



The Effectiveness of Mindfulness-Based Compassion Therapy on Psychological Well-Being and Life Expectancy in Female with Multiple Sclerosis

Somayeh Rajaei^a, Najmeh Sadrposhan^{b*}

^a Consulting Department, Khomeini Shahr Branch, Islamic Azad University, Khomeini Shahr, Isfahan, Iran.

^b Consulting Group, Khomeini Shahr Branch, Islamic Azad University, Khomeini Shahr, Isfahan, Iran.

Keywords:

Mindfulness, Compassion Therapy, Psychological, Well-Being, Life Expectancy, Multiple Sclerosis.

Abstract

The aim of this study was to evaluate the effectiveness of mindfulness-based compassion therapy on psychological well-being and life expectancy in female with multiple sclerosis. The present study was a quasi-experimental and the statistical population included female with multiple sclerosis in Isfahan in 1399. Sampling was available as 30 patients were selected and randomly divided into experimental (n = 15) and control (n = 15) groups. In this study, Schneider Life Examination Questionnaire (1991) and Reef Psychological Well-Being Scale (1989) were used. Mindfulness-based compassion treatment based on the book Fallah and Ayoubi (1397) was performed in 8 virtual 90-minute sessions. All collected data were analyzed using SPSS 21 descriptive and inferential statistics. The results showed that mindfulness-based compassion therapy had an effect on psychological well-being and its dimensions and life expectancy and dimensions in female with multiple sclerosis. Therefore, mindfulness-based compassion treatment can be an effective treatment for patients with multiple sclerosis.

* Corresponding author: E-mail: s.sedrposhan@gmail.com

1. Introduction

Multiple sclerosis, or MS, is an autoimmune, inflammatory, chronic, and progressive disease that presents as myelinated nerve damage to the white matter, spinal cord, and optic nerves (Strober, Arendt, 2005). Multiple sclerosis is one of the most important diseases of the central nervous system, one of the most common neurological diseases in humans and the most common disease leading to disability in young people (Kopman and Skitzer, 1999). The National Multiple Sclerosis Association reported in 2011 that it affects more than 2.1 million people worldwide (Moss Morris, McCrown, Yardley, Van Kassel, Wales, & Denizon, 2012). Our country, Iran, is one of the relatively common areas of MS. The incidence of this disease in Iran, despite the less reported statistics among Asians (3-5 people per 100 thousand people), is about 15 to 30 people per 100 thousand people (Shahrian, Khorramnia, Ebrahim Monifro et al., 2010). In Iran, there are no accurate statistics on the number of patients with this disease, but according to studies, the prevalence of this disease in Iran is estimated from 3.5 to 28.74 people per one hundred thousand people. Also, the prevalence of this disease in the city of Isfahan is 71.6 people per one hundred thousand people. Therefore, Isfahan can be identified as "moderate to high risk MS" (Etemadifar, Sajjadi, Nasr, Sadat Firoozi, Abtahi et al., 2013).

MS, like other autoimmune diseases, is more common in female. In fact, it is twice as common in female as in men (Connor, Menon, & Elliott, 2007). The most common age of onset is 20 to 40 years (McCabe, 2005). One of the most important variables in affecting the lives of patients with multiple sclerosis is psychological well-being. Psychological well-being means a positive feeling and a sense of general satisfaction with life that includes oneself and others in various fields (Diner, 2006). And refers to different types of evaluations (positive and negative) of people from life, which include cognitive and intellectual evaluations and emotional reactions to life events (Karadmas, 2007). The most important model for psychological well-being has been conceptualized and operationalized by Reef (Reef, Singer, Elo, & Essex, 1998). Reef sees psychological well-being as an attempt to realize one's potential. This model arises from the integration of theories of individual development such as Maslow's theory of self-actualization, Rogers' perfect person, and Jahuda (1985). According to the Reef model, psychological well-being consists of six factors: self-acceptance, having a positive relationship with others, autonomy, purposeful life, personal growth, and a sense of continuous growth and mastery of the environment (Reef, 2018).

Snyder and Anderson (1991) consider hope to be composed of the components of willpower, guidance or thinking power, planning, purpose, and barrier detection. It is defined as effective recovery and adaptation (Hearth, 2000). One of the new therapeutic interventions that can be effective in improving the mental health of patients with multiple sclerosis is compassion-focused therapy (Ashwarth, Grace, & Gilbert, 2011). Self-compassion has been defined as three-component instruments including kindness to oneself versus self-judgment, human sharing versus isolation, and mindfulness versus extreme assimilation (Zarei, Pourshafiei, and Babapour, 2016). The combination of these three related components is characteristic of a self-compassionate person. Using these structures, Gilbert proposed compassion-focused therapy. The basic principles of compassion-focused therapy point out that external soothing thoughts, factors, images, and behaviors must be internalized, and in this case, the human mind reacts to external factors as well as to external ones. It calms down. In exercises focused on compassion, relaxation, mindfulness, self-compassion and mindfulness are emphasized, which will play an important role in calming the mind, reducing stress and negative spontaneous thoughts (Gilbert, 2014).

Mindfulness creates its effects through four mechanisms: attention regulation, body awareness, emotion regulation, and changes in a person's view of himself (Yang, Liu, Zhang, and Liu, 2015). It is thought that engaging in conscious attention and developing a more receptive relationship with the experience of the moment is beneficial because they can enable people to let go of unhelpful habits and reactions to the current experience and instead choose more useful ways to be answered (Segal, Williams, & Tizdell, 2012; cited in Kavanagh, Strauss, Forder, & Jones, 2014).

In compassion-focused therapy, people learn not to avoid or suppress their painful feelings, so they can, in the first place, recognize their experience and feel compassion for it (Irons, 2017). This integrated treatment, derived from the sciences of neuroscience, social psychology, growth, evolution, and Buddhism, as well as many other models of treatment for mental health problems. In this treatment, instead of blaming, condemning, or self-criticizing, clients are helped by creating or enhancing a client's inner compassionate relationship with themselves. The results of this type of treatment include the importance of well-being, understanding and empathy, empathy, non-judgment and not blaming others, tolerating or enduring turmoil and suffering, through attention, thinking, behavior, imagery, feeling

and feeling It is compassionate (Ahmadpour Dizagi, Zaharakar and Kiamanesh, 2017).

Previous research has shown that mindfulness has affected psychological well-being (Sedghi and Cheraghi, 1397) and research by Periklani, Ramazan Saatchi and Maliki Majd (2019) has shown that mindfulness has affected hope. Also Mahmoudi, good-natured and Forouzandeh (2017) has shown that compassion therapy has had an effect on psychological well-being. Therefore, according to the researcher, no research has been found on mindfulness-based compassion therapy based on life expectancy and psychological well-being. Is mindfulness-based compassion therapy affecting psychological well-being and life expectancy in female with multiple sclerosis? Based on this, the researcher decided to examine whether mindfulness-based compassion therapy has an effect on the dimensions of psychological well-being (self-acceptance, positive communication with others, autonomy, purposeful living, mastery of the environment, personal growth) in female with MS. has it. Does mindfulness-based compassion therapy affect life expectancy (planning, willpower, and action) in female with MS?

Materials and methods

The present study was quasi-experimental and pre-test-post-test with a control group. Subjects were randomly divided into two groups of 15 experiments and controls. The experimental group was trained (compassion based on mindfulness) and no control was performed on the control group. Then post-test was taken from both groups. The statistical population included female with multiple sclerosis in Isfahan in 1399. Sampling is available as life expectancy and psychological well-being questionnaire was distributed among 43 people and 30 people who had lower scores of life expectancy and psychological well-being were selected and randomly divided into experimental (15 people) and control (15 people). Individuals with a lower score of 38 in the life expectancy questionnaire and a lower score of 96 in the psychological well-being questionnaire. Inclusion criteria included people who had been suffering from MS for at least 3 years. No drug use. Do not use medication for mental disorders. Failure to participate in similar courses of treatment and exclusion criteria included: absence of more than 2 sessions in the training course of exclusion

criteria, lack of cooperation in doing homework, failure to receive other psychological treatment in the course of research treatment sessions. The researcher tried to select the research sample without bias. In order to comply with the principle of confidentiality, questionnaires were distributed and collected by the researcher. First, theoretical studies on research variables were performed. After selecting the topic in coordination with the university and the MS Association, the characteristics of patients with MS were provided to the researcher. This study was a pretest-posttest with a control group. Initially, 43 MS patients were given a questionnaire online and 30 people who had lower scores of life expectancy and psychological well-being were selected by research questionnaires and were divided into experimental and control groups. Pre-test was performed on the experimental group, mindfulness-based compassion training in 8 sessions of 90 minutes virtually and then post-test was taken from both groups. After completing the training sessions and post-test from both groups to observe ethics All items and topics of the experimental group were provided to the subjects of the control group. In this study, Schneider Life Examination Questionnaire (1991) and Reef Psychological Well-Being Scale (1989) were used. Mindfulness-based compassion treatment based on the book Fallah and Ayoubi (1397) was performed in 8 virtual 90-minute sessions. All collected data were analyzed using SPSS 21 descriptive and inferential statistics. Usefulness and non-harm, paying attention to the well-being of others and providing sufficient information about how to do research to all participating subjects, obtaining written consent to participate in the research were observed. In order to observe research ethics, proposal registration code 22821212973991 was registered in the university ethics committee.

Findings

In this study, analysis of covariance has been used for inferential analysis of the results. Required assumptions including data normality, variance homogeneity, and regression line slope parity were confirmed.

Hypothesis 1: Mindfulness-based compassion therapy is effective on life expectancy in female with multiple sclerosis.

Table 1 Results of ANKOA analysis of the effect of group membership on life expectancy scores in female.

variable		average	F	SIGNIFICANCY	EFFET SIZE
Life expectancy	pre-exam	Squares 27./021	7/67	0/010	0/221
	treatment	021 / .27 37/465	10/635	** 0003	0/283
	Error	465/37 3/523			

As shown in Table 1, after eliminating the effect of synchronous variables on the dependent variable and calculated according to the coefficient F, it is observed that among the adjusted means of life expectancy scores in female with multiple sclerosis in terms of There was a significant difference between group membership (experimental group and control group) in the post-test stage (P <0.01). Therefore, the first hypothesis was

confirmed. Therefore, mindfulness-based compassion therapy has an effect on life expectancy in female with multiple sclerosis. The rate of this effect in the post-test stage was 28.3%. The second main hypothesis: mindfulness-based compassion therapy is effective on psychological well-being in female with multiple sclerosis.

Table 2 Results of ANKOA analysis of the effect of group membership on psychological well-being scores in female.

var	ss	df	m s	F	SIG	ES	
Psychological wellbeing	pretest	2496/588	1	2496/588	62/743	0/001	0/699
	Treatment	783/263	1	783/263	19/685	0/001	0/422
	Error	1074/345	27	39/791			

Sub-hypothesis 1: Mindfulness-based compassion therapy is effective on the dimensions of life expectancy

in female (planning, will, and agency) who have experienced multiple sclerosis.

Table 3 Results of multivariate analysis of covariance (MANCOVA) related to the first sub-hypothesis of the research.

test	Rate	F	Sig	Eta
Pillai effect test	0/351	6/754	0/005	0/351
Wilkes Lambda test	0/649	6/754	0/005	0/351
Hoteling effect test	0/540	6/754	0/005	0/351
Test for the largest root on	0/540	6/754	0/005	0/351

As shown in Table 3, with pre-test control, the significance levels of all tests indicate that there is a significant difference between the two experimental and control groups in terms of at least one of the dependent variables (planning, will, and agency). (005/0 = P). To find out in which variable there is a difference between the two groups, two univariate analysis of covariance

were performed separately for each of the dependent variables in the Manco text, the results of which are presented in Table 8. According to the amount of eta in the table, the amount of effect or difference is equal to 0.351; That is, 35.1% of individual differences in post-test scores related to planning, will and agency are due to mindfulness-based compassion therapy.

Table 4 Results of one-way analysis of covariance in ManQVa text.

var	Source of changes	ss	df	Ms	F	Sig	Eta
planning	Before training	1/18	1	1/18	0/743	0/396	0/028
	group	7/978	1	7/978	5/024	0/034	0/162
	Error rate	41/29	26	1/588			
Will and agency	Before training	23/54	1	23/54	28/233	0/000	0/521
	group	10/621	1	10/621	12/739	0/001	0/329
	Error rate	21/678	26	0/834			

According to the results obtained from Table 4, it can be seen that with pre-test control, there is a significant difference between female with experience of multiple sclerosis, experimental and control groups in terms of planning, thinking, will and agency (planning, $P = 0.034$ and will and agency, $P = 0.001$); In other words, the independent variable of mindfulness-based compassion therapy had an effect on the dependent variables of

planning, will, and agency of female with multiple sclerosis experience. hypothesis 2: Mindfulness-based compassion therapy is effective on the dimensions of psychological well-being in female (self-acceptance, positive relationships with others, autonomy, environmental control, purposeful life, personal growth) with multiple sclerosis experience.

Test	Rate	F	sig	Eta
Pillai effect test	0/534	3/252	0/026	0/534
Wilkes Lambda test	0/466	3/252	0/026	0/534
Hoteling effect test	1/148	3/252	0/026	0/534
Test for the largest root	1/148	3/252	0/026	0/534

Table 5 Results of multivariate analysis of covariance (MANCOVA) related to the second sub-hypothesis of the research.

Test	Rate	F	Sig	Eta
Pillai effect test	0/534	3/252	0/026	0/534
Wilkes Lambda test	0/466	3/252	0/026	0/534
Hoteling effect test	1/148	3/252	0/026	0/534
Test for the largest root	1/148	3/252	0/026	0/534

As shown in Table 6, with pre-test control, the significance levels of all tests indicate that there is at least one dependent variable between the two experimental and control groups (self-acceptance, positive communication with others, autonomy, mastery). Environment, purposeful life, personal growth) there is a significant difference ($P = 0.026$). To find out in which variable there is a difference between the two groups, six univariate covariance analyzes were performed

separately for each of the dependent variables in the Manqua text, the results of which are presented in Table 5. According to the amount of eta in the table, the amount of effect or difference is equal to 0.534; That is, 53.4% of individual differences in post-test scores are related to self-acceptance, positive communication with others, autonomy, mastery of the environment, purposeful life, personal growth due to mindfulness-based compassion therapy.

Table 6 Results of one-way analysis of covariance scores of psychological well-being components in Manco text.

variable		ss	df	ms	F	sig	eta
Self-acceptance	Group membership	5/216	1	5/216	4/339	*0/049	0/165
	Error	26/446	22	1/202	-	-	-
Positive relationships with others	Group membership	35/748	1	35/748	9/778	**0/005	0/308
	Error	80/429	22	3/656	-	-	-
Autonomy	Group membership	14/234	1	14/234	9/774	**0/005	0/308
	Error	32/041	22	1/456	-	-	-
Mastery of the environment	Group membership	18/808	1	18/808	7/168	*0/014	0/246

	Error	57/724	22	2/624	-	-	-
objective life	Group membership	11/163	1	11/163	8/043	*0/010	0/268
	Error	30/532	22	1/388	-	-	-
Personal growth	Group membership	30/778	1	30/778	8/274	**0/009	0/273
	Error	81/840	22	3/721	-	-	-

According to the results obtained from Table 6, by pre-test control among female with multiple sclerosis experience, the experimental and control groups in terms of self-acceptance, positive communication with others, autonomy, mastery of the environment, purposeful living and There is a significant difference in personal growth (self-acceptance, $P = 0.049$, positive communication with others, $P = 0.005$ and autonomy, $P = 0.005$, mastery of the environment, $P = 0.014$, purposeful life, $0.010 = P$, personal growth $P = 0.009$); In other words, the independent variable of mindfulness-based compassion therapy had an effect on the dependent variables of the psychological well-being dimensions of female with multiple sclerosis experience.

Conclusion

The results showed that mindfulness-based compassion therapy had an effect on life expectancy in female with multiple sclerosis in the experimental group. The rate of this effect in the post-test stage was 28.3% and these results are in line with the researches of Nakhaei, Sefat Gol, Siasari and Arab (1397), Mahmoudi, Khosh Akhlagh and Forouzandeh (1396), Khaleghipour and Zargar (1392), Khodabakhshi Periklani, Ramadan Saatchi and Maliki Majd (2019), Monica, Asha Hingar and Gupta (2016) and Ricky, Munoz, Steve, Chan and Hellman et al. (2016) showed that mindfulness and compassion therapy have influenced life expectancy. Is. Explaining the findings, it can be said that high self-compassion is associated with psychological well-being and protects people against stress (Nef and Pomir, 2013). Self-compassion means accepting vulnerable feelings, caring and kindness to oneself, non-evaluative attitude towards one's own failures and failures, and recognizing one's experiences (Reef, 2014). Self-compassion has three components: self-compassion versus self-judgment, a common human sense of isolation, and a balanced self-awareness of personal emotions versus extreme assimilation. These components are interrelated and their combination forms self-compassion in the mind (Nef and Garmer, 2013). Conscious people perceive internal and external realities freely and without distortion and have a great ability to face a wide range of

They have thoughts, emotions, and experiences (both pleasant and unpleasant) (Brown, Ryan, & Kroll, 2007). Mindfulness helps us to understand that negative emotions may occur, but they are nothing but constant and permanent personality. It also allows the individual to respond thoughtfully rather than respond to events involuntarily (Emmanuel, Adegraf, Kalumbach, & Kislá, 2010). Based on mindfulness-based compassion therapy, techniques such as self-kindness and mindfulness were taught to the client by the researcher, who gradually gave up their desire to attack themselves for things that were not their own choice and design. Touch the impact of their experiences and behaviors on their lives, thus creating a scene for them to compassionately take charge of their lives, build the best life for themselves, and commit to their lives. Therefore, MS patients are taught to be up-to-date with the technique of eating apples, and therefore mindfulness training gives the person the ability to realize that "thoughts are just thoughts" and when he realizes that his thoughts may not be true, he can more easily Drop. In this component, using the techniques of working on safe place imagery, the researcher taught that people pay attention to certain images, thoughts and feelings on their mind, which stimulates certain thoughts and feelings on the mind and affects the body. Therefore, people They learned that ephemeral imaginations are good and sufficient, and that avoiding vague, three-dimensional imaginations increases life expectancy, and that individuals can improve their quality of life.

The results also showed that mindfulness-based compassion therapy had an effect on psychological well-being in female with multiple sclerosis in the experimental group. The rate of this effect in the post-test stage was 42.2%. These results are in line with the research of Sadghi and Cheraghi (1397) Taher Karami, Hosseini and Dasht-e Bozorgi (1397), Mahmoudi, Khosh Akhlaq and Forouzandeh (1396), Jingjing, Jan, Keshang and Sang (2019) and Harshavardhan, Abhishek, Getashiamsander and Sanjiba (2019) showed that mindfulness and compassion therapy have had an effect on psychological well-being. Explaining the findings, it can be said that in compassion-focused therapy, people

learn not to avoid or suppress their painful feelings, so they can know their experience in the first place and feel compassion for it (Irons). Wlad, 2017). In this treatment, instead of focusing on changing people's self-esteem, people's relationship with their self-esteem changes. Compassion exercises emphasize relaxation, calm, compassionate mind, and mindfulness, which will play an important role in calming the mind, reducing stress, and negative thoughts (Neff and Grimmer, 2013). Mindfulness states three important points: First, mindfulness is the process of consciousness, not thinking. Second, mindfulness involves an attitude of openness and curiosity, and third, mindfulness involves the flexibility of the mind. By teaching the presence of the mind, people learn how to pay attention to strategies for satisfying emotional needs and directing information processing resources and increasing conditions. Provide psychological well-being (Harris, 2009). Therefore, paying attention to the direction of internal factors (feelings, desires, etc.) and external factors (living conditions, etc.) makes defective processing cycles less available. And prevent the increase and persistence of negative emotions. Through the skills of compassionate attention, kind self-image and compassionate feelings, kind arguments and compassionate behavior were able to increase their psychological well-being. Sub-hypothesis 1: Compassion therapy Mindfulness is based on the dimensions of life expectancy (planning, willpower and agency) in female with MS. The results showed that the effect of mindfulness-based compassion treatment on guidance (planning) was 16.2% and will and agency was 32.9%. This study is in line with the research of Taher Karami, Hosseini and Dasht-e Bozorgi (1397) and Mohammadi Ahmadabadi, Goodarzi and Saeed Manesh (1396) that the results show the effect of compassion and mindfulness on the dimensions of life expectancy. Through mindfulness training, a person learns to observe the layers that habitually add to the perception of experience. And identify special lenses through which they sit and watch the world (Crane, translated by Mohammadkhani, Khanipour and Jafari 2012). Compassion means being aware of the suffering and taking a comforting and compassionate attitude towards oneself when things go wrong. A compassionate attitude toward self as a coping strategy helps people build a close bond between themselves and others and overcome their fears and anxieties (Ihert, Jorman, & Breaking, 2018). Explaining the findings, it can be said that in compassion-focused therapy, people learn not to avoid or suppress their painful feelings, so they can know their experience in the first place and feel compassion for it. In this

treatment, instead of focusing on changing people's self-esteem, people's relationship with their self-esteem changes. Compassion exercises emphasize relaxation, calm mind, compassion and mindfulness, which will play an important role in calming the mind, reducing stress and negative thoughts. The researcher used various techniques in the research, including the empty chair technique. Using the empty chair technique, they were instructed to place an empty chair in front of them and visualize everything that caused them discomfort, anger, and bad feelings in their lives that left them with no hope. And then start talking and making emotional contact with this visual sitting on an empty chair like a real and living being! So they became acquainted with the bitter feelings hidden in them and told them that these bitter feelings were bothering them and that they were not satisfied with their presence and allowed them to go and have a new plan for their lives and eventually achieved self-sufficiency. Therefore, this technique helped to increase patients' life expectancy, planning for their lives and the will to eliminate frustration. In the component of planning, will and agency, the technique of sitting was used, which made people aware that they are not always going to move in a fast gear. And sometimes you have to move slowly and be in touch with everything and be in the moment and be able to identify any external factors that come to them and separate them from their thoughts. Avoid suffering and plan for your life with a calm and kind mind towards yourself and take steps towards them and hope for life. Sub-hypothesis 2: Mindfulness-based compassion therapy affects the dimensions of psychological well-being (self-acceptance, positive communication with others, autonomy, purposeful living, mastery of the environment, personal growth) in female with MS. The results also showed that mindfulness-based compassion therapy had an effect on the dimensions of psychological well-being (self-acceptance, positive communication with others, autonomy, purposeful living, mastery of the environment, personal growth) in female with MS. The consciousness in the mind is designed in a way that increases attention to the body. The important role of the body in new interdisciplinary fields such as mind-body medicine has also been proven. In the mind, consciousness emphasizes the interaction between bodily, cognitive, and emotional processes (Michalik, Berg, & Heidenrich, 2012). Mindfulness increases mental flexibility, and when a person feels he or she can no longer do anything, he or she is faced with other choices. Mindfulness also improves and learns by reconnecting between internal and external resources.

Leads more; Resources that one may not even believe in (Isandrath, Gilong, Delucci, Chartimatlon et al., 2014). Compassion-based therapy includes components of kindness to oneself versus self-judgment (understanding oneself instead of criticism and a kind of compassion and support for one's own shortcomings and inadequacies), human sharing versus isolation (acknowledging one's imperfections and mistakes). And mindfulness versus extreme imitation (balanced and clear awareness of present experiences that makes the painful aspects of an event neither ignored nor repeatedly occupied the mind) (Akbarian, Bagherpour and Nemati, 2018). In explaining the data, it can be said that the approach of training the compassionate mind is to help people and create inner peace, security and relief through compassion for themselves and others. During the technical sessions, it was presented to increase self-acceptance and personal growth that increase Psychological well-being helped. They were told that many times when we fail or fail, we blame or punish ourselves. We usually do this because we do not want to repeat the mistake of the past. But since we have done this hundreds, if not thousands, of times, we may ask, if our blame and punishment had been effective, we would not have become perfect and free from error? Clearly this is not the case and we as humans are making mistakes and failing is a natural part of our lives. Self-blame and punishment are not only ineffective. Now the important question is that if self-blame and punishment is not only ineffective but also harmful, then what else can be done instead of these things and against the common tendency of the mind to blame and punish itself? One of the useful answers to this question is compassion. Is itself; Which can be called a completely new way of communicating with yourself. Conversely, self-discipline shows that practicing kindness and compassion has many beneficial effects, from increasing one's personal growth and acceptance to preventing depression and anxiety. In the component of controlling the environment, anger training was used to inform people that the environment and people cause anger and what effects this anger has on their body and behavior and takes control of the mind and people against The environment reacts. Therefore, by being aware of the process of this anger, one can dominate the environment and the people who cause anger, and the person becomes aware of the mind, and with self-compassion, people are kind to themselves and the things they did in the face of anger. Avoid and do not harm yourself. In the component of autonomy and purposeful life, kindness to oneself and being aware of the moment of the people was used, for which an example was given. You face a look from the people. When you smile, you

have been kind to yourself and have considered yourself worthy of kindness and have accepted and been aware of your sufferings and shortcomings. Therefore, you have been able to be autonomous and deal with others consciously. This study had limitations, including time and space. And the presence of the corona epidemic virus and the conduct of virtual sessions may have influenced the outcome of the research. Because the statistical sample of this study is limited to the city of Isfahan, so the results of the study cannot be generalized to other geographical areas. In this study, self-report tools (questionnaires) have been used, and this can cause fatigue and reduce their accuracy and The degree of distortion in answering the questions. Lack of follow-up in research. In this study, only female with MS were examined and it is suggested that for future research, Run on both sexes. It is suggested that a qualitative study be conducted on life expectancy and psychological well-being of people with MS. It is suggested that this treatment be compared with other psychological therapies on the variables in the study. It is suggested that this research be conducted in other geographical areas and with other cultures and customs. Based on the findings of the study, it is suggested that workshops based on compassion based on mindfulness be held on people with MS. Hold monthly mindfulness-based compassionate group training sessions at the MS Disease Association. According to the obtained results, it is suggested that the treatment of compassion based on mindfulness be used by counselors and psychologists in medical centers as one of the best treatments.

References

- Ahmadpour Dizagi, J, Zaharakar, K. Kiamanesh, A. (2017). comparative efficacy of compassion _focused therapy (CFT) and well_being therapy (WT) on psychological capital in female college students with romantic failure. *J Wo a Cu* 2017; 9(31), 7- 21.
- Al-Hordi, F. (1397). The effectiveness of positive psychology training on increasing the happiness and psychological well-being of divorced women in Sarablah in 1396. Master Thesis. Qom University. Faculty of Humanities. Educational Psychology.
- Ashworth F, Gracey F, Gilbert P. (2011). Compassion focused therapy after traumatic brain injury: Theoretical foundations and a case illustration. *Brain Impairment*. 2011;12(02):128-39
- Beyrami, M. Movahedi, Y. Alizadeh Gordal, J. (2015). The effectiveness of mindfulness therapy on cognition in reducing social anxiety and dysfunctional attitudes of adolescents. *Social cognition*. 4 (1): 41-53.
- Diener, E. 2006. Guidelines for national indicators of subjective well-being and illbeing. *Journal of happiness studies*, 7(4), 397-404.
- Etemadi far M. (2005). Diagnosis and treatment multiplesclerosispatients,1th ed. Esfahan: Ghaharbagh; 2005. [Persian].
- Etemadifar M, Sajjadi S, Nasr Z, Sadat Firoozeei T, Abtahi SH, Akbari M & et al. (2013). Epidemiology of multiple sclerosis in Iran: A Systematic Review., *Eur Neurol*. 2013;70:356–363.
- Falah, M. H. Abuii, A. (1397). Mindfulness-based compassion. Publication of Yazd Azad University. 425 pages.
- Fary, K, (2006). Multiple sclerosis: disability profile and quality of life in an Australian community cohort. *International Journal of Rehabilitation*, 29 (2), 87-96.
- Gilbert P. (2014). The origins and nature of compassion focused therapy. *BRIT J CLIN PSYCHOL* .2014; 53(1): 6-41.
- Goss, K., & Allan, S. (2014). The development and application of compassion-focused therapy for eating disorders (CFT-E). *British Journal of Clinical Psychology*, 53(1), 62-77
- Irons, C., & Lad, S. (2017). Using compassion focused therapy to Work with shame and self-criticism in complex trauma. *Australian Clinical Psychologist*, 3, 47-54.
- Izadi, R. Abedi, M. R. (1393). Acceptance and commitment based therapy. Tehran: Jangle Publications.
- Karademas, E. C. (2007). Positive and negative aspects of well-being: Common and specific predictors. *Personality and Individual Differences*, 43(2), 277-287.
- Kenner M, Menon U, Elliott DG, (2007). Multiple sclerosis as a painful disease, *Int Rev Neurobiol* 2007;79: 303-21.
- Kinney MR. (1995). Quality of life research: rigor or rigor mortis, *Cardiovascular Nurs* 1995; 31(4): 25-8
- Koopman W, Schweitzer A, (1999). The journey to multiple sclerosis: a qualitative study, *J Neurosci Nurs* .1999; 31(1): 17-26
- Landoni MG, Giordano MT, Guidetti GP, (2000). Group psychotherapy experiences for people with multiple sclerosis and psychological support for families, *J Neurovirol* 2000; 6(2): 168-71.
- McCabe MP, Mood and self-esteem of persons with multiple sclerosis following an exacerbation, *Journal of Psychosomatic Research*, 31 Aug 2005, 59(3):161-166
- Moss-Morris R, McCone P, Yardley L, van Kessel K, Wills G, Dennison L. (2012). A pilot randomized controlled trial of an Internet-based cognitive behavioral therapy self-management program me (MS Invigor8) for multiple sclerosis fatigue. *Behave Res Ther*.50(6):415-21.
- Ryff, C. D. (2018). Well-being with soul: Science in pursuit of human potential. *Perspectives on Psychological Science*, 13(2), 242-248.
- Ryff, C. D., Singer, B., Love, G.D., & Essex, M.J. (1998). Resilience in adulthood and later life: Defining features and dynamic processes. In J Lorenz (Ed), *Handbook of aging and mental health: An integrative approach*. 69-96.
- Sahraian MA, Khorramnia S, Ebrahim MM, Moinfar Z, Lotfi J, Pandacan H, Multiple sclerosis in Iran: a demographic study of 8,000 patients and changes over time, *Eur Neurol* 2010; 64(6): 331-6.
- Solari A, Radice D. (2001). Health status of people with multiple sclerosis a community mail survey. *Neurol Sci* .2001; 22(4): 307-15.
- Walsh, J. J., Balint, M. G., SJ, D. R. S., Frederickson, L. K., & Madsen, S. (2009). Predicting individual differences in mindfulness: The role of trait anxiety, attachment anxiety and attentional control. *Personality and Individual differences*, 46(2), 94-99.
- Yang, Y., Liu, Y. H., Zhang, H. F., & Liu, J. Y. (2015). Effectiveness of mindfulness-based stress reduction and mindfulness-based cognitive therapies on people living with HIV: A systematic review and meta-

analysis. *International Journal of Nursing Sciences*, 2 (3), 283-294.

Zarei A, Poursharifi H, Babapour J. (2016). The Role of Body Image Dissatisfaction and Mental Health in Prediction of Adolescent Obesity among Girls. *IJEM* 2016; 18 (3):197-204.