Iranian Evolutionary Educational Psychology Journal
IEEPJ
University of Hormozgan
Online ISSN: 2588 - 4395
Homepage: https://ieepj.hormozgan.ac.ir

This Is My Second Home": Experiences of Women with Multiple Sclerosis from Leisure Services in a Non-Governmental Organization

Ali Ghganbari Barzian[1], Mustafa Zahirinia[2], Zahra Lotfi Foroushani[3]✉

1. Department of Social Sciences, Faculty of Literature and Humanities, University of Isfahan, Isfahan, Iran
2. Department of Social Sciences, Faculty of Humanities, University of Hormozgan, Bandar Abbas, Iran
3. MA Student, Department of Social Sciences, Faculty of Literature and Humanities, University of Isfahan, Isfahan, Iran, Zarlot282@gmail.com

Article Info

Article type:
Research Article

Article history:
Received 12 Feb. 2025
Received in revised form 14 Mar. 2026
Accepted 22 Jun. 2026
Published online 01 Sep. 2026

Keywords:
Multiple Sclerosis (MS),
Narrative Analysis,
Leisure Activities,
Non-Governmental Organizations (NGOs),
Disease Management

ABSTRACT

Objective: Leisure activities play an important role in improving the quality of life and supporting the physical and psychological well-being of individuals with chronic illnesses. This study aimed to explore the experiences of women with multiple sclerosis regarding leisure and supportive services provided by a non-governmental organization.

Methods: This qualitative study was conducted using narrative interviews with 15 women diagnosed with multiple sclerosis who were members of a charitable organization. Data were collected through in-depth interviews and analyzed to identify key themes related to participants' experiences.

Results: The findings indicated that the organization's leisure and supportive programs created opportunities for participants to cope with daily challenges, strengthen hope, accept their illness, and remain motivated for an active life. These services also contributed to improving social relationships, supporting ongoing treatment, and enhancing overall quality of life. The organization offered various programs including creativity workshops, physical activities, group sessions, educational workshops, nature outings, the Hope Bazaar, spiritual gatherings, and celebratory events, all of which played a meaningful supportive role in the participants' lives.

Conclusions: The findings highlight the importance of leisure and supportive services provided by charitable organizations in promoting well-being and social support for women with multiple sclerosis.

Cite this article: Ghganbari Barzian, A., Zahirinia, M. & Lotfi Foroushani, Z. (2026). This is my second home": experiences of women with multiple sclerosis from leisure services in a non-governmental organization. *Iranian Evolutionary Educational Psychology Journal*, 8 (3), 1-18.

DOI: https//doi.org/

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Publisher: University of Hormozgan.
DOI: https// doi.org/

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Introduction

Multiple Sclerosis (MS) is an autoimmune and inflammatory disease that affects the central nervous system and is commonly observed in young to middle-aged individuals (Tullman, 2013). Clinical symptoms of this disease include spasticity (muscle stiffness), paralysis, walking difficulties, and cognitive impairments (Noseworthy et al., 2000) .These symptoms can deter individuals with MS (PwMS) from participating in various activities (Asano et al., 2013) and initiate a vicious cycle of inactivity and potential worsening of symptoms over time (Motl, 2010). Additionally, reports indicate that 80% of individuals with MS are physically inactive, meaning their level of physical activity does not meet the public health recommendations (Klaren et al., 2013), and they are more engaged in sedentary behavior (SB) and prolonged sitting compared to healthy individuals (Veldhuijzen van Zanten et al., 2016) .Inactivity can impact an individual's ability to perform daily tasks and lead to disruptions in education, family life, job opportunities, and everyday activities, ultimately reducing their quality of life. To enhance the quality of life for these patients, attention must be given to factors such as leisure time, spirituality, exercise, and social organizations (Homayuni et al., 2021).

Leisure time is closely related to overall health (Agahi, 2008), but it may be restricted by conditions such as multiple sclerosis (MS) (Finlayson et al., 1998). Patients with MS often prefer to expend their energy on mandatory activities rather than leisure activities, leading to neglect of the latter (Vanner et al., 2008). Maintaining a balance between the three areas of life—leisure, work, and daily activities—is one of the primary goals and methods of occupational therapy (Backman, 2004). Furthermore, personal challenges and environmental factors may pose difficulties for MS patients in engaging in leisure activities. Without adequate participation in these activities, this balance can be disrupted, negatively impacting the individual's health (Backman, 2004). Therefore, leisure time is an integral part of modern life, and increased social awareness can lead to greater interest in participating in such activities (Chang et al., 2011). Engagement in these activities can help reduce symptoms and disabilities and alleviate the burden of the disease on families and communities (Hosseini et al., 2016; Roley et al., 2002).

In the field of healthcare, the primary goal of managing individuals with MS (Multiple Sclerosis) is to identify specific activities that are effective for these patients. This identification helps improve healthcare services and better address the needs of patients (Conradsson et al., 2021;

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Schachner et al., 2020). A study on health and recreational programs for MS patients showed that independence in daily activities can enhance social participation, improve the mental health of caregivers, and reduce the need for caregiver assistance (Merali et al., 2020). Additionally, six categories of leisure activities have been identified for MS patients in Iran, which include physical, social, individual, artistic/cultural, educational, and spiritual/religious activities (Hosseini et al., 2016) .However, these individuals face numerous barriers, including personal, social, and environmental obstacles, when participating in either individual or group leisure activities. To improve the quality of leisure time for MS patients, both individual and societal roles must be given more attention (ghanbari & ghasemzadeh, 2012). Group adventure programs in outdoor settings can also enhance the mood, functionality, and quality of life of people with MS (Herring et al., 2021). Furthermore, task-oriented exercise programs, implemented through partnerships between healthcare and recreational sectors, can provide benefits such as improved balance, strength, and confidence for participants, directly enhancing their daily functioning and social participation (Merali et al., 2020).

Overall, studies show that leisure and recreational programs lead to improved mental health, increased social participation, and enhanced performance. However, interventions in leisure activities are often ambiguous, and their impact on patients' understanding of the disease and treatment continuity remains unclear. Since MS patients tend to focus more on medical treatments, leisure activities are often overlooked (Mcquoid, 2017). Therefore, it is essential to consider leisure time in assessments and interventions for MS patients. Over the years, charitable organizations have been established to support individuals whose illnesses or problems are not adequately addressed by social service institutions. For example, a charity center in Isfahan not only provides medical services but also offers a variety of leisure programs for patients. This raises the question: How do women with MS perceive different leisure activities? How do leisure activities contribute to the ongoing treatment process and their condition? To the authors' knowledge, no previous studies have evaluated the long-term experience of women with MS regarding different leisure activities. This research aims to introduce various activities offered by a charitable center and explore their impact on women with MS in terms of their understanding of the disease and treatment continuity.

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Material and Methods

Study design

This study is based on how women with Multiple Sclerosis construct their narratives of leisure activities in a charity organization. The question arose when one of the authors worked as a volunteer coach and noticed that these women had regular attendance and were less affected by physical and psychological issues compared to other peers. To achieve this goal, a qualitative study was conducted in-person at the MS Charity Organization of Iran starting from July 20۲۴. This study is based on how women with Multiple Sclerosis construct their narratives of leisure activities in a charity organization. The question arose when one of the authors worked as a volunteer coach and noticed that these women had regular attendance and were less affected by physical and psychological issues compared to other peers. To achieve this goal, a qualitative study was conducted in-person at the MS Charity Organization of Iran starting from July 20۲۴. Participation in the study was entirely voluntary, with no associated risks or harm, and participants had the right to withdraw at any time without providing a reason. No incentives were offered for participation.

Participants

The participants of this study were selected through purposive sampling. In this method, individuals who can provide rich and valuable information about the phenomenon under study are identified and chosen; those who can offer appropriate answers to the research questions and help clarify various aspects of the subject. The inclusion criteria for individuals with MS in this study were based on several important factors. First, they had to have a confirmed diagnosis of MS by a neurologist and have been living with the disease for over a year. Additionally, these individuals needed to be active members of the MS institution and participate in its activities. The selection was limited to housewives who had profound and beneficial experiences living with MS and were willing to share those experiences with the researcher. However, if a participant was unable to collaborate or communicate due to the worsening of their condition or other physical issues, or if they expressed a lack of interest in continuing the interview during the process, they were excluded from the study.

At the outset, the researcher obtained all the necessary approvals from the MS Association's research authorities. To enroll participants, several methods were employed: first, the institution's staff contacted patients via phone to invite them to participate in the interviews, and the researcher

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also directly interacted with patients present at the MS institution. During these interactions, explanations about the purpose and importance of the study, as well as the inclusion criteria, were provided. Those interested in participating in the study contacted the researcher via phone, and the necessary arrangements were made for interviews with those willing to participate. The process of data collection and analysis continued until saturation was reached, meaning no new categories emerged from the data. This saturation was achieved after interviewing 15 participants, but we continued interviewing 3 staff members to ensure the reliability of the study's findings.

Ultimately, this data collection process contributed to a more comprehensive understanding of the experiences of women living with MS and provided deeper insight into how this disease impacts their daily lives.

Data Collection

In this study, each participant took part in a semi-structured interview lasting between 30 to 90 minutes, depending on their interest and tolerance. Interviews were conducted at a convenient time and in a quiet setting, such as a private room at the MS charity center or the participants' homes. An interview guide was specifically designed for this study, consisting of two main sections: the first section collected demographic information, including age, age of disease onset, education level, marital status, and other relevant details. The second section featured open-ended semi-structured questions that were tested in a pilot phase. Initial interview questions included: How have the services of this organization impacted various aspects of your life? How have the leisure services provided by the organization helped you manage and recover from your illness? What is the most significant leisure activity that you believe affects your quality of life? Examples of follow-up questions were: "Tell me more about that," "Can you provide an example?" and "Do you have any memories related to this?" All interviews were audio-recorded and transcribed verbatim for data analysis.

Data Analysis

This study utilized conventional content analysis due to its comprehensiveness and high flexibility, making it an ideal approach to achieve the research objectives. Content analysis, as a qualitative method, is used to examine and interpret phenomena through verbal and visual data. This method consists of three key stages: 1) data collection by selecting appropriate sources, 2) data

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organization through open coding and categorization, and 3) reporting the findings (Elo & Kyngäs, 2008).

Data collection and analysis were conducted concurrently. After the initial analysis of each interview, the next interview was scheduled. Each interview transcript was read multiple times to identify underlying themes in the participants' statements. Following the extraction of preliminary codes, these codes were clustered into categories. Codes with similar meanings were grouped together, and this process continued until main and sub-categories emerged. To facilitate the organization and analysis of qualitative data, the MAXQDA version 10 software was used. To ensure the reliability of our findings, the criteria proposed by Lincoln and Guba (Lincoln & Guba, 1985). were applied. The researcher ensured the credibility of the findings by reviewing transcripts and extracted codes, sending data to colleagues for validation, and incorporating their feedback. Participants' interpretations of their responses were reviewed to confirm alignment with their experiences. Continuous review involved analyzing data simultaneously with the data collection process, and sufficient time was allocated for the interview process. To enhance the transferability of the findings, samples were selected with maximum diversity. Additionally, all research processes and the characteristics of the study population were thoroughly described by the researchers, allowing other researchers to follow the research path.

Results

This institute has provided various facilities categorized into eight different types. All these services are free of charge for the patients, and the costs are covered by donors.

Creativity Workshops

The institute has organized numerous artistic and cultural classes for patients, including sewing, embroidery, flower-making, leather bag making, cooking, cake-making, jelly and dessert preparation, pastry making, knitting, as well as computer and language classes. Participants view art as a way to shift their focus away from the illness. Art helps them control their attention and emotions, engaging their minds in completing and perfecting an artistic creation, temporarily allowing them to forget the difficulties of life and illness. These women see art as a suitable hobby, a way to distract themselves from the disease through full focus on creativity. Zahra shares her experience:

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When something comes to my mind, I quickly start knitting to engage my thoughts with it. I may have a lot of dishes to wash, but when I do that, I talk to myself and it bothers me more. But knitting takes over my mind and releases me from past tasks and other thoughts.

One of the positive effects of attending these artistic workshops is the change in the participants' outlook on the illness. Before joining these classes, they saw the disease as a large and dangerous threat, living in despair and depressive thoughts. However, after interacting with other patients and realizing that they were not alone, they gained hope and came to better terms with their condition. This interaction motivated them to remain active and create art, which in turn provided the inspiration to continue living and keep up with their treatments. Seeing other active patients made the illness seem insignificant to them. Sogand talks about the renewed hope she found after participating in the classes: “These classes gave me a reason to keep living. When my disease progressed, I felt empty, but with the insistence of Mrs. Pirhaji, I attended and felt good. I saw other kids like me, and I liked it.”

Besides hope and behavioral changes, art helps bring peace into the patients’ lives. The sense of calm they get from art translates into their daily lives, allowing them to distance themselves from the challenges of the illness. They feel calmer than before and gain control over their anger. Tensions and anxiety caused by the disease decrease, and art even helps them avoid depression and psychosis. In this regard, Arusha states: “Doll-making allowed me to disconnect from reality and spend hours focused on creating happy figures. It helped me move away from sorrow and grief.”

All participants noted that since they became involved with art, their symptoms had diminished. Three of them even mentioned that they hadn’t experienced a single attack in several years and attributed this to art. Therefore, they view art as a continuous remedy for their condition. Leila shares her story of being free from attacks thanks to art: “I love being lively and energetic. I used to go to theater, I was intertwined with art {...} Art brings me peace, and I haven’t had an attack for a long time, which is amazing.”

Some of the participants describe the "transcendental joy" of art as the main reason for continuing their artistic pursuits. During the creation of their artworks, they lose track of time and feel as though they are no longer in the present moment, fully merging with their craft. The "victory of artistic passion over chronic fatigue" helps them cope with the exhaustion caused by multiple

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sclerosis (MS). Instead of becoming passive and succumbing to fatigue, they use art to rise up. Leila shares her experience:

The distance between my house and the institute is far, but I always walked there because I loved going to the institute, even though my husband wouldn't give me a single penny, and I didn't have a bus card. Despite the extreme fatigue, I walked, and it was wonderful. I had a great time.

Physical Stimulation

Physical stimulation refers to activities and programs designed to activate and strengthen the body. These activities include physical exercises like yoga, darts, swimming, special aerobics, and table tennis, which are offered by the institute. In analyzing the narratives of individuals with chronic diseases, it becomes evident that such activities play a crucial role in improving both physical and mental well-being, serving as supportive and reinforcing tools. One participant shared:

When I used to pray standing up, I couldn't at all, but they said I could recover with exercise. After doing special exercises, I got much better. When I brought my hands close together, I used to feel tingling, but these exercises were really helpful. (While showing occupational therapy videos)

Further analysis of the narratives highlights the improvement in mental health after exercise, with participants reporting that these activities significantly reduce depression and boost self-confidence. For instance, Paria recalled:

During the peak of my illness, I used to go to the charity, and as long as I could, I did those four exercises. It helped keep me busy, but after I moved back home, I barely left. Negative energy took over. But at the charity, being around others like me really lifted my spirits.

Similarly, Maryam Eidi noted the positive impact of aerobic exercises on her life: "I do aerobics, and I've changed myself so much. I take care of myself now." Leila also shared her experience, comparing her past participation in chess classes with her current feelings: "Back when I was going to chess class, I wasn't depressed at all, but now I am because my husband doesn't let me go."

Group exercise with peers has created a joyful and unique environment for the participants. Leila shared again:

It was amazing. I can't describe it. There were so many laughs. The atmosphere was lively and friendly. Each one of us had a different illness, but the bond between us was something you couldn't find anywhere else. We were great; we even joked around.

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Games like darts and chess were described as fun and enjoyable, offering the participants a bright and exciting contrast to the challenges of their illnesses. Sadigheh talked about her involvement in these games: "When I'm playing, my mind isn't anywhere else. I play with my nieces, and when the institute organizes events in the garden, we all compete together." The love for sports and exercises led two participants to advance to sporting competitions. Paria proudly mentioned: "I even competed in national darts tournaments. I went to the north and won third place... I felt good because I worked hard for it." Additionally, these exercises have helped improve memory issues, enhance concentration, and positively impact their cognitive abilities.

Although exercise has proven beneficial in improving the physical and mental health of patients with MS, helping to reduce symptoms like fatigue and disability, sometimes these exercises can become challenging and exhausting due to the specific difficulties these patients face. Therefore, it is crucial to design tailored exercise programs that cater to the personal interests and needs of each patient. Zabihpour discussed these challenges and emphasized the importance of personalization in exercise programs:

I used to do yoga here. I told the instructor about my problem, and they gave me exercises based on my limitations. But I've never been one to just sit around; I've always been active, and this really frustrated me. I decided to quit yoga. It wasn't the kind of exercise I liked. I prefer more active sports, but yoga required a lot of calmness. The instructor would always say, 'Why is everyone doing one, but you're doing two?' I wanted to stop.

Group therapy

Upon the diagnosis of MS, many women initially have a negative perception of the disease, seeing it as a cause of limitation, disability, and negative life changes. However, over time, many of these women, through participation in individual and group counseling sessions, come to a new understanding of their condition and recognize its blessings and positive changes. Group therapy sessions have helped address life challenges, even those predating the disease. These classes offer a valuable opportunity to connect with peers. Sougand shares, "I met many patients and got to know some amazing people. Despite the challenges I faced with my illness, I received a lot of positive energy." Connecting with others who have similar experiences serves as a source of support and comfort. These connections and collaborations help individuals with MS develop greater psychological strength to cope with the disease. Azam Parandeh adds, "Despite all the

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difficulties, I was always happy to attend the classes. Maybe they weren't always helpful, but I became addicted to going to them. It gave us something to look forward to."

The sense of belonging to a shared group helps people with chronic illnesses feel less isolated and provides them with more psychological and emotional support. This sense of belonging makes patients feel that they are not alone in their journey with the disease, knowing that others share similar experiences and emotions. This can be a significant source of comfort and motivation for them. Upon receiving the diagnosis of MS and being separated from a healthy and normal society, patients naturally seek out those similar to themselves, hoping to establish stronger connections and solidarity. These relationships not only reduce feelings of loneliness but also give them a sense of being valued and understood. Priya expresses, "Before I came here, I saw my disease as something big, but when I came here, I felt a connection. We are all MS patients. They have the same pains I do."

The similar circumstances these patients share enable them to offer each other advice. Conversations often steer toward their disease and medical treatments, where they discuss and critique doctors and their treatments, recommending effective treatments to each other. They also exchange information about medications, their positive effects on recovery, and their side effects, as well as complementary therapies. As a result, these discussions can contribute to better treatment outcomes. Akdas Habibi shares from her own conversations: "We were all patients sharing our feelings. Yeah, I wasn't feeling well, but I did this, and it worked. Or I went to that doctor, and their medications helped me improve." These exchanges increase patients' knowledge, and they often find the information from fellow patients more valuable than what's found in books or on the internet.

Narrators speak of the high impact of peer advice and their openness to therapeutic changes, claiming that the information they received from others was both highly useful and effective when put into practice. Maryam shares a helpful suggestion from a peer:

One of my classmates (peers) told me, 'Why don't you try occupational therapy?' That's how I found out about it because I couldn't stand up at all. After getting the contact info from my friend, I went. The occupational therapist said, 'You did the right thing by coming; your right leg is smaller, but with occupational therapy, it can improve.' Now I feel so much better. It was an amazing suggestion, and since they were students, they didn't even charge me.

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Due to the high costs of therapy and counseling in society, participants are grateful for the free individual counseling provided by this institution. All participants emphasized the importance of “counseling” alongside medication therapy. As chronic diseases often come with psychological challenges, counseling can greatly aid in their resilience.

Educational workshops

To address educational needs and lack of disease knowledge, patients are invited weekly to meet with various specialists, including those in health, nutrition, physiotherapy, psychology, and spirituality. The aim of these sessions is to increase awareness and promote positive changes in individuals and their lifestyles. These workshops have had a significant positive impact on participants, contributing greatly to their physical and mental well-being. Shahrbano discusses the positive effects of nutritional counseling: "The nutritionist's advice helped me eliminate my bad eating habits and adopt a diet suitable for my condition." Narges also speaks about the impact of spiritual guidance on her morale and beliefs: "The discussions with spiritual leaders have strengthened my spirituality and beliefs, which I use to boost my mood and improve my mental state." Several others emphasize the importance of learning about physiotherapy and movement therapy, noting that after gaining this knowledge, they are actively incorporating it into their daily lives.

Overall, these workshops have provided a valuable platform for education and awareness, significantly contributing to the improvement of participants' physical and mental health. The positive experiences gained from these workshops have led to the continuous implementation of similar programs, with necessary changes and improvements. Patients actively take advantage of these opportunities and participate in the sessions, indicating the positive and beneficial impact of such programs on their well-being. Additionally, participating in these workshops enables patients and their families to stay informed about the latest methods and scientific findings in various therapeutic and health-related fields, allowing them to use this knowledge to enhance their condition. In this regard, Sediqa says: "They should continue these programs, even if I don’t come, I will still come!" (with a smile).

Spiritual gatherings

Participation in spiritual activities, such as attending religious ceremonies, provides opportunities to experience a sense of belonging to a spiritual community. Religion, by creating shared values,

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facilitates connections with others. Gatherings that focus on spiritual and religious matters are of great importance to participants. These activities not only support the spiritual and religious dimensions of individuals but also strengthen social connections, contributing to their mental well-being.

The establishment of mourning ceremonies, known as "Roza," has had positive effects on resilience. These ceremonies offer a chance for emotional release and psychological comfort. Azam mentions, "It's very good; I completely feel released, and for a while, my problems seem less significant." Organizing religious events and the active participation of patients in them is one of the most popular programs at this institution. Additionally, these events strengthen their religious beliefs. Some participants relate their spirituality to the diminished significance of worldly concerns and even the insignificance of illness. One reason for this is that in Islam, illness is considered a test from God and a means of alleviating one's sins. Consequently, these women view illness less as a cause of misfortune and helplessness.

Joyful celebrations

The organization of celebratory events with music in large halls creates a vibrant and joyful atmosphere for the patients. In some of these gatherings, a comedy host is invited to bring laughter and happiness to the attendees with their jokes and humor, making the occasion even more delightful. The combination of music and humor not only uplifts the patients' spirits but also offers them a chance to escape the worries of life and illness, if only for a while.

Alongside these joyous moments, fun competitions are held, fostering a friendly and lighthearted rivalry among the participants. Zahra, with a smile, remarks: "I really appreciate the donors who bring us so much happiness." Leila adds with a laugh: "Last time, I was bursting with laughter from the host's jokes—it was such a fun day." Many of the participants, facing financial difficulties, are unable to afford recreational activities or outings. For them, these celebrations are seen as a rare and cherished opportunity to momentarily step away from their troubles and enjoy carefree moments of joy.

The Hope Bazaar

The organization has created spaces for selling artistic and handicraft products. These bazaars not only generate income but also foster hope, motivation, and boost the confidence of women. These women, who are often dependent on their husbands for financial support due to domestic

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responsibilities, greatly benefit from these opportunities. Although these bazaars are seasonal, they encourage women to stay active and apply the artistic skills they have learned at the organization. Establishing social connections with buyers and benefactors is also a positive outcome of these booths. Pariya, an active participant, expresses her appreciation: "They should continue organizing the bazaar from time to time. It used to be like that, with booths set up and some benefactors and patients coming to make purchases. This had a positive impact on our spirits."

Nature outings

Being away from the polluted city environment and spending time in green spaces can be particularly beneficial for everyone, especially for patients. Participants welcome these activities with enthusiasm, as they provide an opportunity to meet peers and engage in uplifting conversations in a natural setting. Cooking meals and stews together during these gatherings fosters a sense of unity and camaraderie. Many women, who are deprived of recreational facilities, view such opportunities as a valuable break from their daily struggles. In this regard, Azam shares

Her past experience

Organizing gatherings in the garden, specifically for MS patients, was a great opportunity for us to connect with each other and learn from each other's experiences. While I was sitting at home and not learning anything, being there allowed me to get to know other patients and benefit from their experiences.

Discussion

The goal of the current qualitative research is to examine the various recreational programs of an institute as complementary treatments for the disease and the quality of life of women. Despite existing research on MS, the investigation of complementary treatment programs remains necessary. These needs include understanding patients' experiences, particularly in terms of personal and individualized needs. Valuable information was obtained regarding the supportive role of the community, including charitable organizations, for individuals with this disease, which can help improve their quality of life. In line with ghanbari & ghasemzadeh (2012), environmental and social dimensions play a significant role in enhancing leisure time for individuals with MS. The programs of this center, which include creativity workshops, physical activities, group sessions, educational workshops, nature excursions, Hope Bazaar, spiritual gatherings, and joyful

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celebrations, align with the six categories of leisure activities identified for MS patients in Iran: physical, social, individual, artistic/cultural, educational, and spiritual/religious (Hosseini et al., 2016).

The impact of these programs reflects improvements in the disease, continuity of treatment, daily activities, psychological, and social aspects. Environmental factors can either accelerate or reduce the process of patients' disability. Based on the findings of this research, participants consider this environment as a second home and express relative satisfaction with the activities and interventions. It is a space where they can temporarily escape from the challenges of their illness and domestic issues.

As we know, behavioral and lifestyle modifications and the willingness to adapt can play a pivotal role in disease management. Attention to leisure activities can significantly impact the physiological outcomes of the disease. Therefore, the interaction between the three aspects of life—work, leisure, and daily activities—plays an essential role in improving patients' conditions (Backman, 2004). In a culture where engaging in enjoyable and recreational activities may sometimes seem meaningless for housewives. Additionally, movement programs help improve their balance, strength, self-confidence, and social participation (Merali et al., 2020). The findings of this research are consistent with previous studies. The psychological factors identified in the present research include gaining hope, finding motivation to remain active and continue life, increasing self-esteem, and reducing depression and anxiety through leisure activities. The profound influence of these factors on behaviors such as disease acceptance, finding treatment strategies through peers, and treatment continuity is undeniable. These concepts, as main categories and their subcategories, refer to coping mechanisms that can reduce negative behaviors and ultimately lead to changes in aspects of the disease. Therefore, attention to complementary treatments and leisure activities in the treatment planning for individuals with MS should be considered.

Conclusion

Based on the findings of the present research on various leisure methods in an institute, this study has explored women's experiences with these programs and their impacts as therapeutic interventions for MS. This research recommends the practical implementation of these methods,

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designing future qualitative studies, and examining other innovative methods as complementary treatments to improve various aspects of MS.

Limitations

This study has several limitations that should be considered when interpreting the findings. During the period of data collection, economic challenges and the rising costs of transportation and group activities led to a reduction in the number of in-person sessions held at the charity organization, and some programs were conducted with limited capacity, which may have influenced the variety of leisure experiences available to participants and the range of narratives they shared. In addition, many participants referred to the period before the COVID-19 pandemic with a sense of nostalgia when recounting their experiences, describing it as a time when leisure activities were more regular and collective participation was stronger; such retrospective perspectives may have shaped the way they constructed and emphasized certain aspects of their experiences. Furthermore, as the study focused on a single MS charity organization in Isfahan and involved a relatively small group of women with multiple sclerosis, the generalizability of the findings to other contexts may be limited. Nevertheless, these limitations do not reduce the exploratory value of the study and highlight the need for further research in diverse settings.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of University of Isfahan.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

Funding

The authors did (not) receive support from any organization for the submitted work.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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