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Psychological Immunity among Women with Multiple Sclerosis: A Clinical Case Study

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Abstract
Multiple sclerosis (MS) is a chronic autoimmune neurological disorder that affects the central nervous system and has profound physical, psychological, and social consequences. Beyond its neurological manifestations, the disease often imposes considerable emotional burdens that challenge patients' ability to maintain psychological well-being and adapt to everyday life. In recent years, psychological immunity has emerged as an important construct in health psychology because it reflects the psychological resources that enable individuals to withstand stress, regulate emotions, and adapt effectively to adversity.
The present study aimed to explore the nature of psychological immunity in a woman diagnosed with multiple sclerosis through an in-depth clinical investigation. A clinical case study design was adopted involving **one female participant** diagnosed with MS. Data were collected using a semi-structured clinical interview, behavioral observation, and the Psychological Immunity Scale. The qualitative and quantitative findings indicated that the participant demonstrated a high level of psychological immunity despite the physical and emotional challenges imposed by the disease. Illness acceptance, optimism, resilience, adaptive coping strategies, and strong family support appeared to play a significant role in facilitating her psychological adjustment and maintaining emotional stability.
The findings highlight the importance of psychological immunity as a protective factor that may enhance adaptation and psychological well-being among individuals living with chronic neurological diseases. The study also emphasizes the value of integrating psychological support into the comprehensive care of patients with multiple sclerosis.
Keywords: Psychological Immunity; Multiple Sclerosis

1. Research Problem

Human life is inevitably accompanied by stressful experiences, health problems, and psychosocial challenges that may threaten psychological balance and overall well-being. Among these challenges, chronic diseases are particularly demanding because they require continuous adaptation to long-term physical limitations, uncertainty about the future, and repeated psychological stress. Consequently, understanding the psychological factors that help patients maintain emotional stability has become a major concern within health psychology.

Multiple sclerosis (MS) is one of the most common chronic autoimmune disorders affecting the central nervous system. It results from immune-mediated destruction of the myelin sheath surrounding nerve fibers, leading to impaired neural transmission and a wide range of neurological symptoms, including fatigue, muscle weakness, sensory disturbances, impaired balance, visual deficits, cognitive impairment, and chronic pain. The unpredictable course of the disease, characterized by periods of relapse and remission, often increases patients' uncertainty and psychological vulnerability.

Beyond its physical manifestations, multiple sclerosis is associated with substantial emotional and social consequences. Many patients experience anxiety, depression, fear of disability, reduced self-confidence, and concerns about their professional, family, and social roles. Women, in particular, may encounter additional psychological burdens because the disease often develops during early adulthood, a period associated with family responsibilities, motherhood, employment, and future planning. These multiple demands make successful psychological adaptation an essential component of comprehensive disease management.

In this context, **psychological immunity** has attracted increasing attention as a protective psychological resource. It refers to an integrated system of cognitive, emotional, and behavioral capacities that enables individuals to cope effectively with adversity, regulate emotional reactions, preserve optimism, and maintain psychological functioning despite stressful life circumstances. Individuals with stronger psychological immunity generally demonstrate greater resilience, better emotional regulation, higher self-efficacy, and more adaptive coping strategies.

Previous studies have consistently highlighted the beneficial role of resilience and psychological resources among individuals with multiple sclerosis. For example, **Pakenham (2007)** reported that resilience contributes significantly to psychological adjustment among patients with MS. **Fernandez et al. (2011)** found that stronger psychological resources are positively associated with quality of life, whereas **Black and Dorstyn (2015)** emphasized the importance of biopsychosocial factors in strengthening resilience and facilitating adaptation to the disease.

Despite the growing body of research on resilience and psychological adjustment in chronic illness, relatively little attention has been devoted specifically to **psychological immunity**, particularly among women living with multiple sclerosis in Arab societies. Moreover, most available studies rely on quantitative methodologies, while detailed clinical investigations capable of providing a deeper understanding of patients' lived experiences remain limited.

Accordingly, the present study seeks to explore psychological immunity through an in-depth clinical analysis of **one woman diagnosed with multiple sclerosis**, with particular attention to the psychological resources, coping strategies, and social factors that contribute to her adaptation to the disease.

Accordingly, the present study attempts to answer the following research question:

What is the nature of psychological immunity in a woman diagnosed with multiple sclerosis?

Based on this question, the study assumes that the participant possesses psychological resources that contribute to successful adaptation to the psychological and emotional challenges associated with multiple sclerosis.

2. Objectives of the Study

he present study aims to achieve the following objectives:

- To explore the nature and characteristics of psychological immunity in a woman diagnosed with multiple sclerosis through an in-depth clinical investigation.
- To identify the psychological characteristics associated with psychological immunity in the participant.
- To examine the coping strategies employed by the participant in managing the psychological and emotional challenges associated with multiple sclerosis.
- To investigate the contribution of psychological immunity to psychological adjustment, emotional stability, and resilience in the context of chronic illness.
- To enrich the literature in health psychology by providing qualitative clinical evidence regarding psychological immunity among women living with multiple sclerosis.
- To provide findings that may contribute to the development of psychological interventions designed to strengthen protective psychological resources in patients with chronic neurological disorders.

3. Significance of the Study

The significance of the present study can be understood from both theoretical and practical perspectives.

3.1 Theoretical Significance

The present study contributes to the growing body of literature examining positive psychological resources among individuals living with chronic illnesses. Although resilience, coping, and quality of life have received considerable scholarly attention, psychological immunity remains a relatively underexplored construct, particularly in relation to multiple sclerosis and within Arab populations. Furthermore, this study provides a comprehensive clinical perspective on psychological immunity by integrating qualitative and quantitative evidence. It therefore contributes to expanding theoretical knowledge concerning the psychological mechanisms that facilitate successful adaptation to chronic neurological diseases.

3.2 Practical Significance

From a practical perspective, the findings may assist psychologists, psychiatrists, neurologists, and other healthcare professionals in gaining a deeper understanding of the psychological experiences of women diagnosed with multiple sclerosis.

The findings may also support the development of psychological intervention programs aimed at strengthening psychological immunity through resilience enhancement, adaptive coping strategies, emotional regulation, and social support. Such interventions may ultimately improve patients' psychological well-being, emotional adjustment, and quality of life.

In addition, the study highlights the importance of incorporating psychological assessment into multidisciplinary healthcare services for individuals with chronic neurological disorders.

4. Definition of Key Terms

4.1 Psychological Immunity

Psychological immunity refers to an integrated system of cognitive, emotional, motivational, and behavioral resources that enables individuals to cope effectively with stressful situations, overcome adversity, regulate emotional responses, and maintain psychological well-being despite exposure to significant life challenges.

Within the context of the present study, **psychological immunity is operationally defined as the total score obtained by the participant on Rahma Tayseer Al-Omari's Psychological Immunity Scale.**

4.2 Multiple Sclerosis

Multiple sclerosis (MS) is a chronic autoimmune disease affecting the central nervous system, characterized by inflammatory demyelination and neurodegeneration resulting from immune-mediated damage to the myelin sheath surrounding nerve fibers in the brain and spinal cord.

Operationally, **multiple sclerosis refers to the medically diagnosed neurological condition of the female participant included in this clinical case study.**

Theoretical Background

5.1 Psychological Immunity

Psychological immunity has been defined as an individual's ability to cope effectively with stressors, crises, and adverse life events while maintaining psychological balance and well-being. In this context, Essam Zidan (2013) defines psychological immunity as "the individual's ability to overcome factors causing psychological stress, frustration, threats, risks, and psychological crises through psychological fortification based on positive thinking, emotional regulation, creativity in problem-solving, enhancement and development of self-efficacy, focusing efforts toward achieving goals, challenging difficult circumstances, and adapting to the environment" **(زيدان, 2013, pp. 811–882).**

Similarly, Kamal Morsi defines psychological immunity as "a hypothetical construct referring to an individual's ability to confront crises and hardships, endure difficulties and adversities, and resist the feelings and thoughts of anger, resentment, hostility, revenge, helplessness, defeatism, and pessimism that may result from such experiences" **(عبد الواحد، ملوح, 2021, p. 468).**

These definitions collectively suggest that psychological immunity represents a set of psychological resources and adaptive capacities that enable individuals to withstand stress and adversity, maintain emotional stability, and effectively adapt to challenging life circumstances, thereby promoting psychological well-being and resilience.

5.2 Characteristics of Psychological Immunity

According to **Oláh et al. (2005)**, the general characteristics of psychological immunity include the following:

- It directs the cognitive system toward perceiving possible positive outcomes.

- It strengthens the expectation of successful positive behavior.
- It contributes to bringing about positive changes in an individual's condition and emphasizes opportunities for growth and development.
- It ensures the selection of coping or adaptation strategies that are appropriate to both the characteristics of the situation and the individual's personal condition and temperament.
- It promotes the monitoring of the individual's coping resources and their rapid and adequate mobilization when needed. **(أيمن عبد العزيز, 2019, p. 91)**.

Furthermore, **Timothy D. Wilson, Daniel T. Gilbert, Elizabeth C. Pinel, and Wheatley (1998)** stated that some of the general characteristics of psychological immunity are as follows:

- Transforming failure into success and adversity into opportunity.
- Supporting positive mental imagery and optimistic expectations.
- Encouraging positive rational interpretation and justification, emotional regulation, focused effort, and the ability to challenge difficult circumstances.

Therefore, psychological immunity protects individuals from feelings of suffering and enhances their ability to generate alternative solutions that help them overcome crises. **(الشربيني, 2022, p. 195)**

5.3 Dimensions of Psychological Immunity

Psychological immunity is generally considered a multidimensional construct composed of several interrelated psychological resources that collectively enhance adaptation to stressful situations. The principal dimensions include the following:

5.3.1 Emotional Regulation

Emotional regulation refers to an individual's ability to recognize, understand, and manage emotional reactions appropriately when confronted with stressful or threatening situations. Effective emotional regulation enables individuals to reduce excessive anxiety, control negative emotions, and maintain psychological stability during periods of adversity.

5.3.2 Resilience

Resilience represents the capacity to recover from difficult experiences and continue functioning positively despite adversity. Rather than eliminating psychological distress, resilience enables individuals to adapt successfully, regain emotional balance, and continue pursuing personal goals following challenging life events.

5.3.3 Positive Thinking

Positive thinking reflects an optimistic cognitive orientation characterized by hope, confidence, and constructive interpretation of stressful situations. Individuals who maintain positive expectations about the future are generally more likely to employ adaptive coping strategies and experience greater psychological well-being.

5.3.4 Social Support

Social support constitutes one of the strongest protective components of psychological immunity. Emotional encouragement, practical assistance, empathy, and reassurance provided by family

members, friends, and healthcare professionals help reduce psychological distress and strengthen patients' ability to cope with chronic illness.

5.3.5 Self-Efficacy

Self-efficacy refers to individuals' beliefs in their ability to successfully manage difficult situations and overcome challenges. Strong self-efficacy promotes persistence, confidence, effective problem-solving, and adaptive coping, thereby reinforcing psychological immunity.

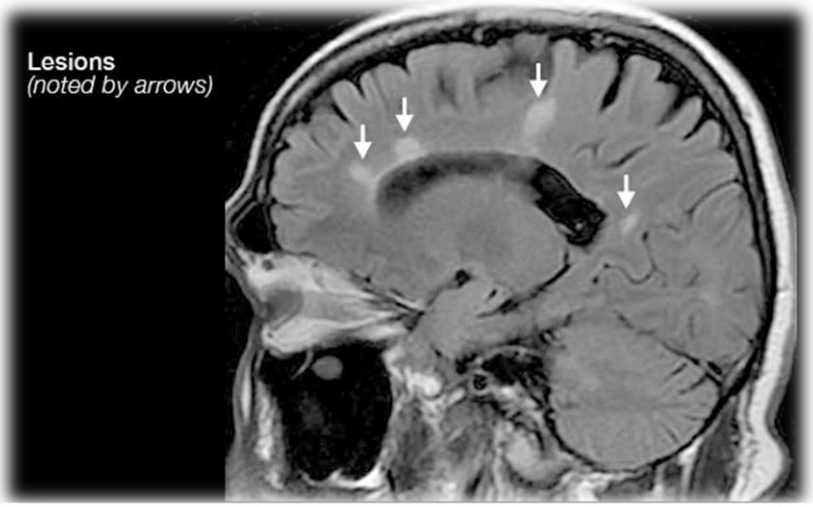
(محمدي.محمد,2021)

5.4 Multiple Sclerosis

Multiple sclerosis (MS) is an acquired, chronic autoimmune disorder of unknown etiology that affects the central nervous system.

The term **"multiple sclerosis"** consists of two parts. The word **"sclerosis"** refers to the hardening or scarring of tissues in the affected areas of the brain and spinal cord, whereas **"multiple"** indicates that these lesions occur in multiple locations within the central nervous system **(Mechirah & Messela, 2021, p. 14).**

The name *multiple sclerosis* also refers to the plaques (scars) that develop primarily in the white matter of the brain and spinal cord. MS is a chronic autoimmune neurological disease that affects the central nervous system, including the brain and spinal cord. In this condition, the immune system mistakenly produces antibodies that attack the **myelin sheath** surrounding nerve fibers, leading to its destruction. Consequently, nerve impulse transmission is disrupted, and in some



cases, the **axons** themselves may also be damaged **(تميمي، سيدي محمد, 2016).**

Figure 1. Brain magnetic resonance imaging (MRI) showing multiple sclerosis lesions in a patient with multiple sclerosis

5.4 Psychological Aspects of Multiple Sclerosis

In addition to its neurological manifestations, multiple sclerosis is associated with substantial psychological consequences that may significantly affect patients' quality of life. Living with an unpredictable and progressive illness often generates persistent uncertainty regarding future disability, employment, family responsibilities, and personal independence.

Patients diagnosed with multiple sclerosis frequently experience psychological difficulties such as anxiety, depression, emotional instability, fear of disease progression, reduced self-esteem, body image disturbances, and concerns about becoming dependent on others. These psychological reactions may fluctuate according to disease activity, physical disability, and available social support.

Women may encounter additional emotional challenges because multiple sclerosis commonly develops during early adulthood, when many individuals are simultaneously managing marital relationships, parenthood, employment, and long-term life planning. Consequently, successful adaptation depends not only on medical treatment but also on psychological resources that enable patients to preserve emotional balance despite ongoing uncertainty.

Recent research has increasingly emphasized the importance of positive psychological factors—including resilience, optimism, emotional regulation, and psychological immunity—in facilitating successful adaptation to chronic neurological diseases.

6. Methodology

6.1 Research Design

The present study adopted a **qualitative clinical case study design** to explore the nature of psychological immunity in a woman diagnosed with Multiple Sclerosis (MS). A clinical case study approach was considered the most appropriate methodology because it allows for an in-depth understanding of the participant's psychological experiences, emotional responses, coping strategies, and adaptation to the disease within her real-life context. Combining qualitative clinical data with standardized psychological assessment provided a comprehensive understanding of the participant's psychological functioning.

6.2 Participant

The study was conducted with **one female participant** diagnosed with Multiple Sclerosis by a neurologist. The participant was selected purposively because her clinical condition corresponded to the objectives of the study and because she agreed voluntarily to participate in the research after being informed of its purpose.

To ensure confidentiality and protect the participant's identity, only the initial letter of her name (**Case B**) is used throughout the study.

6.3 Data Collection Instrumens

Data were collected using three complementary clinical assessment methods to enhance the credibility and comprehensiveness of the findings.

6.3.1 Semi-Structured Clinical Interview

A semi-structured clinical interview was conducted to obtain detailed information concerning the participant's personal background, disease history, emotional reactions following diagnosis, coping strategies, perceived social support, and psychological adjustment to Multiple Sclerosis. This format provided sufficient flexibility to explore issues emerging during the interview while ensuring that all relevant domains were addressed.

6.3.2 Clinical Observation

Clinical observation was employed throughout the interview process to document the participant's emotional expressions, behavioral responses, communication style, and non-verbal interactions. These observations complemented the interview data and contributed to a more comprehensive clinical understanding of the participant's psychological condition.

6.3.3 Psychological Immunity Scale

Immunity Scale developed by **Rahma Tayseer Al-Omari**. The scale has demonstrated acceptable psychometric properties in terms of validity and reliability in its original development.

The scale consists of **94 items**, including both positively and negatively worded statements, distributed across **eight dimensions**: self-confidence, emotional stability and self-control, problem-solving ability, planning and generating alternatives, learning from previous experiences, body awareness, self-reliance, and serenity. Each item is rated using a **three-point Likert scale**.

Administration of the Scale

The scale was administered individually to the participant after the clinical interview. Before completing the questionnaire, the participant was instructed to read each statement carefully and select the response that best reflected her personal experience. She was informed that there were no right or wrong answers and that all items should be answered honestly without leaving any statement unanswered.

Scoring Procedure

Responses were scored using a three-point Likert scale.

For positively worded items, the scoring was as follows:

- **Yes = 2**
- **Sometimes = 1**
- **No = 0**

For negatively worded items, the scoring was reversed:

- **Yes = 0**
- **Sometimes = 1**
- **No = 2**

The negatively worded items are **9, 11, 27, 40, 42, 44, 52, 53, 58, 63, 67, 76, 84, 86, 88, 90, 91, and 94**.

The total score ranges from **0 to 188**, with higher scores indicating higher levels of psychological immunity. According to the scoring criteria proposed by Al-Omari, psychological immunity is interpreted as follows:

- **0–93:** Low psychological immunity.
- **94:** Moderate psychological immunity.
- **95–188:** High psychological immunity.

6.4 Procedure

Data collection was carried out individually in a quiet and confidential setting that allowed the participant to express her experiences freely. The interview began with general demographic

questions before gradually addressing issues related to the onset of Multiple Sclerosis, psychological reactions, family relationships, coping strategies, and perceived challenges associated with the disease.

Throughout the interview, the researcher carefully observed the participant's emotional responses and behavioral characteristics while taking detailed clinical notes. Upon completion of the interview, the participant completed the Psychological Immunity Scale. The qualitative findings obtained from the interview and clinical observation were subsequently integrated with the quantitative assessment to provide a comprehensive interpretation of the participant's psychological immunity.

6.5 Ethical Considerations

The participant voluntarily agreed to participate in the study after receiving a clear explanation of its objectives and procedures. She was informed that participation was entirely voluntary and that she had the right to withdraw from the study at any stage without any consequences.

Confidentiality and anonymity were strictly maintained throughout the research process. Personal identifying information was removed, and the participant was identified only by an alphabetical code (**Case B**) in order to protect her privacy. The collected data were used exclusively for scientific research purposes.

6.6 Data Analysis

The interview data were analyzed using **qualitative clinical analysis**, focusing on the identification and interpretation of themes related to psychological immunity, emotional adjustment, coping strategies, resilience, and perceived social support.

The findings obtained from the clinical interview and observation were interpreted alongside the participant's score on the Psychological Immunity Scale in order to strengthen the credibility of the conclusions through methodological triangulation.

7. Case Presentation and Results

7.1 Clinical Profile of the Participant

Case Code: B
Age: 32 years
Date of Birth: 31 March 1993
Gender: Female
Marital Status: Married
Occupation: Kindergarten Teacher
Educational Level: Secondary Education (Second Year)
Socioeconomic Status: Good
Age at Disease Onset: 28 years
Medical Diagnosis: Multiple Sclerosis (MS)

7.2 Clinical History

Case B is a 32-year-old married woman and the mother of one daughter. She works as a kindergarten teacher and was diagnosed with Multiple Sclerosis at the age of 28 years following

several neurological examinations, including magnetic resonance imaging (MRI), computed tomography (CT), and specialist neurological assessment.

The initial manifestations of the disease included episodes of blurred vision, balance disturbances, swelling of the lower extremities, numbness in both legs, muscle spasms, progressive walking difficulties, and partial impairment of mobility. These symptoms gradually intensified before the participant received the final diagnosis.

At the beginning of the illness, the participant experienced considerable uncertainty because she had never heard of Multiple Sclerosis and therefore did not understand the meaning of the symptoms she was experiencing. This lack of knowledge increased her anxiety while she was undergoing medical investigations.

After receiving the diagnosis, she reported several emotional reactions, including fear, anxiety, excessive worry, and recurrent thoughts concerning possible disability and death. The participant explained that her greatest concern was not the disease itself but rather the future of her young daughter should her health deteriorate.

Despite these emotional reactions, the participant gradually demonstrated successful psychological adaptation as her physical condition stabilized and as she received continuous emotional support from her family and husband.

7.3 Qualitative Analysis of the Clinical Interview

Axis One: Illness Experience and Psychological Reactions

The interview revealed that the participant initially experienced considerable emotional distress immediately following diagnosis. The uncertainty surrounding the disease, combined with her limited knowledge of Multiple Sclerosis, generated persistent fears concerning future disability and loss of independence.

She described her early emotional experience by stating:

"While I was in the hospital, I kept thinking that I might become paralyzed and never walk again. I wondered who would take care of my daughter. I became preoccupied with thoughts of death."

These statements illustrate that the participant's psychological distress was primarily associated with uncertainty about the future rather than with the physical symptoms themselves. Her concerns focused particularly on her maternal role and her responsibility toward her daughter.

Interestingly, despite experiencing intrusive thoughts and anxiety during the early stages of the disease, these emotional reactions gradually diminished as treatment progressed and her physical condition improved. This finding suggests the presence of adaptive psychological processes that facilitated progressive acceptance of the illness.

Axis Two: Family and Social Support

One of the most prominent findings emerging from the interview was the exceptionally strong emotional support received by the participant from her family and husband.

The participant repeatedly emphasized that she never felt isolated throughout her illness and described her family as an essential source of reassurance and emotional stability.

She stated:

"Everyone supports me. My family and my husband stand by me."

She also indicated that she openly discusses her feelings with family members and colleagues rather than suppressing her emotions.

The availability of this supportive environment appears to have played a central role in reducing psychological distress, strengthening resilience, and facilitating adaptation to the disease. This observation is consistent with contemporary health psychology literature, which identifies social support as one of the strongest predictors of psychological adjustment among individuals living with chronic illnesses.

Axis Three: Coping Strategies

The participant reported employing several coping strategies to deal with the emotional consequences of Multiple Sclerosis.

Although she acknowledged experiencing intrusive thoughts, particularly before falling asleep, she explained that she usually attempts to ignore these thoughts and redirect her attention toward more positive issues.

She also described her husband as an important source of cognitive and emotional support, stating that he frequently helps her reinterpret negative situations from a more optimistic perspective.

In addition to family support, the participant indicated that continuing her work as a kindergarten teacher provides her with emotional satisfaction, a sense of purpose, and opportunities for positive social interaction. These daily activities appear to reinforce her psychological well-being and reduce excessive preoccupation with the disease.

Overall, the interview suggests that the participant relies primarily on adaptive coping strategies rather than avoidance or withdrawal. Her coping pattern combines emotional expression, optimism, social support, and gradual acceptance of the illness.

Axis Four: Psychological Challenges and Adaptation

The clinical interview revealed that the participant's most significant psychological challenge was not the diagnosis itself but the uncertainty surrounding the future and its potential impact on her family, particularly her young daughter. Throughout the interview, she repeatedly expressed fears concerning disease progression, possible disability, and the possibility of premature death.

She stated:

“Everything seemed normal to me except my daughter. I was afraid that if I died, her father would remarry, and she would grow up without her mother. These thoughts never left my mind.”

This statement illustrates that the participant's emotional distress was largely driven by her maternal role and her strong emotional attachment to her daughter. Rather than focusing exclusively on her own physical suffering, she was primarily concerned about her daughter's future and emotional well-being. Such concerns are frequently reported among women living with chronic illnesses, especially those with young children, and reflect the psychological burden associated with parental responsibility.

The participant further explained that these distressing thoughts gradually diminished after her physical condition improved and she became more confident in the effectiveness of medical treatment. She reported:

"Those thoughts became less frequent after I left the hospital and realized that my condition was improving."

This progression indicates a gradual process of psychological adaptation characterized by increased acceptance of the illness and reduced catastrophic thinking. As uncertainty decreased, the participant became increasingly capable of regulating her emotional reactions and focusing on daily life rather than anticipated future losses.

Although she acknowledged becoming somewhat more emotionally sensitive and irritable following the onset of the disease, she did not report persistent depressive symptoms or severe psychological dysfunction. Instead, she demonstrated progressive emotional recovery supported by family relationships, optimism, and confidence in treatment.

Overall, the findings suggest that the participant successfully transformed an initial period of psychological vulnerability into a process of gradual adaptation through acceptance, emotional support, and constructive coping strategies.

Axis Five: Psychological Immunity

The interview provided substantial evidence that the participant possesses a relatively high level of psychological immunity. Throughout the interview, she consistently demonstrated several protective psychological characteristics, including acceptance of the illness, optimism, resilience, emotional openness, and confidence in her ability to cope with future challenges.

When discussing her reaction to the diagnosis, she stated:

"Thank God, I accepted my illness and decided to face it."

This statement reflects illness acceptance, which is widely regarded as one of the central components of successful psychological adjustment to chronic disease.

The participant also emphasized the important role of her husband in strengthening her confidence during difficult situations.

She explained:

"Whenever I feel weak, my husband encourages me and changes the way I think."

This response illustrates the interaction between social support and psychological immunity, demonstrating how supportive interpersonal relationships reinforce emotional resilience and facilitate adaptive coping.

Furthermore, the participant displayed an optimistic perspective toward life despite the uncertainty associated with Multiple Sclerosis.

She stated:

"When I see people who are suffering more than I am, I thank God. This reminds me that I should remain optimistic."

Rather than denying the seriousness of the disease, the participant interpreted her experience through gratitude and positive cognitive reappraisal. Such cognitive restructuring represents an adaptive psychological mechanism that contributes to emotional stability and resilience.

When asked to evaluate her own ability to overcome adversity, she rated herself positively while acknowledging that some life events remain emotionally difficult.

She stated:

"I would rate myself seven out of ten. Some situations are difficult for anyone, especially death, but I believe I can overcome most challenges."

This balanced self-evaluation suggests realistic optimism rather than unrealistic positivity, indicating mature psychological functioning and good insight into her personal strengths and limitations.

Taken together, these findings demonstrate that the participant's psychological immunity is reflected in several interconnected psychological resources, including emotional regulation, resilience, optimism, acceptance of illness, self-confidence, adaptive coping strategies, and strong social support.

7.4 Administration and Interpretation of the Psychological Immunity Scale

To complement the qualitative findings, **Rahma Tayseer Al-Omari's Psychological Immunity Scale** was administered individually to the participant following completion of the clinical interview.

The participant obtained a total score of **137**, which corresponds to a **high level of psychological immunity** according to the scoring criteria of the instrument.

The quantitative findings strongly support the qualitative observations obtained during the interview. The participant consistently demonstrated acceptance of her illness, emotional stability, optimism, effective coping strategies, and confidence in her ability to confront future challenges. These characteristics are reflected both in her interview responses and in her performance on the standardized assessment.

The convergence between qualitative and quantitative findings enhances the credibility of the study and strengthens the interpretation that the participant possesses substantial psychological resources that facilitate successful adaptation to Multiple Sclerosis.

7.5 General Analysis of the Case

The integration of data obtained from the semi-structured clinical interview, clinical observation, and the Psychological Immunity Scale provides a comprehensive understanding of the participant's psychological functioning following the diagnosis of Multiple Sclerosis. Although the participant initially experienced considerable emotional distress characterized by fear, uncertainty, intrusive thoughts, and concerns regarding the future, these reactions gradually diminished over time, giving way to a pattern of successful psychological adaptation.

The findings indicate that the participant's adjustment cannot be attributed to a single protective factor but rather to the interaction of several psychological and social resources. Among the most influential factors were illness acceptance, optimism, resilience, emotional openness, and

continuous emotional support from family members and her husband. Together, these resources appeared to constitute an integrated psychological system that enabled the participant to maintain emotional stability despite the unpredictable nature of the disease.

Family support emerged as the most prominent protective factor throughout the clinical interview. The participant consistently described her family as a source of reassurance, encouragement, and emotional security. This supportive environment appeared to reduce feelings of helplessness, strengthen confidence in coping with the illness, and facilitate gradual acceptance of her medical condition. In particular, the participant emphasized the significant role of her husband in helping her reinterpret negative thoughts and maintain a more optimistic perspective during difficult periods.

Another important finding concerns the participant's coping strategies. Rather than withdrawing socially or surrendering to fear, she adopted several adaptive coping mechanisms, including emotional expression, cognitive reframing, reliance on social support, and maintaining occupational engagement. Her continued employment as a kindergarten teacher provided opportunities for social interaction, personal fulfillment, and preservation of a meaningful social role despite the challenges associated with Multiple Sclerosis.

The participant also demonstrated realistic optimism. Although she acknowledged the seriousness of the disease and the possibility of future relapses, she did not allow these concerns to dominate her daily functioning. Instead, she adopted a balanced perspective characterized by hope, gratitude, and confidence in medical treatment. Such cognitive flexibility appears to have contributed substantially to reducing psychological distress and strengthening resilience.

The score obtained on the Psychological Immunity Scale further supports these qualitative observations. The participant achieved a total score of **137**, corresponding to a high level of psychological immunity. This quantitative result is consistent with the clinical findings, which demonstrated strong emotional regulation, effective coping strategies, resilience, optimism, and substantial social support. The convergence of qualitative and quantitative evidence strengthens the credibility of the present findings and suggests that the participant possesses significant psychological resources that facilitate successful adaptation to chronic illness.

Overall, this clinical case illustrates that psychological immunity is not merely an individual personality characteristic but rather a dynamic system resulting from the interaction between personal strengths, adaptive cognitive processes, emotional regulation, and supportive social relationships. These factors collectively enabled the participant to preserve psychological well-being despite the physical and emotional challenges associated with Multiple Sclerosis.

8. General Results

The findings of the present clinical case study indicate that the participant demonstrated a **high level of psychological immunity** despite living with a chronic neurological disorder. The integration of qualitative and quantitative findings revealed that psychological immunity was reflected through several interrelated psychological characteristics.

The participant demonstrated successful acceptance of her illness and gradually adapted to the psychological consequences of Multiple Sclerosis. Although she experienced fear, uncertainty, and intrusive thoughts immediately following diagnosis, these reactions progressively diminished as her confidence in treatment increased and her physical condition stabilized.

The study also highlighted the central role of social support in strengthening psychological adjustment. Emotional support received from family members and particularly from the participant's husband appeared to facilitate emotional stability, encourage adaptive coping, and reduce psychological distress.

Several protective psychological characteristics emerged during the clinical assessment, including:

- Emotional regulation.
- Illness acceptance.
- Psychological resilience.
- Positive cognitive appraisal.
- Optimism and hope.
- Adaptive coping strategies.
- Strong family and social support.
- Confidence in confronting future challenges.

Taken together, these findings suggest that psychological immunity functions as a multidimensional protective resource that enhances adaptation to chronic illness and promotes psychological well-being. Although the present study is based on a single clinical case, it provides valuable insights into the psychological processes that may facilitate successful adaptation among women living with Multiple Sclerosis.

9. Discussion

The present clinical case study sought to explore the nature of psychological immunity in a woman diagnosed with Multiple Sclerosis and to examine the psychological resources that contributed to her adaptation to the disease. Overall, the findings indicate that the participant demonstrated a high level of psychological immunity despite the numerous psychological and physical challenges associated with Multiple Sclerosis. This pattern of adaptation appears to result from the interaction of several protective psychological and social factors rather than from a single personal characteristic.

One of the most prominent findings concerns the participant's gradual acceptance of the illness. Although the diagnosis initially elicited fear, uncertainty, intrusive thoughts, and concerns about future disability, these reactions progressively diminished as the participant gained confidence in medical treatment and received continuous emotional support from significant others. This finding supports the view that psychological adaptation to chronic illness is a dynamic process that develops over time through continuous interaction between individual coping resources and environmental support.

The findings are consistent with those reported by **Pakenham (2007)**, who demonstrated that psychological adjustment among individuals with Multiple Sclerosis is strongly influenced by

resilience, adaptive coping, and perceived social support. Similar to the participant in the present study, patients who receive adequate emotional support appear better able to reinterpret stressful experiences and maintain psychological well-being despite disease-related uncertainty.

The present findings also agree with **Fernandez et al. (2011)**, who reported that stronger psychological resources are positively associated with better quality of life among individuals living with Multiple Sclerosis. In the current case, optimism, acceptance of the illness, emotional openness, and confidence in treatment appeared to facilitate successful adaptation and preserve emotional stability despite the chronic nature of the disease.

Another important finding concerns the central role of family support. Throughout the clinical interview, the participant repeatedly emphasized the importance of her husband and family in helping her overcome fear, challenge negative thoughts, and maintain hope. This observation supports the biopsychosocial perspective proposed by **Black and Dorstyn (2015)**, which emphasizes that psychological adaptation to Multiple Sclerosis cannot be explained solely by medical factors but is also shaped by interpersonal relationships, psychological resilience, and the broader social environment.

The qualitative findings further suggest that psychological immunity should not be viewed as a fixed personality trait. Instead, it appears to function as a dynamic psychological system that develops through the interaction of resilience, optimism, emotional regulation, self-efficacy, adaptive coping strategies, and supportive social relationships. These resources enabled the participant to preserve her occupational role, maintain meaningful family relationships, and continue performing daily activities despite the limitations imposed by the disease.

An additional contribution of the present study lies in its clinical methodology. Unlike many previous investigations that relied primarily on quantitative questionnaires, the current research adopted a qualitative clinical case study design combining semi-structured interviews, clinical observation, and standardized psychological assessment. This methodological triangulation provided a richer understanding of the participant's lived experience and strengthened the credibility of the findings.

Nevertheless, several limitations should be acknowledged. The study was based on a single clinical case, which limits the generalizability of the findings to the broader population of individuals with Multiple Sclerosis. Furthermore, the cross-sectional nature of the investigation does not permit conclusions regarding changes in psychological immunity over time. Future studies employing larger samples, longitudinal designs, and mixed-method approaches would provide a more comprehensive understanding of the development of psychological immunity among individuals living with chronic neurological diseases.

Despite these limitations, the present study contributes valuable clinical evidence supporting the importance of psychological immunity as a protective factor that facilitates emotional adjustment, resilience, and psychological well-being among women diagnosed with Multiple Sclerosis.

10. Conclusion

The present study explored psychological immunity in a woman diagnosed with Multiple Sclerosis through an in-depth clinical case study. The findings demonstrated that, despite the significant physical and emotional challenges associated with the disease, the participant exhibited a high level of psychological immunity reflected in resilience, optimism, illness acceptance, emotional regulation, adaptive coping strategies, and strong family support.

The integration of qualitative clinical data with standardized psychological assessment indicated that these psychological resources contributed substantially to the participant's successful adaptation and emotional stability. The findings therefore reinforce the growing evidence suggesting that psychological immunity represents an important protective factor in chronic illness and plays a significant role in maintaining psychological well-being.

The study also highlights the importance of incorporating psychological care into the multidisciplinary management of Multiple Sclerosis. Interventions designed to strengthen resilience, emotional regulation, adaptive coping, and social support may enhance patients' quality of life and facilitate long-term psychological adjustment.

Although the study is limited to a single clinical case, it provides valuable insights into the psychological processes underlying adaptation to chronic neurological disease and offers a foundation for future clinical and empirical investigations in the field of health psychology.

11. Recommendations

Based on the findings of the present study, the following recommendations are proposed:

- Develop structured psychological intervention programs aimed at enhancing psychological immunity among individuals diagnosed with Multiple Sclerosis.
- Integrate psychological assessment and counseling into routine neurological care for patients with chronic neurological disorders.
- Strengthen resilience, emotional regulation, and adaptive coping strategies through evidence-based psychological interventions.
- Encourage active family involvement in psychological support programs to enhance patients' emotional adjustment.
- Conduct longitudinal and mixed-method studies involving larger and more diverse samples to examine changes in psychological immunity across different stages of the disease.
- Investigate the effectiveness of third-wave cognitive-behavioral therapies, particularly **Acceptance and Commitment Therapy (ACT)**, in promoting psychological immunity and improving quality of life among individuals with Multiple Sclerosis.

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