Effectiveness of Group Therapy with a Positive-Oriented Approach on Rumination, Illness Perception and Depression in Patients with Multiple Sclerosis (MS)

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Abstract
This study was carried out in order to investigate the effectiveness of group therapy with a positive-oriented approach on the illness perception, rumination and depression in patients with multiple sclerosis. This study was conducted as a quasi-experimental research with pretest-posttest research design with control group. The number of 28 patients as the member of the MS Society in Tonekabon city who had high rumination, illness perception and depression based on questionnaires of rumination scale by Nolen-Hoeksema and Morrow (1991), Broadbent’s illness perception scale (2006) and Beck’s depression scale were selected in simple random way and were assigned into two experimental and control groups randomly (11 women and 17 men). Experimental group received eight 90-minute sessions (once a week) group therapy with a positive-oriented approach and the control group had no training in this respect. After running group therapy with a positive-oriented approach, the rumination, depression and illness perception of both groups were measured again. Multivariate analysis of covariance (MANCOVA) with the Bonferroni correction at P <0.0001 showed that the group therapy had an effective role in reducing rumination (F = 7.51), the illness perception (F = 7.43) and depression (F = 25.70). The findings of this study demonstrated convergence with similar studies that group therapy with a positive-oriented approach has had an effective role in reducing rumination, illness perception and depression in patients with MS.

Keywords: Group therapy with a positive-oriented approach, Illness perception, Rumination, Depression, MS.
Introduction

Multiple sclerosis (MS) is a potential debilitating neurological disease in which the immune system destroys the protective myelin sheath covering around the nerves. This intervenes in the connection between the brain and other organs and ultimately, it may cause deterioration of nerve that is an irreversible process (Ashtari et al., 2011). Various symptoms of the disease are seen in these patients including sudden loss of vision in one eye or blurred vision, diplopia, incoordination or dysfunction in bladder, sensory disturbance, weakness, muscle cramps, hearing impairment, fatigue, tremor of limbs, impairment in defecation and sexual function, poor balance, forgetfulness, hearing loss, numbness and speech disorders (Rezaie, Qomi and Dolatshahi, 2010). Symptoms are widely varied and dependent on the amount of damage and certain nerves that have been affected. Types of MS disease include four types that are benign, relapsing-remitting, primary progressive and secondary progressive (Soltani et al., 2009). In addition to the biological mechanisms involved, a factor that can affect MS mental stress diseases is psychological factors of individuals. A person with MS should protect himself from despair, fear and anxiety. Most of studies in patients with MS have focused on the problems associated with physical aspect and ignore cognitive and psychological aspects (Feinstein, 2004; Diamond et al., 2008). The most common forms of psychological symptoms in MS patients are a problem in coping with the disease that often leads to mental disorders such as depression. Depression is considered not as a symptom but as a set of symptoms having symptoms such as low mood, low energy levels, social withdrawal, disturbances in sleep and eating and pessimistic view to the future and the suicide or attempting to it in addition to the feeling of depression and in total, it leads to impairment in job, family and social performances that imposes enormous costs to the society directly or indirectly (Druss, 2000; Wells, 2003). Frankl believed that depression in patients with physical diseases is a sorrow that appears in response to their physical condition (Frankl, quoted by Seif-behzad, 1993). Beck defined clinical depression as a type of morbid disorder includes of changes in five emotional, motivational, behavioral, cognitive and physical areas (Sadock and Sadock, 2011). Based on metacognitive model of depression disorder, rumination is introduced as an important feature of depression; the goal is to understand the causes of rumination and elimination of this maladaptive process (Wells, 2003). In case of mild or severe depression, an individual ruminates on negative issues. Rumination is a class of consciously thoughts that revolves around a determined axis and these thoughts are repeated without immediate environmental demands to be dependent on them. In fact, rumination is a set of passive thoughts with repetitive aspects focusing on the causes and consequences of symptoms and preventing adaptive problem solving that lead to increase in negative thoughts (Nolen-Hokesema and Davis, 1999). Rumination causes abnormality in cognitive infrastructure of depressed patients and relates with psychological weakened incompatibility and an increase in negative emotions like anger and stress (Wenzlaff and Wegner, 2000). Numerous studies stated a close relationship between ruminative thoughts and various types of emotional disorders (Nolen-Hoeksema, 1991). Lyubomirsky et al. (1998) also showed that rumination is associated with higher levels of depressive symptoms.
Illness perception is one of the concepts that there is little knowledge in the area of patients’ ethology (Zare and Abdollahzade, 2012). Illness perception is meant in response to a question that arises here: "Why do people who are exposed to the same stressors and similar clinical features understand and interpret the symptoms in different ways?" It is believed that patients’ differences in disease’s behavior cannot be solely due to differences in the degree of their health. Symptoms that may be interpreted by an abnormal individual or family as a result of meeting a doctor probably interprets differently by other individual or family (Pilowsky, 1994; Leventhal et al., 1998). The findings showed that patients’ illness perception is of the most important predictors of low levels conformity including poor social functioning, fatigue, anxiety, depression and self-esteem (Moss-Morris et al., 2002). A view that has provided proper context for reviewing patients’ perceptions is the view of Leventhal et al. (1998) who believed that the patient would shape the scheme or system of beliefs about his disease after observing disease's symptoms or pain and would interpret the observed symptoms based on those schemas and in fact, patients regulate their emotional reactions and behaviors to the disease based on their perceptions of the nature, causes, consequences controllability and treatability and duration of the disease (Quoted by Moss-Morris et al., 2002). Accordingly, the disease’s beliefs are directly linked with consistency and behavior of individual and the result of this compatibility affect illness perception from disability and quality of life (Baker, 2003). Hence, it is needed to consider interventions through which reducing psychological symptoms such as depression and rumination. Positive changes in people with the disease are needed to cope with the illness and among numerous psychotherapies; these positive changes are possible through available solutions in the positive-oriented therapy (Casellas-Grau et al., 2014). Positive-oriented psychotherapy empirically is a validated psychotherapy approach that pays special attention to building capabilities and references’ positive emotions (McCullough, 2000). The fundamental purpose of this procedure in patients with MS is to increase their ability to face with anxiety, pain and tolerating new medical diagnostics and treatments. Positive psychology emphasizes on building and expanding positive emotions in order to create a shield against mental disorders and an increase in people's well-being and happiness (McCullough and Witvliet, 2002).

Positive psychotherapy theoretical foundation is rooted in the works of Seligman (2002). He knew happiness as the main theme of positive-oriented approach and divided it into three components that are scientifically definable better: positive emotion (the pleasant living), fascination (fascinating life) and means (meaningful life). Experience of positive emotions that are emphasized by positive-oriented psychotherapy often creates better ability in use of the capabilities and adaptability in face of life’s difficulties (Fredrickson, 2009). Studies have shown that positive-oriented therapy utilizes interventions to combat depression by increasing positive emotions in order to raise the level of positive engagement in life and increase the meaning in the life instead of directly targeting the symptoms of depression (Seligman, 2005). Peterson and Park (2004) also found out in their study that when people write about three good things that happen every day and use the capabilities that were identified on weekdays, they reported high happiness and experienced less depression up to 6 months after the interventions. As well, a research
entitled as positive-oriented psychology with an emphasis on capabilities and character’s virtues was conducted by Fordyce (1981). The numbers of 14 therapeutic techniques were used in this intervention. Subjects who were fully trained were happier and showed fewer symptoms of depression compared with the control group. Research’s results of Aghayousefi et al. (2012) about the association between quality of life and psychological capital with the illness perception among patients with MS showed that the variables of quality of life and components of optimism and psychological capital self-efficacy are significant predictors for illness perception in patients with multiple sclerosis. These findings state that the quality of life and the components of optimism and self-efficacy are as almost effective variables on the illness perception of patients with multiple sclerosis. These results have important applications in the field of the importance of therapeutic interventions and improving quality of life and training self-efficacy and optimism in MS patients. In the field of the impact of illness perception on quality of life in patients with multiple sclerosis, evaluation of self-regulation pattern by Shomili (2012) showed that illness perception affects the MS patients’ quality of life and predicts physical and psychological aspects of quality of life and severity of disease in patients with MS. Research of Khosravi et al. (2008) on examining the components of rumination in depressed, obsessive-compulsive and normal cases also indicated that in pair comparison of rumination in areas of tendency to explanation and related to isolation, these components in depressed patients are significantly higher than normal subjects. Similarly, the rumination associated with the reviewing feelings about problems, worrying about lack of solving problems and self-criticism in depressed and obsessive-compulsive patients was more than ordinary people. Meanwhile, two patient groups had more rumination compared to normal subjects. The research results of Rezaie and Shafiabadi (2008) as the effectiveness of logotherapy in group manner in depression has been caused in MS patients also showed a significant effectiveness of group therapy in logotherapy manner to reduce depression in MS patients.

Hence, this study aimed to assess the effectiveness of group therapy with a positive-oriented approach on illness perception, rumination and depression in patients with the MS disease has been trying to answer the question that whether the group therapy with a positive-oriented approach on illness perception, rumination and depression in patients with MS is effective?

**Methodology**

The research method was quasi-experimental with pretest-posttest design with the control group. The population included all patients as the members of MS Society in Tonekabon city that was 40 members. All 40 individuals were given questionnaires of depression, illness perception and rumination to select the sample. It was found that 28 patients among them (11 women and 17 men) had moderate to high depression, illness perception and rumination. Then, they randomly divided into two groups of 14 patients (experimental group and control group). The experimental group received eight 90-minute sessions (once a week) of group therapy with a positive-oriented approach and control group has had no training in this respect. The depression, illness perception
and rumination of members of both groups were measured again after the training. The data required was ultimately extracted and analyzed by statistical program SPSS.

Research Tools

The tools that were used in this study include:

1. The brief illness perception questionnaire (Broadbent, Petrie, Main and Weinman, 2006)
2. Rumination response scale (Nolen-Hoeksema and Morrow, 1991)
3. Beck depression inventory (Beck, Steer and Garbin, 1988)
4. Positive-oriented psychotherapy training package (Seligman, Rashid and Parks, 2006)

The brief illness perception questionnaire: The brief illness perception questionnaire (brief IPQ) is a 9-item questionnaire that has designed to assess the disease's emotional and cognitive visualization (Broadbent, Petrie, Main and Weinman, 2006). Range of scores in the first 8 questions is from 1 to 10. Question 9 has had open response. The revised form of illness perception questionnaire is answered in 5-degree Likert scale (1 as strongly disagree to 5 as strongly agree) (Sararoudi et al., 2010). It was reported the Cronbach's alpha for this scale equals to 0.8 and test-retest reliability coefficient within 6 weeks for different questions ranging from 0.42 to 0.75 is reported. Concurrent validity of scale with the revised illness perception questionnaire in a sample of patients with asthma, diabetes and kidney disease showed correlation of the subscales ranged from 0.32 to 0.63. Discriminant validity of the brief questionnaire was calculated and confirmed by comparing the scores of the patients (Broadbent et al., 2006).

Rumination response scale (RRS): This questionnaire was made by Nolen-Hoeksema and Morrow (1991) for evaluating rumination. This scale has 22 items which are scored based on the four-point scale from 1 (almost never) to 4 (almost always). In this test, the scores range from 22 to 88. Rumination total score is calculated by the sum of all items (Treynor et al., 2003). Based on empirical evidence, ruminative response scale has high inter-rater reliability. Cronbach's alpha coefficient ranges from 0.88 to 0.92. Various researches have shown test-retest reliability for RRS was 0.67 (Luminet, 2004). Lotfinia (2007) calculated the reliability index as 0.82 by conducting it on the 54 students at three-week intervals.

Beck depression inventory: This questionnaire included 21 items and has been made to assess the feedbacks and symptoms of depressed patients and the items of this questionnaire were dedicated as 2 items for affection, 11 items for recognition, 2 items for explicit behaviors, 5 items for physical symptoms and 1 item for interpersonal semiotics. In this manner, this scale determines varying degrees of depression from mild to severe and the range of scores is in the 4-point scale from minimum zero to maximum 63 (Beck et al., 1988). The meta-analysis results indicated the internal consistency of this scale between 0.73 and 0.93 with an average of 0.86 and the retest reliability coefficient in terms of distance between of the number of performances and populations was in the range of 0.48 to 0.86, the validity of this questionnaire was also confirmed in several studies (Beck et al., 1988). Inside the country, in a review that was
conducted on 125 students of Tehran University and Allameh Tabatabai University, the Cronbach’s alpha was 0.78 and reliability has been reported as high (Khaledian et al., 2013).

**Positive-oriented psychotherapy:** Positive-oriented psychotherapy training package was provided by Seligman and Rashid and Parks (2006) and in operational terms, positive-oriented intervention includes a model that has four components of pleasure, commitment, meaning and complete life. A brief of therapy sessions is provided here.

**Table 1.** Summary structure and content of therapy sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Session’s content and practices</th>
<th>Goal-target</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first session</td>
<td>Recording a positive introduction of itself on a page by clients</td>
<td>To direct clients in the context of positive psychology, assumption of this perspective and the role of psychotherapist.</td>
</tr>
<tr>
<td>The second session</td>
<td>Recording the abilities of any individual by himself</td>
<td>Identification of personal capabilities, familiarity with categorizing abilities and moral virtues and the use of personal capabilities in the new form.</td>
</tr>
<tr>
<td>The third session</td>
<td>Noting blessings or three good things (positive) in daily life</td>
<td>Planting positive emotions and noting blessings and good things of life.</td>
</tr>
<tr>
<td>The fourth session</td>
<td>Repeating tasks of previous session</td>
<td>Reviewing that whether writing down three good things or three blessings and emphasizing reminders and positive memory during the past week have had a positive effect or not.</td>
</tr>
<tr>
<td>The fifth session</td>
<td>Using the worksheet on Thanksgiving</td>
<td>Focused on Thanksgiving. The role of bad and good memories re-examined also.</td>
</tr>
<tr>
<td>The sixth session</td>
<td>Examination of middle of treatment</td>
<td>Clients examined their progress in writing and booklets and letters of forgiveness and thanksgiving and in using their capabilities in practice based on the working programs that was started in the second session.</td>
</tr>
</tbody>
</table>
| The seventh session | Noting three happenings or three things that they wanted to do, but | Focusing on the themes of hope, faith and optimism as well as practicing “the
session have failed. Then checking whether there would be another open door instead of the closed door or the problem or not?

The eighth session The use of technology to improve relations and to make positive social relationships and happiness in life

Training responsive style and training to improve relations. Completing questionnaires by the participants.

Results

Table 2. Comparison of the scores of descriptive indicators at pre-test and post-test groups

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Groups</th>
<th>Number</th>
<th>Pretest average</th>
<th>Pretest standard deviation</th>
<th>Posttest average</th>
<th>Posttest standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness perception</td>
<td>Experiment</td>
<td>14</td>
<td>30.20</td>
<td>3.548</td>
<td>22.00</td>
<td>7.182</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>14</td>
<td>28.35</td>
<td>4.246</td>
<td>27.65</td>
<td>4.475</td>
</tr>
<tr>
<td>Ruminaton</td>
<td>Experiment</td>
<td>14</td>
<td>59.65</td>
<td>14.978</td>
<td>52.60</td>
<td>6.004</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>14</td>
<td>57.70</td>
<td>16.190</td>
<td>56.70</td>
<td>6.045</td>
</tr>
<tr>
<td>Depression</td>
<td>Experiment</td>
<td>14</td>
<td>42.25</td>
<td>6.920</td>
<td>33.95</td>
<td>6.143</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>14</td>
<td>43.95</td>
<td>6.312</td>
<td>44.15</td>
<td>6.063</td>
</tr>
</tbody>
</table>

According to the data in Table 2, there was a great reduction in scores of experimental group in the three studied variables after the intervention of group therapy with a positive-oriented approach compared to the control group.

Table 3. Multivariate analysis of covariance to assess the efficacy of group therapy with positive-oriented approach

<table>
<thead>
<tr>
<th>Test</th>
<th>Amount</th>
<th>Hypothesis’ DOF</th>
<th>Error’s DOF</th>
<th>F statistic</th>
<th>Error level</th>
</tr>
</thead>
</table>

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As indicated in Table 3, the results of multivariate analysis of covariance showed that the multivariate F value for all tests at P < 0.001 is statistically significant. Therefore, it can be said that there are significant differences between the experimental and control groups in at least one of the dependent variables (illness perception, rumination and depression). In other words, the group therapy with a positive-oriented approach has been pivotal in reducing the illness perception, rumination and depression in MS patients. The multivariate analysis of covariance (MANCOVA) was used for evaluation of the note that whether these differences are statistically significant. Before using MANCOVA analysis, its assumptions were examined at first. The correlation matrix between the variables studied, evaluation of the interactional effect of independent variable and pre-test, Box test and Levene test showed the homogeneity of variance-covariance matrix and the equality of variances that are key assumptions of MANCOVA analysis. So, MANCOVA analysis method with Bonferroni correction was used to test the hypotheses.

**Table 4. ANCOVA using the Bonferroni correction**

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Sum of squares</th>
<th>DOF</th>
<th>Mean square</th>
<th>F statistic</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness perception</td>
<td>245.035</td>
<td>1</td>
<td>245.035</td>
<td>7.432</td>
<td>0.010</td>
</tr>
<tr>
<td>Rumination</td>
<td>204.238</td>
<td>1</td>
<td>204.238</td>
<td>7.514</td>
<td>0.010</td>
</tr>
<tr>
<td>Depression</td>
<td>933.274</td>
<td>1</td>
<td>933.274</td>
<td>25.707</td>
<td>0.001</td>
</tr>
</tbody>
</table>

As is clear from the results in Table 4, the significance level of test for all three variables at a level less than P<0.001 is significant. In other words, Bonferroni correction of illness perception, rumination and depression suggests that group therapy with a positive-oriented approach have had significant effect on reducing the illness perception, rumination and depression in patients with MS.

**Discussion and conclusion**

Regarding the global and regional statistics on the field of MS shows that its prevalence and incidence in all countries of the world including Iran has a growing path and it is such diseases...
of the central nervous system that makes many challenges on the psychological adjustment in patients all over the world. The study also tried to evaluate the effectiveness of a positive-oriented group therapy on the three components of illness perception, rumination and depression in patients with multiple sclerosis that will be discussed and explained in the following.

**The first hypothesis:** the research based on the fact that positive-oriented group therapy is effective on the illness perception of people with multiple sclerosis was confirmed in this study. The results of this hypothesis are consistent with the results of Aghayousefi et al. (2012) and Shomili (2012). In explaining the results, it can be said that one of the main concerns of most MS patients and their families is to achieve optimal life which may be due to illness perception, hope, optimism, resiliency and self-efficacy regarding the extent of mental health problems (depression, anxiety, stress and fatigue, etc.) in patients with MS (An’ami-alamdari, 2010). Illness perception contains information in five dimensions: the nature, meaning the label and symptoms of the disease (such as fatigue and weakness), cause or believe in the causes behind the disease’s onset, duration or the perception of individual about duration of the disease in terms that periods are acute or chronic, outcomes or expected results of the disease in terms of economic, social, mental and physical impacts, and effectiveness of control, treatment and recovery (Edgar et al., 2003). The meta-analysis studies conducted in a range of diseases (acute diseases and chronic diseases such as multiple sclerosis, Huntington and diabetes) confirms the theoretical foundations (Itersum et al., 2009; Dennison et al., 2009; Clarke and Goosen, 2009). Empowerments of individuals are affected by beliefs that they have and not their real capabilities, people with high self-efficacy can overcome anxiety and sadness, depression and psychosomatic symptoms and consequently will reduce the illness perception (Bandura and Adams, 2002). Seligman (2002) believed that optimism has an important role in coping with stressful life events. Optimistic people have ensuring sustainable mode when faced with a challenge (even if the progress is slow or hard). A person with MS evaluates the disease with a positive vision and in case of uncontrollable circumstances such as illness, weakness and fatigue and limitations of disease treats with strategies such as acceptance of subject and sense of humor, this optimism led to better adaptation to the conditions of life in MS patients (Aghayousefi et al., 2012). A person's perception of his condition may change and improve by experiencing specific living conditions and social outcomes and also gets better by a professional treatment. Results showed that positive-oriented therapy can help patients to get a better understanding and perception of MS and sense of more control on it. People who have an optimistic attitude about themselves and the world have more physical and mental health. Positive emotional state can improve mental health and psychological and even physical conditions of individuals. Optimism makes people believe in personal ability and have positive assessments from the social fabric and the environment and therefore, they will expect positive results. This has caused people to become strong against the harsh conditions. Optimists has passed through the problem after understanding it and concentrates on the solutions. Therefore, optimistic and positive attitude, of course, is besides successfullness (Carver et al., 2010).
The second hypothesis: the fact that positive-oriented group therapy is effective on rumination in patients with multiple sclerosis was confirmed in this study. The result of this hypothesis was consistence with the results of Rashid (2008) that used positive psychology to raise empowerments in which the results showed that positive-oriented psychology techniques in the experimental group made significant changes in 17 empowerment among the 24 empowerments and research of Fredrickson and Losada (2005) which was based on positive-oriented model indicating that positive emotions create a shield against adverse consequences of stress by reducing autonomous arousal caused by negative emotions and by increasing the flexibility of thinking and problem solving and research of Khosravi et al. (2008). Usually, rumination makes mechanisms that become different risk factors for depression and in fact, leads to the more pressures and loss of social support and optimism and more neuroticism (Nolen-Hokesema and Davis, 1999). Rumination is associated with higher levels of depression (Clark, 2004). Papageorgiou and Wells (2001) showed in the study that negative automatic thoughts are short and brief assessments of failures in depressed patients, while rumination is a long chain of repetitive, spinning and self-concentrated thoughts and a response to early negative thoughts. Negative mood is a result of boring rumination and this has been proven in extensive researches (Siegle et al., 1999). Ruminators suffer more acute problems in intimate relationships. They may also use thought control strategies to increase the achievement of negative beliefs about themselves (Hassanshahi, 2003). If a person with MS can maintain the suitable physical, mental and social state and be able to do daily activities, he would satisfy from internal efficiency, control of disease and rehabilitation and the amount of rumination will be reduced in the individual.

The third hypothesis: the fact that positive-oriented group therapy is effective on depression in patients with MS was approved in this study. The result of this hypothesis was aligned with the results of Seligman et al. (2004) that was about evaluating the effectiveness of positive-oriented psychological interventions for individuals and group indicating the effectiveness of interventions to increase the joy and happiness as well as reducing depression. In another study by Seligman (2002) about positive group therapy, some tests were used for assessing symptoms of depression and life satisfaction and more happiness. The results showed that the intervention group that had received positive-oriented psychological interventions had lower scores on the Beck Depression Inventory even one year after the sessions, while the control group continually had depressive symptoms from mild to moderate ranges. Seligman et al. (2009) found out in a study that individual positive psychotherapy reduces depressive symptoms and in many cases has caused complete recovery compared with current treatments with antidepressants. In addition to reducing symptoms of depression, positive psychotherapy increased the signs of happiness. High prevalence of depression worldwide has been reduced life satisfaction that positive therapy trainings in a research increased happiness, positive emotions, and meaningful life with most responsibility in people (Seligman et al., 2009). Training positive psychological interventions led people to have more commitment in life and involve it actively and with and a higher incentive, And because the more active involvement required recognition of the inherent capabilities and better use of them in life and set a goal or goals in life was based on them, so,
The aforementioned trainings was a step toward a happy life and free from the emptiness. Positive emotions are shields against mental disorders and are effective factor in increasing the health and happiness of individuals (McCullough and Witvliet, 2002). This method increases the meaning in people's lives to relieve psychopathology and improve the happiness (Rashid, 2008). Experience of positive emotions that are emphasized by positive-oriented psychotherapy often creates better ability in use of the capabilities and adaptability in the face of life's problems (Fredrickson, 2009). Positive-oriented psychotherapy reduces depression in patients by applying interventions to combat depression through increasing positive emotions, raise in the level of positive engagement in life, and increase in the meaning in life (Seligman, 2005). In accordance with the results of this study, it can be stated that positive therapeutic interventional procedures are effective helps in the treatment of many psychiatric disorders which may be cause by MS disease in people. Positive Psychotherapy can not only create a positive resource, but also it can have a reciprocal impact on negative syndrome as well as being as a shield for their reoccurrence.

The results reported the association of hope and self-reliant with desirable expectations that is one of the most important predictors for treatability. Thus according to the results of this study, it is recommended that:

1) Patients should be under the control of psychologist in addition to pharmaceutical therapies to be helped by support therapies and creating positive attitude to life against the disease in these people.

2) Due to the involvement of MS in the list of specific diseases in support centers such as welfare, they should plan required programs for financial support to improve the quality of life in these people apart from financial support in pharmacologic treatment.

In the limitations of this study, it can be pointed to the limited population. Lack of prosecution of subjects for the training of positive-oriented group therapy was the other limitation of the study that this was resolved in subsequent sessions with arising pre-determined questions.

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