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EMOTIONAL AND PHYSICAL CHALLENGES FACED BY PERSONS WITH MULTIPLE SCLEROSIS IN PAKISTAN

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ABSTRACT

The present research is a qualitative study conducted under case study research design aimed to explore the emotional and physical challenges faced by persons with multiple sclerosis in Pakistan. To explore the lived experiences of MS patients, majorly three areas were identified: psychological, physiological and survival. The content analysis research design was applied for coding and to capture the essence of the research. An interview schedule was constructed especially for this research which covered areas about emotional and physical challenges of PWMS. The sample consisted of 12 Multiple Sclerosis patients including males and females between ages 16-48 years. The method of analysis used in the current study was thematic analysis as it allows summarization of experiences into a meaningful and useful account. Findings of this research included the Multiple Sclerosis patients that complained about having similar emotional, physiological and survival issues and their overall experiences. The inductive coding used to interpret the results indicate that Multiple Sclerosis patients face emotional and physical challenges along with constant sense of survival like depression, low self-esteem, fear, social isolation, sedentary lifestyle, bladder dysfunction, fatigue, unbalanced walking, disruption in education and financial security. Respondents used various coping techniques to deal with the daily complications. Implications, limitations and suggestions for future research had also been discussed.

I. INTRODUCTION

Multiple sclerosis (MS) is one such unusual autoimmune condition known for its persistent disabling effects. This is a chronic disorder affecting the central nervous system, along with dual simultaneous processes: inflammation and neurodegeneration (Barkhane et al., 2022). While MS can come about at any age, it typically emerges between the ages of 20 and 40. Interestingly, females are twice as likely to develop MS compared to the opposite gender and it often affects individuals in the prime of their working lives (Barkhane et al., 2022). The fluctuating nature of symptoms, with periods of exacerbation has made this autoimmune disease a challenging condition to identify, define, and manage from the very beginning. In clinical terms, many MS patients experience relapses that are basically a recurrent episode that take place when there is a neurological impairment. However, in a majority of cases (60–80%), the disease's trajectory becomes chronic, progressively worsening over time, resulting in accumulating motor disabilities and cognitive deficits. This present research is about the challenges that are experienced by person with Multiple Sclerosis. Multiple sclerosis being a disease known as a silent killer is rare and cannot be cured. Multiple Sclerosis patients go through major physiological and psychological issues which makes them depressed, paraplegic and isolated from the society like balance and inability to walk, incontinence, bladder dysfunction, fear, low self-esteem, unemployment/lack of empowerment, fatigue and sedentary lifestyle.

The concept of challenges is a framework used to describe something new and difficult which requires great effort and determination that is an obstacle or to be faced with an adversity or threat. Emotions are conscious mental reactions (such as anger or fear) subjectively experienced as strong feelings usually directed toward a specific object and typically accompanied by physiological and behavioral changes in the body. Emotional challenges refer to the psychological problems that occur due to the inability to manage the stressful situations in one's life or any other problem in interpersonal life or professional life and there could be many other reasons too (APA Dictionary of Psychology, n.d.). Physical challenge refers to having a problem with the body that makes it difficult for any living being to do things that other people can do easily (Smith, 2024). Physical or mental impairments significantly interfere with an individual's ability to function in one or more central life activities, such as self-care, ambulation, communication, social interaction, sexual expression, or employment (APA Dictionary of Psychology, n.d.).

II. METHOD

Participants

Case study research design was used for this study which was further segregated via content analysis. Purposive sampling methods were used to gather data from male patients (*n* = 5), female patients (*n* = 7), age range from 16 to 48 years old, with gender distribution being 55% females and 45% males. These patients belonged to the following socioeconomic statutes: Middle class, upper middle class, and lower middle class. From June 8, 2023, to July 26, 2023, interviews were performed. The inclusion criteria included Diagnosed Multiple Sclerosis (MS) patients.

Measures

Following measures were used for data collection.

Interview schedule

An interview schedule serves as a tool to assist the researcher in presenting questions and answer choices to respondents in a structured manner (Table 1). Typically, an interview schedule is more inflexible compared to an interview guide, as it consists of a predetermined set of questions and answer options that the researcher will use when interacting with respondents (Rashidi et al., 2014). Structured interviews are a research method characterized by a standardized set of questions asked in a predetermined order. Structured interviews provide a standardized and consistent format for data collection. Every participant is asked the same set of questions in the same manner, minimizing variations in interview administration. The structured format allows for easy comparison of responses across participants. Structured interviews contribute to objectivity in data collection. Since all participants are asked the same questions in the same way, there is less room for interviewer bias or subjectivity in the interpretation of responses. The structured nature of the interview makes data analysis more straightforward. Responses can be categorized, coded, and easily entered in a database for statistical analysis, facilitating the drawing of conclusions.

Interview Schedule Development

The interview schedule was developed keeping in mind the four basic areas of psychological adjustment, lived experiences, coping strategies and family support. Basically, an exhaustive approach was used to address these areas (i.e., Table 1).

Table I: Interview Schedule

Sections	*Interview Schedule Questions*
Section1	Demographic Information
	1. What is your age?
	2. How long have you been diagnosed with multiple sclerosis?
Section 2	Diagnosis and Initial Reactions
	4. How did you first learn about your diagnosis of multiple sclerosis?
	5. How were your initial reactions and emotions upon receiving the diagnosis?
Section 3	Impact on Daily Life
	7. How has multiple sclerosis affected your daily activities and routines?
	8. What are those specific challenges you face in your daily life due to MS?
Section 4	Coping Mechanisms
	10. What coping strategies do you use to manage the challenges posed by MS?
	11. What are specific sources of support that you find particularly helpful?
	12. How do you handle emotional aspects and stress related to your condition?
Section 5	Healthcare and Treatment
	13. What are your experiences with healthcare professionals in managing MS?
	14. What barriers or challenges have you encountered in accessing healthcare or treatments?
	15. What types of treatments or therapies have you found beneficial?
Section 6	Social Support and Relationships
	16. How have your relationships with family and friends been affected by MS?
	17. What are your experiences in terms of support or understanding from your social circle?
	18. What are some misunderstanding or stigmatization that you have faced due to your condition?
Section 7	Reflections and Future Outlook
	19. Looking back, what has been the most significant aspect of your journey with MS?
	20. How do you envision your future with MS, and what are your hopes and concerns?
Is there anything else you would like to share about your experiences with multiple sclerosis?	

Procedure

Ethical considerations were strictly followed by the researcher and upon consent the voice notes were recorded. Questions were clarified, if necessary, the interviewee was given an opportunity to qualify or modify her answer. The interviewer carefully observed the individual during the session, noting down the feeling attached to her answer, the topic or cases where she seemed to be evasive and areas on which she is most vocal about. While interviewing, the behavior of the subject was observed and information about their emotional complex was observed as well. All of the participants were informed about the importance, purposes, and methods of the study. The participants were

further informed that participation was voluntary and that they could refuse to participate or withdraw from the study at any time without being penalized or losing any benefits. Moreover, the participants were reassured about confidentiality and anonymity. Decisions about the time and place of interviews were made mutually. Finally, participants were in- formed regarding the background of the researchers and about how they intended to achieve their intended research results. The data was written up as a transcript (a written account of interview questions and answers) which was analyzed later.

III. RESULTS and DISCUSSION

The data gathered through the interviews was categorized into several themes and subthemes. This section includes reporting of Multiple Sclerosis patients. Verbatim are given along with the findings as supporting evidence. Hypothetical names were assigned, FP for female participants, and MP for male participants to maintain record of each research participant. To assess the experiences of participants regarding their psychological issues, quality of life, cognitive and functional issues researchers asked general questions regarding their Multiple Sclerosis-related condition. A general overall finding of the research was that the majority of the participants reported that they are unable to perform a single task (which takes zero effort in a normal person's life) without assistance/help from their family members/surroundings. In addition to this, participants reported that they had severe stress and had depression thinking about their future health. However, further questioning helped in better understanding of the experiences; the participants reported negative impact of Multiple Sclerosis on their lives. After analysis, the data has been categorized into themes. The overall scheme of themes and subthemes can be seen below.

Table II: Themes and Coding

Inductive Themes	Codes
Psychological	Depression
	Low Self-esteem
	Social Isolation
	Sedentary Life-Style
	Fear
Physical	Bladder Dysfunction
	Fatigue
	Balance and Walking
Survival	Disruption in education
	Financial Security

The data was analyzed for classifying the experiences of the participants into two major themes: Deductive and Inductive (Table 2). These two themes are further depicted as follows: Psychological & physical challenges and survival that is Depression, sedentary life style, low self-esteem, fear, socially isolated, bladder dysfunction, fatigue, balance and walking, disruption in education and financial security.

Emotional and Physical Challenges Faced by Multiple Sclerosis Patients

The present study aimed at experiences of Multiple Sclerosis patients and given below are the problems faced by them in their life:

Emotional/Psychological Issues

Depression

The majority of the patients reported that when they think about their future health it makes them depressed. They constantly think of what will happen to them in the future and few of them reported having suicidal thoughts. As stated by the respondents:

"When I think about my future, I feel dispirited (was about to cry) I get suicidal thoughts. I feel apprehensive, what if my husband dumps me in an Edhi center (home for mentally/physically ill". (FP-6)

"I get emotional breakdowns almost every day (was melancholic). My health isn't getting better. My whole life has changed and disturbed." (FP-5)

"It has affected me very badly (showing disappointment). I get strength by talking to my siblings and some friends." (FP- 4)

*"*I am disabled and this thought is eating me up inside". (FP- 3)

*"*Multiple Sclerosis has really affected my health, when I think about it, it makes me depressed". (FP-7)

"I am a depressed person (seemed disappointed) with zero percent strength. (FP-2)

"Nothing is left in life. I am bedridden." (FP-1)

*"*My brain is constantly ruminating about my health and that I am unable to perform activities". (MP-1)

"I really don't know what to say if I think about my future, it makes me depressed. (Showed disappointment)" (MP-5)

During the interviews, participants reported that Multiple Sclerosis is a major ordeal and a tribulation in their daily life. The PwMS stated their perspective saying MS disease causes many problems, including fatigue, imbalance, weakness, anxiety, frustration, boredom, excessive sensitivity, etc. In this regard, when the participants in the study were asked to indicate which of their needs for the disease were not provided, the majority of patients indicated that they did not meet their psychological needs. MS patients who participated in the research complained about being depressed for their future health (Ruiz-Sánchez et al., 2022). They (*n*=9) stated that as soon as they wake up, they start to worry about what to do during the day. They proclaim that they get depressed thinking about their current health issues and the future of it (Ruiz-Sánchez et al., 2022).

Depression is by far the most common psychological disturbance (Sá, 2008) in MS, though other mood disorders can occur. Several studies have reported high rates of depressive symptoms in MS patients compared to controls with other chronic neurological conditions, with an overall lifetime frequency of major depression reaching 50% and an annual prevalence around 20% (Sá, 2008). Research participants claimed that they had depressive thoughts (*n*=11) about their future health as their current health was deteriorating. and some of the patients (*n*=2) also reported that they get suicidal thoughts. Stress is also a widespread symptom (Sá, 2008) that has been much studied in MS as a potential enhancing factor either to the onset of the disease or to the occurrence of subsequent relapses in RRMS. There are various definitions and classifications of stress. Currently, stress is considered some kind of change in an individual's life, the "stressor", which requires readjustments that surpass the ability of coping, and leads to psychological or biological harm (Sá, 2008).

Sedentary Lifestyle

The present research uses the term sedentary lifestyle in this research to highlight one of the components from the quality of life they are living. The majority of the MS patients stated that their lifestyle is sedentary and are always sitting or lying down due to their health concerns. The respondents stated:

"My mobility is affected. I can't go out unattended. I live a sedentary lifestyle. Mostly stay at home (FP-1)

"Walking is the main issue. I am unable to walk, which is why I am bedridden." [(FP-3)

"I am lying in bed 24 hours. Nothing is left in my life. I can't do much." (FP-6)

*"*I am worthless and bedridden. I am crippled". *(FP-4)*

*"*I am unable to get up and walk. I am unable to do any work at home". (FP-7)

"The whole day is spent lying on the bed". (MP-3)

"MS has completely stopped my social activities and bound me in home, in my room, on bed. I rest all day because I can't do much, due to my health. Daily activities have become challenging so now I don't have any (MP-5)

"I am just spending most of my time sitting idle and I need help many, many times during the day." (MP-2)

MS patients also reiterated on how sedentary their lifestyle is (*n* =12). All of the participants mentioned that walking for them is the biggest issue which is why they lay on the bed or sit throughout the day. The female patients (*n*=3) mentioned that they can't even cook and do regular house chores that require moving. Male patients (*n* =5) stated that they are unable to go even to the washroom without any assistance (Fortune et., 2021).

Low-Self Esteem

Most of the patients complained about having low self-esteem and losing confidence as MS has changed their entire lifestyle due to the detrimental effects of MS like inability to walk and being dependent on the people in their surroundings. As reported:

"Multiple Sclerosis has changed my entire life. I lost my confidence because I am unable to socialize normally (FP-6)

"Due to bladder inconsistency, I am embarrassment most of the time when I go out which is why I don't have the confidence." (MP-1)

*"*MS has left me worthless. My entire day is spent lying on the bed". (MP-3)

*"*I always go through having low self-esteem". (FP-4)

Low self-esteem recorded in Multiple Sclerosis patients stems from being unable to socialize, requiring assistance in walking, bladder dysfunction. They stated that they feel ashamed asking for assistance for minor tasks like walking, going to the restroom, kitchen, Dr's appointment, hospital etc. They proclaimed that Multiple Sclerosis has deprived them of being a confident individual as they use crutches and help. They also mentioned that they fear the future of their health and the consequences of their potential demise or detrimental health on their families and loved ones (Mrabet, 2021).

Fear

Here, this term is used to explain the feelings of the patients when they proclaim how MS has affected them and its symptoms (Table 2). They mentioned continuing their activities and education however, the relapse of the disease makes them wary. As stated by the MS patients:

*"*I am continuing with my studies but I fear what if I get the MS attack again. (sobbing)]". (FP-2)

"Due to my health, I cannot go to the college, because I fear what if I lose my bladder control". (MP-2)

"When I got diagnosed with it and searched it online, I was in a state of shock and fear. I didn't know what to do and how." (MP-4)

"I fear that what if something happens to me? And so, what will my family do? I am really scared of this thought." (pensive) (MP-5)

MS patients' fear of becoming crippled that was shown in various ways such as fear of disease progression, fear of disability, fear of passing away and fear of relapse. Various factors such as physical and psychological problems, observation of patients with disabilities and wheelchairs, lack of definitive treatment of the disease, dependence on

others in daily activities, etc. caused such concerns in patients. In one study, the main concerns of patients with MS was fear of decreased activities of daily life and dependence on others (Hosseini, 2022).

Socially Isolated

How MS has made these participants completely isolated was very important to address. The participants expressed concerns about not going outside for months or being unable to meet their friends for longer periods of time. As reported:

"No one helps me out in my surroundings. I am worse from time to time. I can only do housework." (FP-4)

"I am just lying in bed 24hours. I am physically hampered." (FP-7)

"Multiple Sclerosis has finished my social life. I haven't been outside for months now." (FP-1)

"No one helps in the household; I have to force them to help me. For everyday tasks, my cousins have hired a maid. I socialize with her somewhat otherwise everyone else is busy with their lives". (FP-6)

"I can't walk without any assistance (feeling sad). Household members somewhat help me out but aside from that no one else helps me". *(F6-5)*

*"*I can't even meet anyone! I am bedridden". (FP-2)

"MS has completely stopped my social activities. I am confined to my house, in my room, on bed." (MP-5)

"My social life has just ended with this disease, I cannot remember when was the last time I went out with family and friends. Friends have also decreased. (MP-1)

Almost (*n* =8) participants expressed that Multiple Sclerosis has isolated them from the social activities like get togethers, spending time with friends, going out for dinner or leisure activities etc. They mentioned that the thought of the awkward looks from the people, fear of incontinence and inability to control urination in public causes them to stay in the house (Zecca et al., 2016). Above were the mental adversities that the Multiple Sclerosis patients face in their day to day lives. However, it is equally important to discuss how physiological symptoms have hampered their quality of life and made them crippled. As reported by the MS patients:

Physiological Issues

Bladder dysfunction

The MS patients deplored about having urinal and bladder control issues which is a cause of utter embarrassment to them and how difficult it is to live with this dysfunction. As stated by the MS patients:

*"*I cannot control my bladder. It is very difficult to live with MS. I cannot explain it in simple words". (MP-3)

"Bladder inconsistency causes embarrassment occasionally". (MP-1)

"I have mobility issues; walking is trouble and incontinence and urinating." (MP-4)

Bladder symptoms are common in MS. The bladder is under neural control, and bladder disturbance is usually attributed to demyelination or loss of axons from the neural pathways, particularly those in the spinal cord, that control the bladder (McCombe et al., 2009). As reported earlier, MS patients face severe emotional challenges like lack of self-esteem and fear which is mainly due to bladder dysfunction and incontinence. One of the studies conducted on MS and quality of life suggested that Bladder and sexual dysfunction are associated with a poorer HRQoL in MS patients (Vitkova et al., 2014).

Balance and Walking issues

This was one of the main issues and concerns of the Multiple Sclerosis patients (Table 2). They showed sorrow and frustration due to their inability to walk and balance themselves without any kind of assistance like a cane, a family member etc. As respondents mentioned:

"I have family members at home and I require help from all to stay active in my daily life, for example going to the washroom, to the kitchen, or to the doctor's office. *(sorrowful) I can't walk properly."* (FP-2)
"Walking is the main issue and no one helps me in my house (……) Daily, I fall down many times; it is very hard to gain strength in MS (FP-3)

"I need help to go the washroom, hospital and doing my basic household work. I can't even bath myself. I can't do anything all by myself, can't move around.*"* (FP-1)

"I want to live a secure life financially strong life to fight MS but my health doesn't support it." (FP-6)

"I was completing my high school in science subjects and during this period I was diagnosed with MS and due to which I was unable to go to college anymore. I desire to complete my studies but is beemari ki waja sey mein college nahi jasakta. MS has made me useless. I can't even do anything." (MP-3)

"Many other things are okay, but the issue of walking is still there. I need help many times going to the washroom. Without any assistance I cannot walk and move around." (MP-4)

"I need help going down, upstairs, getting up from uneasy seats, getting meds, leaving the washroom door unlocked while bathing, holding on to a walking stick." (MP-5)

"I require help whenever I need to go anywhere inside and outside my home and also when I have to lift something heavy." (FP-4)

"I can't remember when was the last time I went out with family and friends." (MP-1)

"I have a foot drop ……Due to that I am unable to balance myself and fall at times." (FP-5)

"I don't have many daily activities because of that I can't even get up and walk properly. I can't do any chores." (FP-7)

"MS affects me while driving; sometimes I lose my balance of walking (frustrated) Main problem for me is my mobility and lack of balance. If I could walk normally then my life would be normal." (MP-2)

Suffering from chronic disease was associated with progressive physical disability (Dehghani et al., 2019), psychological disturbance, emotional exhaustion, stress, and depression. Some of the most common issues among MS patients were the following: unable to get up from their beds, unable to perform a simple task, unable to walk or do chores. MS affects not only the patient, but family members as well. All (n=12) stated that they were completely dependent on either their parents, siblings, husband or wife due to the crippling disease which inadvertently affects their parent's, sibling's, husband's lives as well. The ability to perform daily activities is, therefore, often compromised by disease progression, often reducing the quality of life. Also, efforts to understand diminished independence in activities of daily living in MS typically point to the physical impairments found in MS including decreased ambulation, coordination, balance, and visual difficulties. The results of the study also showed that physical changes and complications caused by MS have a devastating effect on the daily routine functioning of the patients which requires serious intervention. Therefore, patients with MS, due to the numerous physical, motor and psychological problems caused by disease progression, are faced with challenges and concerns in their daily activities and care that these challenges also affect other functional activities.

Fatigue

Some of the patients experienced constant fatigue and exhaustion not knowing the reason behind this issue (See Table 2). The patients reported how significant the fatigue is and how it has impacted their overall lifestyle. As mentioned by the MS patients:

"I have 0 percent strength to do anything and my health is deteriorating with time." (FP-3)

"MS has impacted my life significantly; I really feel tired and weak at times not knowing the reason." (FP-7)
"Gaining strength to stand up and do something is the most difficult part of my day." (MP-2)

"Daily activities have become very challenging for me." (MP-4)

Fatigue is among the most common symptoms, reported by at least 75% of MS patients at some point in the disease course. For many, fatigue is considered to be the single most debilitating symptom, surpassing pain and even physical disability (Janardhan et al., 2002).

Survival

Disruption in Education

Participants reported how helpless they feel as MS has been an impediment in completing their education. As stated by the participants:

"This disease has affected 2 years of my education life completely (…… changed the topic immediately in frustration)." (FP-5)

"I would have definitely studied further but I fear what if I relapse again." (FP-6)

"The biggest thing is that I was unable to complete my education. *(Feeling regretful*)." (FP-4)

"I can't get up from the bed or chair. I can't walk properly. (frustrated)." (FP-1)

"I have passed my matriculation in science and during this I was diagnosed with MS due to which I couldn't go to college. I desire to resume my studies but I can't due to this disease." (MP-1)

"I was anticipating to do complete by MBA when MS stopped me (MP-4)

For many participants (*n*=6) Multiple Sclerosis was the only cause of disruption in their education, unemployment and faltering career. In addition to this, participants proclaimed of having cognitive issues like decision making and cog fog or cognitive fog (Cores et., 2022).

Financial Security

"My condition is quite severe. We face many financial issues. My dad has borrowed money from many people. We require financial security because medications cost really expensive." (MP-1)

"Medication is available but due to expensive treatment and only specific hospitals deal with MS. I would request the health authorities to pls give free treatment like OCREVUS and other expensive treatment to every patient." (MP-2)

"I am giving up on the treatment now as basic meds do not help and proper meds are beyond cost wise." (MP-4)

"Pakistan healthcare system should make people aware of this and the medication is too expensive and rare here which should be affordable for every patient." (FP-1)

"Medications are available for MS but there is NO help for people regarding finances. Our health care authorities should make SOP to help people to deal with these kind of health issues." (FP-3)

"I request the ministry to help people stricken with poverty as the medications for this disease are really expensive. We can either buy medications or have food, having done both is beyond our capabilities." (FP-5)

Almost (n=6) PwMS mentioned that another challenge for them in daily life is the financial burden caused by the disease that affects the patient and their families. Performing frequent medical tests for effective treatment, using high-cost combination drugs, and the severity of disease disability over time double the financial burden of the illness for patients and their families. In this regard, results of a study showed that in most cases the financial pressures from chronic illnesses are underestimated. Results of another study showed that patients without adequate socioeconomic support could not follow the prescribed medical regimen; therefore, they may leave the treatment at any moment (Dehghani et al., 2019). This disease, due to the chronicity and causing many problems, imposes a lot of costs on patients and the government. It should be noted that much of the costs are imposed on patients, despite physical and mental disabilities caused by the disease and it doubles the concerns and problems of them. As a result, patients with MS may be confronted with activity limitations (i.e. difficulties in task performance), leading to a loss of functional independence and community participation. PwMS cope with the illness by confiding in their spouses (n=12) and family members for emotional & physical support. PwMS involve themselves in different exercises like arms and legs strengthening workout to help alleviate the deteriorating physical functioning. They also journal, meditate, practice gratitude and try not to compare themselves with others. To practically manage symptoms and to avoid any relapses PwMS intake medications in a timely manner. They pay attention to the bodily signals, learn what can trigger relapses, what helps them achieve and sustain being in remission.

Strengths, Limitations and Implications

This is the first direct study that resulted in a comprehensive understanding of emotional and physical challenges of Multiple Sclerosis patients in Pakistan. This research will serve as a foundation for further qualitative research of Multiple Sclerosis. The main emotional and physical challenges expressed by the patients were depression, low self-esteem, sedentary life style, fear, isolation, unemployment, bladder dysfunction, fatigue, unbalanced walk, disruption in education and financial security due to which their daily activities were hampered and hence it impacted their life styles. It was very difficult for the researcher to find participants solely from a single city as many Multiple Sclerosis patients are hesitant to come forward and discuss their conditions since they believe the society in Pakistan may alienate them. Therefore, the research had to be conducted outside Islamabad/Rawalpindi cities which was done by researchers carefully keeping in mind the scheduling of the session/holidays. In Pakistan there was no substantial amount of research on this topic as masses in Pakistan are unaware of the disease named 'Multiple Sclerosis'. However, this research will open the gate for further research on this topic. First of all, this study will be useful in developing effective mental health interventions and strategies that address the fact that Multiple Sclerosis patients may have different levels of psychological resilience and coping mechanisms to their MS symptoms which result in different mental health outcomes among the patients. Secondly, the study will help health practitioners in improving mental health care of MS patients. Physicians and other health professionals can facilitate people's efforts to understand and cope with MS relapses. The first step is to provide patients and family members with information about disease activity and progression. Future studies may also focus on different genders, ages and socioeconomic status which may influence the research in MS.

IV.CONCLUSION

Three themes were decoded: Emotional Challenges, Physical Challenges and Survival. The result concluded that a Multiple Sclerosis patient's life is rife with emotional and physical challenges: Depression, sedentary lifestyle, low self-esteem, social isolation, fear, fatigue, bladder dysfunction and walking and balance issues, financial security and loss of education. Therefore, to overcome the challenges caused by the disease and to build resilience focus on the following areas require execution: Physical fitness, strength and flexibility training from early stages, sleep quality, aqua therapy, sensory motor therapy, balanced diet, breathwork, meditation, lymphatic drainage, cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT) & peer support.

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V. REFERENCES

Alonso, A., & Hernán, M. A. (2008). Temporal trends in the incidence of multiple sclerosis: A systematic review. *Neurology*, *71*(2), 129–135. https://doi.org/10.1212/01.wnl.000031 6802.35974.34 Amezcua, L., & McCauley, J. L. (2020). Race and ethnicity on MS presentation and disease course.

Black, R., & Dorstyn, D. (2015). A biopsychosocial model of resilience for multiple sclerosis. *Journal of Health Psychology*, *20(11), 1434–1444.* https://doi.org/10.1177/1359105313512879

Broersma, F., Oeseburg, B., Dijkstra, J., & Wynia, K. (2017). The impact of self-perceived limitations, stigma and sense of coherence on quality of life in multiple sclerosis patients: Results of a cross-sectional study. *Clinical Rehabilitation*, *32*(4), 536–545. https://doi.org/10.1177/0269215517730670

Cree, B. A. C. (2014). Multiple sclerosis genetics. Retrieved from science direct; Elsevier.https://www.sciencedirect.com/science/article/abs/pii/B9780444520012000091

Fortune, J., Norris, M., Stennett, A., Kilbride, C., Lavelle, G., Hendrie, W., Victor, C., & Ryan, J. M. (2021). Patterns and correlates of sedentary behaviour among people with multiple sclerosis: A cross-sectional study. *Scientific Reports*, *11*(1), 20346. https://doi.org/10.1038/s41598-021-99631-z

Gandhi, F., Jhaveri, S., Avanthika, C., Singh, A., Jain, N., Gulraiz, A., Shah, P., & Nasir, F. (2021). Impact of vitamin D supplementation on Multiple Sclerosis. *Cureus*, *13(10), e18487*. https://doi.org/10.7759/cureus.18487

Gharibi, F., Imani, A., & Dalal, K. (2021). The catastrophic out-of-pocket health expenditure of multiple sclerosis patients in Iran. *BMC Health Services Research*, *21*(1). https://doi.org/10.1186/s12913-021-06251-4

Goh, Y. W., Sawang, S., & Oei, T. P. S. (2010). The revised transactional model (RTM) of occupational stress and coping: An improved process approach. *The Australian and New Zealand Journal of Organisational Psychology*, *3*, 13–20. doi:10.1375/ajop.3.1.13

Grothe, L., Grothe, M., Wingert, J., Schomerus, G., & Speerforck, S. (2021). Stigma in Multiple Sclerosis: The important role of sense of coherence and its relation to quality of life. *International Journal of Behavioral Medicine*, *29*(4). https://doi.org/10.1007/s12529-021-10030-0

Holsti, Ole R. (1969). *Content analysis for the social sciences and humanities*. Ontario: Addison-Wesley.

Höpfner, J., & Keith, N. (2021). Goal missed, self-hit: Goal-setting, goal-failure, and their affective, motivational, and behavioral consequences. *Frontiers in Psychology*, *12*, 704790. https://doi.org/10.3389/fpsyg.2021.704790

Hosseini, Z., Homayuni, A., & Etemadifar, M. (2022). Barriers to quality of life in patients with multiple sclerosis: A qualitative study. *BMC Neurology*, *22(1).* https://doi.org/10.1186/s12883-022-02700-7

Janardhan, V., & Bakshi, R. (2002). Quality of life in patients with multiple sclerosis. *Journal of the Neurological Sciences*, *1, 51–58*. https://doi.org/10.1016/s0022-510x(02)00312-x

Lazibat, I., Rubinić Majdak, M., & Županić, S. (2018). Multiple Sclerosis: New aspects of immunopathogenesis. *Acta Clinica Croatica*, *57*(2), 352–361. https://doi.org/10.20471/acc.2018.57.02.17

Patten, S. B., Marrie, R. A., & Carta, M. G. (2017). Depression in multiple sclerosis. *International Review of Psychiatry*, *29*(5), 463–472. http://doi.org/10.1080/09540261.2017.1322555

Ross, A. P., Ben-Zacharia, A., Harris, C., & Smrtka, J. (2013). Multiple sclerosis, relapses, and the mechanism of action of adrenocorticotropic hormone. *Frontiers in Neurology*, *4*, 21. https://doi.org/10.3389/fneur.2013.00021

Shah, Z., Khan, M., Rajput, H. M., & Wasay, M. (2022). Presentations and treatment of Multiple Sclerosis in Pakistan: A retrospective review of 188 cases. *International Journal of MS Care*, *24*(5), vi. https://doi.org/10.7224/1537-2073.2022-008

Walinga, J. (2014). *Stress and coping – Introduction to Psychology – 1st Canadian Edition*. Opentextbc.ca. https://opentextbc.ca/introductiontopsychology/chapter/15-2-stress-and-coping/

Wasay, M., Ali, S., Khatri, I. A., Hassan, A., Asif, M., Zakiullah, N., Ahmed, A., Malik, A., Khealani, B., Haq, A., & Fredrikson, S. (2007). Multiple sclerosis in Pakistan. *Multiple Sclerosis Journal*, *5, 668–669*. https://doi.org/10.1177/1352458506072339