PERSONALISED INTERVENTION FOR PEOPLE WITH MULTIPLE SCLEROSIS: THE EXPERIENCE OF SUPPORTIVE PSYCHOTHERAPY

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ABSTRACT

Background: Modern day literature has highlighted and noted the importance of psychosocial interventions for people with Multiple Sclerosis. The aim of this paper is to outline a personalised intervention program of supportive psychotherapy for people with Multiple Sclerosis. It aims to explore the in-depth experience of participants in supportive psychotherapy sessions. Furthermore, it's goal is to examine the impact of individual psychotherapy regarding the management of a chronic disease. **Methods:** Four semi-structured interviews were conducted with individuals participating in the program. The data sourced from the interviews were then analysed using the Interpretive Phenomenological Analysis method. **Results:** After completing the analysis, three subordinate themes were identified: a) the therapeutic framework, b) the journey of psychotherapy, and c) shielding Multiple Sclerosis. Initially the results highlighted the most important factors in the therapeutic framework that need to be considered when developing these programs. Next, the stages of the therapeutic process and the correlation between the therapeutic relationship and the therapeutic outcome were presented. **Conclusion:** The findings suggest that psychotherapy can act as a protective factor against Multiple Sclerosis, as it can contribute significantly to managing the challenges of chronic illness and improving the quality of life. The psychosocial intervention programs are crucial to be an essential part of the holistic treatment of this disease. These findings are significant for both theoretical and clinical purposes.

Keywords: multiple sclerosis, psychotherapy, therapeutic relationship, psychosocial intervention.

ΕΞΑΤΟΜΙΚΕΥΜΕΝΗ ΠΑΡΕΜΒΑΣΗ ΣΕ ΑΝΘΡΩΠΟΥΣ ΜΕ ΠΟΛΛΑΠΛΗ ΣΚΛΗΡΥΝΣΗ: Η ΕΜΠΕΙΡΙΑ ΤΗΣ ΥΠΟΣΤΗΡΙΚΤΙΚΗΣ ΨΥΧΟΘΕΡΑΠΕΙΑΣ

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ΠΕΡΙΛΗΨΗ

Εισαγωγή: Η σύγχρονη βιβλιογραφία έχει επισημάνει τη σημασία των ψυχοκοινωνικών παρεμβάσεων για άτομα με Πολλαπλή Σκλήρυνση. Η παρούσα διπλωματική εργασία έχει ως αντικείμενο την περιγραφή ενός εξατομικευμένου προγράμματος παρέμβασης υποστηρικτικής ψυχοθεραπείας σε άτομα με Πολλαπλή Σκλήρυνση. Αποσκοπεί στην εις βάθος διερεύνηση της εμπειρίας των ατόμων στις συνεδρίες υποστηρικτικής ψυχοθεραπείας. Ακόμη, στοχεύει να εξετάσει την επίδραση της ατομικής ψυχοθεραπείας στη διαχείριση της χρόνιας νόσου. Μεθοδολογία: Διενεργήθηκαν τέσσερις ημιδομημένες συνεντεύξεις με θεραπευόμενους/ες που συμμετέχουν στο πρόγραμμα. Τα δεδομένα αναλύθηκαν με τη μέθοδο της Ερμηνευτικής Φαινομενολογικής Ανάλυσης. Αποτελέσματα: Από την ανάλυση των δεδομένων της έρευνας προέκυψαν τρεις κατηγορίες κύριων θεμάτων: α) το θεραπευτικό πλαίσιο, β) το ταξίδι της ψυχοθεραπείας και γ) θωρακίζοντας την Πολλαπλή Σκλήρυνση. Τα αποτελέσματα ανέδειξαν αρχικά σημαντικούς παράγοντες του θεραπευτικού πλαισίου, οι οποίοι χρειάζεται να λαμβάνονται υπόψη κατά την ανάπτυξη των προγραμμάτων. Ύστερα, παρουσιάστηκαν τα στάδια της θεραπευτικής διαδικασίας και η συσχέτιση της θεραπευτικής σχέσης με το θεραπευτικό αποτέλεσμα. Συμπεράσματα: Τέλος, από τα αποτελέσματα διαφαίνεται ότι η ψυχοθεραπεία μπορεί να λειτουργήσει ως προστατευτικός παράγοντας της ΠΣ, καθώς μπορεί να συμβάλει καθοριστικά στην διαχείριση των προκλήσεων που ενέχει μια χρόνια ασθένεια και στη βελτίωση της ποιότητας ζωής. Τα προγράμματα ψυχοκοινωνικής παρέμβασης είναι καίριο να αποτελούν αναπόσπαστο κομμάτι της ολιστικής αντιμετώπισης της ασθένειας. Τα παραπάνω ευρήματα είναι σημαντικά τόσο για θεωρητικούς όσο και για κλινικούς σκοπούς.

Λέξεις-κλειδιά: πολλαπλή σκλήρυνση, ψυχοθεραπεία, θεραπευτική σχέση, ψυχοκοινωνική παρέμβαση.

INTRODUCTION

Multiple Sclerosis (MS) is a chronic, progressive disease that falls within the category of autoimmune, inflammatory, and neurodegenerative diseases of the central nervous system (CNS).[1] It is one of the primary etiological factors of chronic disability in young adults.[2] It presents a wide range of symptoms that are related to the areas of the CNS in which demyelination and axonopathy manifest.[2] The course of the disease and the progression of symptoms are unpredictable, and this often requires profound adjustments to the lifestyle of the affected individual.

In addition to the evident alterations at the neurological and physiological levels, the disease has a profound impact on numerous aspects of the patient's life. In particular, the individual must adapt to the presence of the disease in four distinct domains: (a) the biological domain (symptom management, receiving medical treatment), (b) the emotional domain (emotional reaction to the disease, adjustment to daily life, self-image issues and strategies for accepting the disease), (c) the social domain (relationships with significant others, relationships with medical and nursing staff, social relationships), and (d) the behavioural domain (compliance with treatment, appropriate symptom management).[3] These domains are inextricably linked, such that changes occurring in one domain affect changes in the others.[4]

In greater detail, the emotional difficulties of individuals with MS can be understood through the disease's negative impact on daily life, affecting social interactions, vitality, physical functionality, and pain perception.[5] Notably, MS often disrupts self-image, as personal beliefs about the illness can cause distress even when physical changes are not visibly apparent.[2,6] Furthermore, chronic pain, which is strongly linked to depression, represents a profoundly distressing experience that often exacerbating its perceived intensity.[7,2] Similarly, fatigue and mobility challenges hinder task completion, leading to a persistent sense of inadequacy.[8-10]

In addition, the severity of disability is strongly correlated with reduced quality of life. For example, dependence on others for basic activities often triggers feelings of helplessness and a loss of autonomy.[2,5,8] Moreover, the inability to maintain personal independence can profoundly affect emotional well-being. Similarly, productivity and professional identity are often compromised, as many individuals are forced to quit work prematurely. This is particularly distressing for those who view their profession as central to their sense of self, especially during early adulthood.[2,11]

Cognitive difficulties present another significant challenge. Problems with memory, concentration, and learning are frequently reported, often resulting from physical symptoms, mobility restrictions, or depression. In these cases, negative emotions may further distract individuals and inhibit focus.[10] Consequently, social withdrawal is also common, either due to the intensity of symptoms or personal choices aimed at preserving self-image.[2]

Finally, the burden of medication adherence adds another layer of complexity. Treatment regimens for chronic conditions like MS are often invasive and difficult to sustain, leading to frustration and anxiety over potential side effects. Emotional distress can further hinder engagement in care, making adherence a significant challenge.[2,10] Also, prolonged hospitalisations isolate patients from meaningful experiences and family connections, compounding their emotional struggles.[8]

The review of the literature demonstrates that the integration of pharmaceutical and non-pharmacological interventions, such as psychotherapy, is regarded as a more efficacious approach than solely relying on medication, as it enables the management of both the physical manifestations of the illness and its consequences at the psychosocial level.[12-14]

Recent studies have indicated the efficacy of cognitive-behavioural therapy (CBT) in addressing both the psychosocial and physical symptoms of MS, particularly in reducing depression, improving disease management, and alleviating fatigue.[15-17] Qualitative studies on psychotherapy for MS are limited, but they have highlighted the positive impact of individual and group interventions in managing emotions and enhancing treatment adherence.[18-19]

Furthermore, remote psychotherapeutic interventions have emerged as a crucial alternative for individuals with MS, addressing mobility challenges, chronic pain, and temperature sensitivity that often impede access to in-person therapy. Phone-based psychotherapy offers a practical and accessible solution, demonstrating effectiveness in reducing psychological distress, improving adherence to pharmacotherapy, and sustaining therapeutic outcomes.[20-22] Online psychotherapy, including individual and group interventions, has proven effective in reducing depression, anxiety, and fatigue, while also improving physical symptoms, quality of life, and cognitive functions.[23] Notably, online group mindfulness and Compassion-Focused Therapy have shown comparable efficacy to in-person therapy, offering greater accessibility and flexibility for patients with mobility challenges.[24-25] The increasing interest in remote psychotherapy highlights its significance, particularly in view of the mobility challenges and environmental factors that MS patients encounter. It represents a promising avenue of inquiry in this field, although further research is necessary to fully ascertain its potential.

Study Objectives

This qualitative study examines the implementation of a personalised intervention program of supportive psychotherapy for people with MS, which has been conducted since March 2019 at the First Neurology Clinic of the University General Hospital of Thessaloniki AHEPA. The objective of this study is to examine the experience of individuals with MS engaged in supportive psychotherapy sessions. This research focuses on the participants' experiences, including their cognitive processes, emotions, and overall perceptions of the intervention process. Moreover, the study aims to investigate the influence of individual psychotherapy on the management of chronic disease.

The central research question that arises from both the review of the relevant literature and the need for this research is:

- How do people with MS experience individual supportive psychotherapy?

The specific research questions that the research seeks to answer are as follows:

- How do people with MS perceive themselves, their relationships, and their future through the therapeutic process?
- How does individual psychotherapy contribute to the management of chronic illness?
- What factors in the therapeutic process can help individuals?

The specific aim of this research is to address the existing gap in the current literature on the experience of individual supportive psychotherapy in MS. The intervention in which the patients participated was long-term, in contrast to most studies, which report on shorter interventions. It is also noteworthy that the sessions with the patients were conducted online. The online intervention was initially implemented as a precautionary measure in response to the pandemic, but it was subsequently retained due to the patients' preference for this modality of treatment outside the hospital setting and its integration into their daily routines and mobility challenges. This research offers a valuable opportunity to examine the potential benefits and limitations of online psychotherapy for individuals with MS.

Outline of the Intervention Program

Considering the diverse and intricate psychosocial requirements of patients with MS, our objective is to develop a comprehensive and personalised care plan that is tailored to the specific needs of each individual with MS. The program includes face-to-face or online individual sessions, each lasting 50-60 minutes and occurring once a week.

The core pillars of the program focus on:

1. **Psychoeducation:** Providing individuals with MS information about the disease and the importance of medication adherence. During the initial exploratory session, a brief guide titled "Brain Health: A Guide for Individuals with Multiple Sclerosis" was provided.[26] Additionally, the therapeutic process, therapeutic contract, and the individual's requests and therapeutic goals were explained.
2. **Personalisation:** This fundamental principle of psychotherapy refers to adapting therapeutic practices to the individual needs and characteristics of each person. The goal is to create an environment that respects and supports the needs and requests of each individual.
3. **Person-Centred Approach:** Aimed at helping individuals with MS develop their vast potential, with the goal of self-actualisation. Carl Rogers articulated three "necessary and sufficient" conditions that he considered characteristic of a meaningful therapeutic relationship: authenticity, unconditional positive regard, and empathy.[27] These conditions are integral to the therapist's genuine and consistent stance towards the individual, rather than temporary behaviours.[28]
4. **Supportive Framework:** Often, the support systems for individuals with MS are insufficient. Therefore, a primary concern is to provide a stable and safe emotional support framework. The objective is to help individuals resolve difficulties, engage, empower, mobilise, and adapt to the nature of chronic illness, integrating it into the continuum of their life experiences.
5. **De-stigmatisation:** Through psychotherapy, individuals with MS recognise their biases and stereotypes, redefine their self-image, learn to communicate their experiences to others, and share the impact of living with a chronic illness. Reducing self-stigma positively affects their self-image and improves their quality of life.
6. **Holistic Intervention:** Involves a multidisciplinary therapeutic approach to MS management, aiming for comprehensive disease management and enhancing the quality of therapeutic care provided.
7. **Research:** The psychosocial intervention employs qualitative methodology principles, grounded in phenomenology. It seeks to explore the essence of the experiences of individuals with MS participating in the intervention.

METHODS

The objective of the present study is to examine the experience of individual psychotherapy among four patients with MS who are participating in an intervention program at the First Neurology Clinic of the University General Hospital of Thessaloniki AHEPA. A qualitative methodology was deemed the most appropriate for investigating the unique experiences of the participants.

The data were analysed using the interpretative phenomenological approach (IPA). The researcher is interested in analysing the lived experience of individual supportive psychotherapy for participants living with MS.

Moreover, criterion sampling was employed in this study. In this type of sampling, participants are selected based on specific criteria that are aligned with the research objectives.[29] The study population comprised individuals with MS who were participating in the individual supportive psychotherapy program at the First Neurology Clinic of AHEPA General Hospital. The study sample consisted of four individuals with MS, three females, and one male, as per the specified inclusion criteria. Table 1 presents the demographic data of the participants. It is noteworthy that the names provided are not their real names, but pseudonyms, which were assigned by the researcher to ensure the protection of their personal data.

Table 1: Demographics

No.	Pseudonyms	Age	Gender Identity	Nationality	Education	Profession	Marital Status	Disease Duration
1.	Nefeli	43	Female	Greek	Higher Education	Freelancer	Married	17
2.	Haris	27	Male	Greek	Higher Education	Private Employee	Single	4
3.	Danai	49	Female	Greek	Secondary School	Homemaker	Married	4
4.	Elli	55	Female	Greek	Higher Education	Freelancer	Married	20

The data were collected via semi-structured interviews, a method commonly employed in qualitative research.[30] An interview guide was created, comprising fourteen open-ended, non-directive questions designed to address the research objectives. These are presented in Table 2.

Table 2: Semi-Structured Interview Guide

Could you describe your life with Multiple Sclerosis (before you started psychotherapy sessions)? How has it affected you, your relationships, and your daily life?
How did you decide to start psychotherapy? a. When did you start? b. How long have you been in psychotherapy? c. Was it your first time?
How would you describe your experience in the psychotherapy sessions?
How is the online intervention for you compared to the in-person intervention?
How is it to share your experiences in the sessions? a. How do you feel after a session ends?
What issues have emerged in your sessions?
Which areas of your life have been affected by psychotherapy? a. Have you noticed any changes from the beginning until now? b. What are they? c. How and when did you realise them? d. Are there any other factors that played a significant role in these changes?
How has psychotherapy affected your experience living with Multiple Sclerosis?
Are there any significant milestones in this process for you? a. If you wish, can you recount a session that was particularly important to you?
What is the therapist's contribution to the process?
How do you see yourself in the future? a. What are your needs/goals for the future about the sessions?
What would you advise someone with Multiple Sclerosis who is starting psychotherapy?
Is there something you consider important that you would like to share?
How did you find the interview process?

Interviews were conducted remotely and typically ranged in duration from 40 to 60 minutes. All interviews were carried out by the primary author, audio-recorded, and transcribed verbatim. Before data collection, each participant was required to read and sign a written consent form. This form ensured that each participant consented to the confidentiality, anonymity, and the right to withdraw from the study. In this study, the first author is the sole repository of participant information, which will not be shared with other individuals to ensure confidentiality.

RESULTS AND DISCUSSION

From the data of the four transcribed interviews in the present study, three superordinate themes emerged, each comprising several sub-themes. The results are summarised in the following table, which includes some representative extractions from the interviews.

Table 3: Summary of results

Superordinate Themes	Themes	Interview extracts
1. The therapeutic framework	a. The online intervention	Online therapy is much better. Because there are times when I struggle a lot, I think we wouldn't have been able to maintain therapy for so many years, and I might not have reached the point where I feel good now. I might have quit because it's hard for me to move around. Especially after work, having to get ready, leave the kids, and make the trip would have been extremely difficult for me, and I don't think we would have gotten to where we are today. I find it easier to be in my own space, and it's easier to say some things without seeing you face-to-face. I feel safer in my own space. (Nefeli, 1, 33-44)
	b. The long-term intervention	If we had set a time limit from the beginning and said that the sessions should end after one year, I wouldn't have achieved anything, and I wouldn't advise anyone to start psychotherapy. I don't think anyone can determine the time each person needs for psychotherapy. It becomes clear along the way. I don't think you can say that it will take these many months or a year. No one can know when it will end. (Nefeli, 1, 182-190)
	c. The cost-free intervention	Yes. I had never been to a psychologist before. That's why I was impressed the week we met, thinking that someone would help me for free, especially since I have such serious financial problems. How important this is. (Danae, 3, 21-24)
2. The journey of psychotherapy	a. The resistance	In the beginning, it was like I was holding back, slowly being able to trust you. I kept some things to myself, you know. Generally, I was naive and used to trust people with things, and it never worked out well for me. So, because of these experiences, I think I was holding myself back. (Haris, 2, 202-211)
	b. The relieving disclosure	After the end of a session, I feel light, if that's the right feeling to describe it. I feel that the time I spent talking has freed me from a burden because many times I share a concern with you, and after we discuss it, I feel calmer. (Elli, 4, 44-47)
	c. The therapeutic relationship	You have supported me and continue to support me [...] You listened to me for endless hours, I got angry, and you had the patience and were there. All these years, you've given me the freedom to send you a message whenever I need something. You are very important in my life. You have helped me a lot. We have built a relationship where I think you can understand me with just a few words or even just by seeing me. It's a strong relationship, a relationship of trust, a relationship of necessity [...] It cannot be compared to any other relationship—not with family, not with friends, not with a spouse, nothing. We've bonded. (Nefeli, 1, 135-146)

3. Shielding Multiple Sclerosis	a. Internal changes related to self	[...] It became clear through the sessions how wrong all this behaviour was and how it manifests as post-traumatic stress in my daily life now. I was given many explanations about what it all meant. I discovered through a drawing you asked me to make that the abuse had many, many threads. I couldn't speak, set boundaries, or have self-confidence. All these negative things I face daily brought me a lot of anger, a lot of frustration. I felt very wronged [...] but these wounds have begun to heal significantly. (Haris, 2, 143-151)
	b. External changes related to relationships	Since we started talking, I have gained a lot of confidence in saying 'no' and 'I don't want to.' I might also explain that I don't want to for this and that reason. For example, sometimes my husband would invite people over for dinner, [...] and I would turn to him and say: No, I will not host them. (Danae, 3, 57-65)
	c. Changes related to disease management	Through the sessions we did, you helped me understand that things aren't so tragic. They can be managed in a way that makes me feel good. This realisation came through conversation, and slowly, the discussion led me to this perspective. It's a different view than what people say, like 'Oh no, what happened to the woman with this condition?' Okay, I keep going and trying. [...] I remember I used to feel sad when people at work or outside saw me walking more slowly, and my gait looked more tired. Now it doesn't bother me. I'll walk slower or rest and then continue. It used to bother me, but now it doesn't because I've realised it's nothing to worry about. [...] Now, even when my family made negative comments about this condition, it doesn't bother me anymore. Yes, because I feel that maybe they don't know. I've understood now, so I'm okay. (Elli, 4, 101-120)

The present study aimed to investigate the experience of individual supportive psychotherapy in people with MS. The primary questions addressed were: (a) the experiential aspects of the therapeutic process, (b) the formation of self and relationships through the therapeutic process, (c) the impact of psychotherapy on MS management, and (d) the beneficial elements of the therapeutic process. This chapter aims to present the findings of the research, which have been classified into three main categories:

1. the beneficial elements of the therapeutic framework
2. the stages of psychotherapeutic intervention, and
3. the role of psychotherapy as a protective factor for MS.

Beneficial elements of the therapeutic framework

The therapeutic framework must be transparent, stable, and adaptable. At the same time, it is one of the primary responsibilities of the therapist, to provide the "safe space" within which therapeutic processes can take place.[31] The data analysis identified three key factors of the therapeutic framework for individuals with MS: the factor of "space", the factor of "time," and finally, the factor of "remuneration".

The intervention was conducted exclusively in person for approximately one year. Consequently, these participants have undergone both face-to-face and online sessions. The data analysis indicated that participants expressed a preference for the online setting, as it afforded them a greater degree of autonomy compared to face-to-face psychotherapeutic sessions.

Our findings indicated that online interventions provide individuals with MS the opportunity to achieve independence, flexibility, and greater control over their lives. Additionally, they enable the maintenance of consistency and commitment to the therapeutic process. Furthermore, the absence of face-to-face contact can help alleviate the anxiety and emotional pressure that may be experienced in such settings. Individuals may feel more secure in their personal space than in a hospital environment. It is acknowledged that the hospital setting can cause considerable distress, including fear and despair. Additionally, it can exacerbate anxiety about the individual's health condition, thereby becoming another stressor that they must manage.[4] Moreover, individuals who participate in inpatient individual psychotherapy are more likely to adopt the role and identity of a patient.[32] Online intervention encourages individuals to integrate aspects of their identity beyond the nature of their illness, symptom management, and medication intake.

In comparison to many studies that present short-term psychosocial intervention programs, our research diverges in its approach to the factor of "time". The findings demonstrated that the long-term intervention model is efficacious. In particular, the absence of a pre-established number of sessions from the outset proved beneficial for individuals with MS. This approach respects the pace and preferences of the patients. Additionally, it provides a secure and reliable environment that can be accessed when necessary, eliminating the apprehension and vulnerability associated with the potential loss of such a resource. Furthermore, it constitutes a significant factor in the formation of a strong therapeutic relationship, as it is essential for the development of the patient's trust in the therapist, thereby facilitating the disclosure of issues that are challenging to accept and manage.[33] It also enables the therapist to be present and to accompany the individual with MS in the process of making sense of their illness. Moreover, individuals with a chronic illness such as MS are frequently exposed to intense and stressful circumstances, necessitating a continuous, flexible, and dynamic adaptation process.[4] Mental health professionals must take these factors into account and integrate psychotherapy into the long-term care plan for individuals with MS. Therefore, psychosocial intervention programs must offer flexibility in duration, are personalised and collaborative, and follow the pace of each person, thereby providing stability and security.

Regarding the aspect of "remuneration," the provision of cost-free counselling and psychotherapy sessions by mental health professionals can circumvent financial constraints and enhance access to mental healthcare. Those suffering from chronic illnesses require psychological support from qualified specialists. The provision of these services on a free and voluntary basis can foster feelings of collective solidarity and social equality. Furthermore, the voluntary contribution from mental health professionals can assist in the reduction of social stigma.

Stages of psychotherapeutic intervention

Through data analysis, significant stages of the therapeutic process were identified, and the importance of the therapeutic relationship was confirmed. Specifically, as evidenced by the research results, different forms of resistance were described by all participants in the initial stage of the therapeutic process. A common feature of the resistance observed was its onset at the beginning of the therapeutic process. This initial discomfort may be associated with the fear of change. By the stages of change theory, at the initial stage, the individual does not intend to alter their behaviour and resists change. This may occur due to a lack of awareness of the consequences of a particular behaviour, past experiences of disappointment, or a fear of failure.[34] Additionally, individuals may be familiar with their "known" problems and perceive that eliminating them may result in an exacerbation of their distress.[35]

The findings of research investigating the impact of group psychotherapy on individuals with MS demonstrated that both resistance and the willingness to change coexisted during the therapeutic process. The same study indicates that one of the most significant factors in reducing resistance is the long-term nature of the intervention.[36] In addition to the long-term nature of the intervention, the therapist must be able to identify and effectively address the client's resistance. When this occurs, resistance is no longer an impediment to therapy but rather a "vehicle for change".[37] It is crucial for mental health professionals to be aware of their feelings and difficulties when patients resist and to be able to use their experience to benefit the therapeutic process.[35] The therapist must not be swayed by the resistance the patient presents. It is essential to continue providing the necessary conditions that make the individual feel safe, accepted, and protected.

In the following stage of the therapeutic process, participants exhibited a heightened state of relaxation and began to externalise their emotions and ascribe personal meanings to them. This acted as a relieving form of sharing. This change is indicative of progress in the therapeutic process.[38] Individuals diagnosed with MS often experience considerable psychological and emotional distress. The relief of emotional pain is just as important as the relief of physical pain. In recent years, the concept of palliative care has expanded as a clinical practice, to address the symptoms—both physical and psychological—caused by any chronic illness.[39] It is therefore vital that holistic intervention programs for MS integrate palliative aspects alongside their core principles.

Subsequently, our research findings revealed several key factors that contribute to the efficacy of the therapeutic relationship for individuals with MS. Initially, active listening was identified as a crucial factor. Active listening can be defined as the focused effort of the therapist to comprehend not only the verbal and non-verbal communication of the client but also their unexpressed thoughts and feelings.[38] It is a form of communication characterised by sincerity and is fundamental to the successful realisation of empathy. According to Rogers, it constitutes one of the most powerful forces for change.[38]

Furthermore, the findings of the study indicated that the therapist is perceived by the individuals as a "significant other" and a reliable "reference person". The self is developed and changes as a result of each person's experiences with their self and with significant others. When the individual is treated with unconditional positive regard, empathic understanding, and the presence of the therapist in a safe therapeutic environment, a conducive climate for growth can be created.

As indicated by the participants, the therapeutic relationship may be characterised by a sense of need, trust, help, and support. It is also perceived as an empathic, accepting, and genuine relationship. These conditions must be considered as a set and not as individual factors.[40] In conclusion, the parameters of the therapeutic relationship that are significant for individuals with MS can be broadly classified into two categories: the role of the therapist and the characteristics of the therapeutic relationship itself. These characteristics include empathy, safety, stability, and trust.

Our findings corroborate those of other researchers in the field in emphasising the importance and critical role of the therapeutic relationship in the therapeutic process.[6,19,41,42] Furthermore, our findings underscore the vital function of the therapeutic relationship in addressing resistance.

Role of psychotherapy as a protective factor for MS

This study illuminates the significant transformations and transitions in patient perspectives concerning themselves, their relationships, and the disease itself. As previously outlined in the introduction to this study, individuals diagnosed with MS must adapt to the presence of the disease in four distinct domains: a) the biological domain, b) the emotional domain, c) the social domain, and d) the behavioural domain.[3] Psychotherapy can affect all these areas and act as a protective factor for MS. The findings demonstrated that the intervention was effective in managing anxiety, negative thoughts, and physical symptoms. The participants were able to discern the interrelationship between thoughts, emotions, and behaviour, as well as identify cognitive distortions. Additionally, they acquired skills in relaxation and mindfulness techniques. One participant reported an improvement in sleep quality as a result of this intervention. They also developed greater self-awareness, self-acceptance, and the capacity to process painful past events and difficult emotions, including sadness, anger, and frustration. Moreover, the participants received training in assertive behaviour and setting boundaries, which resulted in enhanced self-esteem and, consequently, more positive relationships with significant others.

In conclusion, regarding disease management, the participants developed new coping strategies, including the reconstruction of cognitive distortions, an internal locus of evaluation, the prioritisation of tasks, a focus on identifying benefits, and an understanding of physical symptoms. These strategies resulted in more effective adaptation to chronic illness. The aforementioned areas are all interconnected; a change in one area affects the others, while aspects of one area influence the others.[4] It should be noted that this does not imply that psychotherapy replaces other pharmacological or non-pharmacological interventions. Rather, it works complementarily, like a piece of the puzzle, and is an essential part of the holistic care of individuals with MS.

CONCLUSION

This study highlighted the structure, principles, characteristics, and benefits of a psychosocial support program for individuals with MS, which constitutes an integral part of the holistic approach to managing the disease. The objective of the present study is to provide new insights into the specific needs and challenges experienced by individuals with MS and to suggest ways of developing personalised psychosocial support programs that encourage a shift in perspective, moving away from the traditional view of the individual with MS as merely a patient and towards a more independent and autonomous approach.

In conclusion, this research aimed to address the research gap identified in the contemporary Greek research community regarding the experience of individual supportive psychotherapy for individuals with MS. The findings are significant for both theoretical and clinical purposes and contribute to the international research field by offering a unique insight into the experience of individual supportive psychotherapy as perceived from the perspective of the participants themselves.

LIMITATIONS

It is important to consider the limitations of this study when interpreting its findings. The primary limitation is the selection of a qualitative methodology, which restricts the generalisability of the findings. While both qualitative and quantitative methods are useful for exploring a research field, the findings of this study cannot be reliably extrapolated to other populations.[29] Another limitation is the small number of participants, as IPA focuses on in-depth understanding rather than large sample sizes.[29] The results cannot be generalised to the broader population due to the limited number of participants and the specific characteristics of the individuals involved in the study. Despite these limitations, the study offers valuable insights into the experiences of individuals with MS in the supportive psychotherapy program at the First Neurological Clinic of AHEPA hospital. Including more participants could potentially enhance understanding.

A significant, though unavoidable, limitation is the potential for bias on the part of the researcher. Objectivity involves minimising personal involvement, emotional engagement, and subjective judgment.[29] In this study, the researcher assumed a central role, acting as both the therapist for the participants and the researcher exploring their experiences in the supportive psychotherapy intervention program. Although this dual role might initially appear to compromise objectivity, it proved to be beneficial in several ways.

Firstly, the dual role facilitated a deeper understanding of the participants' experiences, as the researcher was already intimately familiar with the nuances of their therapeutic journey. The interviews provided a reflective space for participants to assess their progress, identify personal obstacles, and set new goals. The established therapeutic relationship encouraged openness and trust, enabling participants to share their experiences with greater freedom and depth.

However, this dual role also presented challenges, such as maintaining clear boundaries between the two roles. The researcher made a conscious effort to minimise any ethical dilemmas and ensure that the therapeutic relationship did not unduly influence the research process. Additionally, significant time intervals between the data collection sessions allowed for greater emotional distance and reflection. This temporal gap helped ensure a more objective re-engagement with the data, minimising the potential influence of prior emotional involvement. Also, the researcher regularly engaged in self-reflection, including supervision and journaling, to maintain awareness of her own biases and frame of reference. This practice ensured that personal biases did not unduly influence the research process or conclusions. The researcher's training in counselling and psychotherapy provided the necessary skills to balance empathy with critical analysis, helping to mitigate potential biases and enhance the credibility of the findings.

As Willig asserts, in qualitative methodology, the researcher is regarded as a pivotal instrument of the study. The researcher's involvement is seen as beneficial rather than distorting, enhancing the data with insights that may not be accessible to an external observer.[29] Overall, the dual role contributed to a more nuanced and comprehensive understanding of the participants' experiences. By being directly involved in the therapeutic process, the researcher was able to observe subtle nuances and emotional dynamics that might not have been apparent to an external observer, thus demonstrating the value of an embedded research approach.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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