**Iranian Journal of Health Psychology**
**Vol.7, No.1, Serial Number 19, p.78-92 Winter 2024**
**DOI:** 10.30473/ijohp.2024.66192.1281

**Received:** 07/20/2023
**Accepted:** 11/22/2023
**Paper Type:** Research Paper

Original Article

# The Effectiveness of Reality Therapy on Psychological Capital and Sense of Psychological Cohesion in Patients with Multiple Sclerosis

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## Extended Abstract

### Background and Objectives

Multiple sclerosis (MS) is a chronic, unpredictable neurological disease that often affects young adults and produces physical, cognitive, and emotional challenges that substantially impair quality of life. Psychological resources such as Psychological Capital (PsyCap)—a positive-psychology construct encompassing hope, resilience, optimism, and self-efficacy—and Sense of Coherence (SoC)—a global orientation composed of comprehensibility, manageability, and meaningfulness—have been associated with better coping and adaptation in chronic illnesses. Reality Therapy (RT), rooted in choice theory, emphasizes personal responsibility, internal control, and purposeful choice to meet psychological needs and has been proposed as a brief, present-focused intervention to improve coping resources. This study aimed to evaluate the effectiveness of an 8-session online RT program in enhancing PsyCap and SoC among Iranian patients with relapsing–remitting MS (RRMS).

### Materials and Methods

A quasi-experimental design with randomized assignment to intervention and control groups was implemented in Tehran in 2021. Thirty-six patients with clinically confirmed RRMS, EDSS < 4, aged 20–45, and not receiving concurrent psychological treatment were recruited from Sina Hospital's MS clinic and randomly assigned to experimental (n = 18; 10 females) and control (n = 18; 10 females) groups. The intervention group received eight weekly 90-minute RT sessions delivered online (based on Glasser's protocol), while the control group received no psychological intervention during the study period (they were offered group sessions after

study completion). Measures were administered at pretest, immediate posttest, and one-month follow-up. Instruments included the Psychological Capital Questionnaire (PsyCapQ; Luthans et al.) and a Sense of Coherence questionnaire (Flensborg-Madsen adaptation). Data were analyzed using SPSS 23; assumptions (normality, homogeneity of variances, homogeneity of regression slopes) were checked (Levene's and White tests), and ANCOVA was used to test group effects controlling for baseline scores. Effect sizes ($\eta^2$) and observed power were reported.

**Results**

Assumption checks supported ANCOVA use. After controlling for pretest scores, the RT group showed significant improvements in overall PsyCap at posttest compared with control ($F = 15.552$, $p < .001$; $\eta^2 \approx .320$; observed power $\approx .97$), and a maintained but smaller effect at one-month follow-up ($F = 5.428$, $p = .026$; $\eta^2 \approx .141$). Examining PsyCap subscales, significant posttest increases were observed for hope (large effect), resilience ($F \approx 8.315$, $p = .007$), and self-efficacy ($F \approx 34.78$, $p < .001$), whereas optimism did not increase significantly. For Sense of Coherence, RT produced significant gains in overall SoC at posttest ($F = 15.454$, $p < .001$; $\eta^2 \approx .319$) and at follow-up ($F = 13.418$, $p = .001$; $\eta^2 \approx .289$). Among SoC components, perceptibility ($F \approx 20.01$, $p < .001$) and controllability ($F \approx 11.47$, $p = .002$) improved significantly; the meaningfulness (significance) component did not show a statistically significant change. Across measures, sample size provided adequate power for primary contrasts.

**Discussion and Conclusion**

Findings indicate that an 8-session online RT protocol can effectively strengthen psychological resources critical for adaptation in PwMS. Improvements in self-efficacy, hope, and resilience align with RT's emphasis on choice, goal setting, and personal responsibility—processes that plausibly increase perceived agency and motivational resources. The lack of change in optimism may reflect optimism's relative trait-like stability or the need for longer or different intervention components to shift that dimension. Gains in perceptibility and controllability suggest enhanced cognitive appraisal (greater comprehensibility of experiences) and perceived access to coping resources—key pathways by which improved PsyCap could translate into better adjustment. That meaningfulness did not change significantly may indicate that deeper existential or value-based shifts require longer or more targeted interventions than the brief RT protocol used here. Limitations (single-clinic sample, small N, absence of long-term follow-up beyond one month, no measurement of disease duration) constrain generalizability and causal inferences. Nonetheless, the moderate-to-large effect sizes at posttest support RT's potential utility as an adjunctive psychosocial tool in multidisciplinary MS care. Reality Therapy produced significant and clinically relevant improvements in Psychological Capital and Sense of Coherence among patients with RRMS, notably elevating hope, resilience, self-efficacy, perceptibility, and controllability. These changes suggest RT may bolster internal coping resources that help patients manage the ongoing stressors of MS. Future research should replicate findings with larger, multi-site samples, include longer follow-up intervals, control for disease duration and severity, and compare RT to alternative psychosocial interventions to delineate specific active ingredients. Clinically, implementing RT in community and hospital settings (including online delivery) could be a scalable, low-cost complement to medical treatment to enhance psychological resilience in PwMS.