsen Gorgani Nezhad, Kouros Divalar

Introduction: Multiple sclerosis (MS) is one of the common chronic diseases of the central nervous system which has an impact on the person’s sensory and motor functions. 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 as well as invoking the idea that this disease cannot destroy their family life and vitality.

Methods: This quasi-experimental type research had a pretest-posttest design with a control group. 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 and control) through random assignment. Positive psychology with Islamic approach was taught only in experiment group during 7 sessions in 120 minutes. Schneider hope questionnaire was used for data collection. SPSS v. 18 was used for data analysis.

Results: Results showed a significant difference between experiment group in comparison to control group in terms of hope variable (P < 0.001).

Conclusion: Based on the findings, positive psychology interventions with Islamic approach increase hope in females with MS.

Keywords: Positive psychology, Islamic approach, Hope, Multiple sclerosis
ate the physical symptoms of this disease, psychological interventions are critical in order to increase hope in these patients. In this regard, there are several psychological interventions, but one of the recent interventions is positive psychological intervention. This approach was introduced by Seligman at the end of 1990's and at the beginning of 21st century. From Seligman’s viewpoint, the science of psychology during the 20th century was premised upon disorders, such as anxiety, depression, despair and hopelessness and did not consider the human’s positive emotions such as optimism, hope and well-being and now it is the time to consider the positive aspects of human thoughts, beliefs, feelings and behaviors (8). Researches show that optimism and generally positive beliefs have a significant relationship with different dimensions of health as well as playing an important role in preventing physical disorders and increasing hope (9,10). For example, in a study by Lee et al examining the efficacy of a novel psychological intervention on patients with breast and colon cancer, results showed significant higher levels of self-esteem, optimism, and self-efficacy for experimental group compared to the control group (11). Furthermore, in a study by Classen et al (12) on patients with metastatic breast cancer, 64 women were randomized to the intervention group receiving a program was developed regarding positive psychology interventions with Islamic approach to increase hope for experimental group compared to the control group (11). Furthermore, in a study by Classen et al (12) on patients with metastatic breast cancer, 64 women were randomized to the intervention group receiving a program was developed regarding positive psychology interventions with Islamic approach to increase hope in the two groups (experiment and control) after conducting educational sessions.

Methods
This quasi-experimental type research had a pretest-posttest design with a control group. After obtaining permission, 40 patients who had the inclusion criteria entered the study. These patients were chosen from the list of patients with MS by referring to Kerman MS society. We divided the patients into two groups of 20 patients (experiment and control) randomly. The inclusion criteria were women patients with MS in the age range of 20-50 years, having no history of divorce and death of family members in recent 6 months, no psychotic disorders, no use of narcotics and psychotropics drugs, minimum literacy in order to read and filling out the written consent form. The exclusion criteria included the patient’s desire not to participate in the research, being illiterate, having a history of divorce or death of family members in recent 6 months, having psychotic disorders and narcotics usage. At first, we distributed Schneider hope (1991) questionnaire (in order to measure hope) in both groups. Then, positive psychology interventions were applied in the experiment group by conducting a supportive group therapy in which a teacher taught relevant materials in 7 sessions for 2 hours. These classes were held twice a week. Conversely, the control group did not receive any intervention. Finally, we reevaluated hope in the two groups (experiment and control) after conducting educational sessions.

Research instruments
Data gathering tool in this study was provided by researchers after reviewing related texts and obtaining experts’ opinions. We combined available tools in the field for study purposes. The most important applied tool for this purpose is as follows:

Schneider hope questionnaire
Schneider (1991) developed a 12-item measure of a respondent’s level of hope. In particular, this scale is divided into two subscales: (a) Pathways and (b) Motivation. Each item on the questionnaire is answered using a 4-point Likert-type scale ranging from Definitely False to Definitely True. In a research which was conducted on 600 girl students in Tehran, the stability of Schneider hope scale was investigated by internal consistency and Cronbach alpha coefficient was obtained at 0.89. There is a strong correlation between hope scale and other scales that measure similar psychological processes. For example, hope scale scores have correlation with Scheier and Carver optimism scale at the rate of 0.50 to 0.60. Furthermore, the scores of this scale have negative correlation with the scores of Beck’s depression inventory (16).

Description of the training sessions
As we did not find a resource in which positive psychology interventions were implemented, a comprehensive program was developed regarding positive psychology interventions with Islamic approach by using religious resources and psychological resources under the supervision of psychologists and experts as follows (Box 1):

Data analysis
In order to analyze data, SPSS version 18 was used. Analy-
Box 1. Description of training sessions

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

Second meeting: Attention to thoughts, controlling negative thoughts, and some contents about the Islamic comments were presented.

Third meeting: Attention to positive aspects of others and improving social relationships. Some contents about the Islamic comments were presented.

Fourth meeting: Appreciation of God

Fifth meeting: The positive interpretation of events and problem solving. Some contents about the Islamic comments were presented.

Sixth meeting: Positive expectations about the future and achieving goals. Some contents about the Islamic comments were presented.

Seventh meeting: Reviewing the previous sessions and contents, answering the questions, conducting the post-test and holding the closing ceremony.

sis of covariance (ANCOVA) test was performed for data generation.

Results
The demographic characteristics are shown in Table 1.

The mean and standard deviation of hope in two groups (experiment and control) are shown in Table 2.

As can be seen from Table 2, there was a difference in the average of post-test scores for hope variable in experiment and control groups. To analyze the significance of these differences and controlling the effect of pre-test, the statistical test of covariance analysis was performed. The premise of using the covariance test, considers being homogenous of variance that holds based on the results of Levin ($P > 0.05$, $F = 0.065$). The results of ANCOVA are presented in Table 3.

As can be seen from Table 3, assuming the control variable as pretest scores, there was a significant difference between hope scores before and after training in the experiment group ($P = 0.001$). Statistical power 1 shows that sample size has been enough.

Discussion
The aim of the present research was to investigate the effectiveness of positive psychology interventions with Islamic approach on hope in females with MS in the city of Kerman. The supportive training sessions were effective in increasing hope in females with MS. The results of the present study are consistent with studies conducted by Classen et al (12), Lee et al (11), Ho et al (17), Wong and Lim (18), and Ebadi et al (19). Based on the findings, it can be noted that skill training sessions are crucial in order to reinforce and improve positive relationship with self, others and the world. This helps people to know themselves better and recognize their positive experiences. By the same token, they can 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 the occurrence of more positive impressions 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 (20). Thus, this results to an increase in hope. 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 that the tensions have not 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 regard, Pargament and Cummings (21) believe that religion has an important role in reducing life stresses. Because religious beliefs act as a shield against life stresses, they assist people in choosing appropriate and effective coping strategies. Thus, this can increase hope in females with MS. Totally, the findings of this study high-

<table>
<thead>
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<th>Group</th>
<th>Variable</th>
<th>Test</th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Experiment</td>
<td>Hope</td>
<td>Pre-test</td>
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<td>2.18</td>
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<tr>
<td></td>
<td></td>
<td>Post-test</td>
<td>40.50</td>
<td>3.8</td>
</tr>
<tr>
<td>Control</td>
<td>Hope</td>
<td>Pre-test</td>
<td>33.95</td>
<td>3.06</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post-test</td>
<td>33.20</td>
<td>3.17</td>
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Table 2. Mean and standard deviation of hope scores for both experiment and control groups

<table>
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<th>Group</th>
<th>Duration of illness (y)</th>
<th>Single/married</th>
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<tr>
<td></td>
<td>Mean</td>
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<tr>
<td>Experiment</td>
<td>38.15</td>
<td>8.22</td>
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<td>Control</td>
<td>36.4</td>
<td>10.87</td>
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light that the use of positive thinking training is effective in increasing hope in females with MS, especially if the training is along with religious contents.

**Conclusion**

On the whole, according to the results of the present study we can say that training sessions were effective in increasing hope in females with MS. Thus, forming the workshop of positive thinking with Islamic approach for these patients is suggested.

**Ethical issues**

This study was approved by the Neurology Research Center of Kerman University Of Medical Sciences and supported.

**Authors’ contributions**

All authors equally contributed to the writing and revision of this paper.

**References**


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**Table 3. The results of ANCOVA test**

<table>
<thead>
<tr>
<th>Source</th>
<th>Some of squares</th>
<th>Df</th>
<th>Mean square</th>
<th>F</th>
<th>P</th>
<th>Eta Squared</th>
<th>Observed power</th>
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</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>312.13</td>
<td>1</td>
<td>312.13</td>
<td>74.96</td>
<td>0.001</td>
<td>0.67</td>
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<tr>
<td>Group</td>
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<td>504.24</td>
<td>121.09</td>
<td>0.001</td>
<td>0.76</td>
<td>1</td>
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<td>Error</td>
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<td>37</td>
<td>4.16</td>
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<tr>
<td>Total</td>
<td>553.16</td>
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