



The effectiveness of supportive therapy on psychological capital and post traumatic growth in women with multiple sclerosis

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Received: 20.10.2022

Acceptance: 24.04.2023

Journal of
Applied Family Therapy

eISSN: 2717-2430
http://Aftj.ir

Vol. 4, No. 1, Pp: 268-285
Spring 2023

Original research article

How to Cite This Article:

Ebrahimi, S., Khodabakhsh, A., & Farokhi, N. (2023). The effectiveness of supportive therapy on psychological capital and post traumatic growth in women with multiple sclerosis. *ajftj*, 4(1): 268-285.



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Abstract

Aim: Multiple sclerosis is a neurological and progressive disease. Living with MS has many negative and positive effects on patients' physical and mental health. This study aimed to investigate the effect of supportive therapy on post-traumatic growth and psychological capital in women with MS. **Methods:** This study used quasi-experimental method (a pretest-posttest and follow up plan with a control group). Participants consisted of 30 women with MS who were selected using convenience sampling method and were randomly divided into two groups of experimental and control groups. The measuring tool was psychological capital questionnaire (2007) and post-traumatic growth questionnaire (1996) which was completed by the participants. Then, the participants in the experimental group participated in 10 sessions of 50 min of intervention based on Winston, Rosenthal, & Pinsky (2004) supportive therapy protocol. Repeated-measures mixed-model analysis of variance (ANOVA) was used to analyze data. **Results:** Data analysis showed that supportive therapy had significantly increased the psychological capital ($F=16/50, P \leq 0/001$) and post traumatic growth ($F=14/40, P \leq 0/001$) in the experimental group, compared to the control group and the effects of intervention over time remained constant. **Conclusion:** Based on the findings of this study, supportive therapy can be an effective intervention to increase psychological capital and post traumatic growth in MS patients and can be used to improve the psychological state and better cope with the disease.

Keywords: Multiple sclerosis, Post trauma growth, Supportive therapy, Psychological capital.

Introduction

Multiple sclerosis is a progressive neurodegenerative disease characterized by inflammation of neurons and neural processes throughout the central nervous system (Tablerion et al., 2019). The cause of the disease is unknown, but it seems that the activation of immune mechanisms against the myelin antigen that surrounds nerve cells is involved in the development of the disease (Ghazagh & Zadhasan, 2019). Multiple sclerosis (MS) worldwide is generally more common in women than men. This may be due to the effects of gonadal hormones, genetic differences, and different environmental exposures and modern lifestyles in men and women (Merghat Khoi et al., 2012). MS causes disturbances in the psychological state, pain, dizziness, sexual function, fatigue, financial status and employment, all of which lead to a decrease in the quality of life in these patients. The relationship between psychological symptoms and MS is very complicated and its prevalence may be a response to countless factors (Saadat et al., 2019). The chronic nature of this disease, the existence of stressful events in life and how people react to these events together cause the worsening and acceleration of disease attacks (Taghilu et al., 2017).

Being diagnosed with a life-threatening illness can be an incredibly stressful and traumatic experience. However, many survivors also report various positive changes that are referred to in the empirical literature as post-traumatic growth. Many studies have shown that there are many mechanisms underlying the relationship between post-traumatic growth and the process of illness and recovery, including the quality of social support, coping strategies of patients, and several indicators of mental and physical health. Post-traumatic growth promotes positive adaptation to chronic illnesses, including MS (Brasco & Stritch, 2009). Post-traumatic growth is defined as the positive personal changes that a person experiences in their relationships, lifestyle, and outlook on life. In fact, it reduces depression and increases a person's well-being, in fact, trauma makes a person reevaluate his worldview. Research has clearly shown that people who experience post-traumatic growth also report negative aspects of the trauma. Post-traumatic growth is defined as the experience of positive changes that an individual achieves due to conflict with trauma (Grolia et al., 2013). Studies suggest five categories of developmental outcomes, which include: 1) perceptual changes in oneself, 2) changes in relationships with others, 3) increased spirituality or changes in the philosophy of life, 4) increased awareness of new possibilities and 5) greater appreciation of life (Nik Menesh, Imam Hadi, and Mir Abdullahi, 2013).

Psychological capital is a positive mental state in a person that has four components including: self-efficacy (self-confidence regarding being capable when facing challenges); Optimism (having positive documents regarding present and future successes); Hope (resistance to achieving goals and change the path in order to achieve goals if necessary); Resilience (persisting when surrounded by pain and difficulties and striving to succeed) (Luthans et al., 2007). Psychological capital is a high-level conceptual construct and shows that these constructs are both collectible and synergistic (Luthans et al., 2015).

Therefore, in this research, we are looking for an answer to the question of whether supportive therapy has an effect on psychological capital and post-traumatic growth, and is this effect stable in the follow-up phase.

Method

This study used quasi-experimental method (a pretest-posttest and follow up plan with a control group). Participants consisted of 30 women with MS who were

selected using convenience sampling method and were randomly divided into two groups of experimental and control groups. The measuring tool was psychological capital questionnaire (2007) and post-traumatic growth questionnaire (1996) which was completed by the participants. Then, the participants in the experimental group participated in 10 sessions of 50 min of intervention based on Winston, Rosenthal, & Pinsker (2004) supportive therapy protocol. Repeated-measures mixed-model analysis of variance (ANOVA) was used to analyze data.

Results

According to the descriptive findings, the average scores of psychological capital and post-traumatic growth in the experimental group increased in the post-test and this change continued in the follow-up.

One of the assumptions of repeated measurement variance analysis is the normality of pre-test, post-test and follow-up distributions, which were checked with the Kalmograph-Smirnov test. The significance level in the mentioned test is greater than 0.05, which can be concluded that the distribution of scores of dependent variables is normal ($p \leq 0.05$). Since the significance level of the F statistic of all variables is greater than 0.01 in the Lone test, the error variance of the two groups is equal and no difference is observed between them. These findings showed that the error variance of these variables is homogeneous in the groups. In order to verify the sphericity condition, the results of Moheli's sphericity test were checked and the assumption of sphericity in the post-traumatic growth variable was established ($P \leq 0.5$). However, in psychological capital, this assumption was not established ($P \geq 0.5$). For this reason, the Greenhouse-Geisser correction test was used to perform the repeated measurement test and in the case of within-subjects effects.

The F value calculated for the effectiveness of the time and group factors in the psychological capital variable as well as the post-traumatic growth variable was significant ($P \geq 0.5$). It shows the difference in the effect of test conditions on the variables in the three stages of pre-test, post-test and follow-up in the groups. The calculated F value of the psychological capital variable as well as the post-traumatic growth variable was significant ($P \geq 0.5$). It shows the difference in the effect of test conditions on the variables in the three stages of pre-test, post-test and follow-up in the groups.

The results of pairwise comparison in two groups through Bonferroni's post hoc test show that the difference between the mean variables of psychological capital and post-traumatic growth in the experimental and control groups is significant, which indicates the difference between them ($p \geq 0.001$).

Conclusion

Supportive therapy is a direct intervention method, and in supportive therapy, the therapist is allowed to use psychological training and structured skill-building interventions, as well as encourage the patient to follow his interests and motivations. Calming, comforting, encouraging, praising, reassuring, increasing self-esteem and nurturing, defining limits and confronting self-destructive behaviors are among the techniques of this therapy. The patient should be encouraged to grow and rely on his own self (Barabadi, 2016). According to what was said, these interventions can have an effect on increasing the components of psychological capital. Psychological impact or psychological distress after trauma is considered as a core and center of a person's growth. During mental rumination, these ideas and schemas of the person are revised and new ideas replace the previous ones. Growth occurs as a result of the emergence of new schemas and beliefs and the use of effective coping methods (Janfubolman, 2006). In counseling with a supportive approach, the patient is helped to face crises caused by physical and social issues. Since the goal of supportive psychotherapy is not to change the person's unconscious, but rather, the goal is for clients to evaluate "self" in each treatment session so that they gain awareness and insight. In fact, this treatment method focuses on improving self-confidence,

compromise skills and identifying wrong thoughts and behaviors through explaining interpersonal patterns (De Jong, De Mitt, Van, Hendricksen, Cole and Dicker, 2013). Increasing self-awareness, thoughts and crisis coping methods in supportive therapy is effective on post-traumatic growth and its components, which include different aspects of a person's life. People often follow patterns of behavior that were appropriate when they were institutionalized and these patterns are now unhelpful. Supportive treatment challenges them and makes a person have a new look at life, change the way he relates to himself, people and the world, which are all elements of post-traumatic growth and can be changed in the process of supportive treatment.

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