MS and Your Emotions

People living with MS experience many different emotions over the course of the disease. Some of these are reactions to the stresses and challenges created by a diagnosis of MS, while others are symptoms of the disease itself.

Common Emotional Reactions
No two people or families living with MS react to the disease in the same way or face the same challenges. Nevertheless, there are certain reactions that seem to be very common. The diagnosis of MS may produce shock, disbelief, anger, fear, and denial – all of which are normal, predictable reactions to this kind of difficult news. Each person will react in their own way to the diagnosis of MS.

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<tr>
<th>Shock</th>
<th>For some people the news is so startling and puzzling that they simply cannot absorb it. It may take several days or weeks for them to be able to think about next steps for dealing with their diagnosis.</th>
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<tr>
<td>Fear</td>
<td>People who don’t know much about MS may be quick to assume the worst about their health, their life, and their future.</td>
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<td>Anger</td>
<td>It isn’t unusual for people to feel angry and frustrated by their diagnosis. Many people react with resentment to the unfairness of being diagnosed.</td>
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<td>Relief</td>
<td>Anyone who has had to wait for an explanation of puzzling, uncomfortable symptoms, getting the diagnosis can be a relief.</td>
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<td>Denial</td>
<td>Some people react to the diagnosis by telling themselves that it couldn’t possibly be true or that the doctor has made a mistake. Denial can be a very useful and effective coping strategy during the early days of a chronic health condition – however if it lasts too long it can get in the way of important treatment decisions and self-care strategies.</td>
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Longer-Term Reactions
Like initial reactions to a diagnosis, longer-term reactions will vary considerably as well. As everyone’s MS is different, there are no predetermined stages of adjustment and no right or wrong way to feel about it. There are some common reactions that most people will experience at one time or another over the course of the disease and they may find that these feelings recycle as the disease goes through relapses or progression.
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<tr>
<th><strong>Grief</strong></th>
<th>This unique kind of sadness is a normal reaction to change and loss. Grieving is an important first step in any person’s efforts to cope with a chronic health condition. As the grieving eases over time, the person can begin making positive adaptations to whatever changes have occurred. The cycle of grief and adaptation will continue to repeat itself whenever change occurs.</th>
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<tr>
<td><strong>Anxiety</strong></td>
<td>Feelings of anxiety are very common in MS. Learning how to live with the unpredictable ups and downs of MS can be a challenge for anyone affected by this disease.</td>
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<tr>
<td><strong>Anger</strong></td>
<td>As the disease runs its course, people may find themselves feeling angry about all the changes it brings to their lives. Although anger is a common and normal response to changes and losses, many people find it difficult to know what to do with it – how to handle and express their anger in ways that are productive and don’t spill over onto family members, friends, and colleagues.</td>
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<td><strong>Guilt</strong></td>
<td>If MS begins to interfere with activities at home or at work, people may begin to feel that they are letting others down. They may worry that their loved ones or colleagues are having to take on extra responsibilities. If the disease progresses despite their best efforts to manage it, they may feel guilty about that, as if the disease is their fault.</td>
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While each of these reactions is a natural response to the potential changes caused by MS, they can, themselves, begin to feel unmanageable. Grief can feel so overwhelming that it becomes difficult to distinguish it from depression. People can become so anxious about the future that they can’t deal with how things are now. Anger can begin to drain a person’s energy and interfere with important relationships, and guilt can rob a person of the confidence and self-esteem they need to deal with the challenges of MS.

**Family Members**

Family members may experience a similar set of emotions. Everyone affected by MS will need to figure out how to respond to it. Since no two people handle feelings in the same way, the result is a household full of emotions that are being expressed in different ways at different times. All these feelings can pose challenges for families. It is important for family members to acknowledge that they are all affected in one way or another by MS.

Family members also need to acknowledge and respect each other’s coping styles and strategies. People tend to react to stress, express feelings, and problem-solve in very different ways – and one person’s style isn’t necessarily any better or more effective than another person’s style.
Common Emotional Changes
The following emotional changes are considered part of the disease process itself rather than just a reaction to the challenges it poses.

Mood Swings
Irritability and unpredictable emotional responses are reported in people living with MS. Knowing that these mood swings can be part of the disease as well as a reaction to it, can make it easier for everyone to understand and manage them. But mood swings aren’t comfortable for anyone, so it’s important to let the healthcare team know about them. A mental health professional with expertise in MS can teach strategies for managing uncomfortable mood swings. For people whose mood swings are more extreme, medications are available to help control them.

Depression
Depression is more common in MS than in the general population or in other chronic illnesses. In fact, more than half of people with MS will experience a major depressive episode at some point over the course of the disease. It is believed that depression is a symptom of MS as well as a response to it. Depressive episodes can occur early or late in the disease, regardless of a person’s other symptoms or level of disability. People who are having a relapse, or who have a personal or family history of depression, are at greater risk for a depressive episode. Most experts agree that a combination of psychotherapy and antidepressant medication is the most effective treatment strategy.

Uncontrollable Laughing and Crying
Episodes of uncontrollable laughing or crying – also called pseudobulbar affect – are another symptom that can be caused by MS. These episodes occur independently of how the person is feeling emotionally, and they start and stop unpredictably. Individuals with MS and their family members understandably find these episodes challenging to manage, and employers may find them unacceptable. Fortunately, this can often be managed with medication, so it’s important to bring this symptom to the attention of a healthcare team.

MS Medications and Mood

**Steroids and mood swings:** the corticosteroids that are sometimes prescribed to treat MS relapses cause some people to experience fairly significant mood swings – from bubbly, energetic “highs” while on the medication to irritable, depressing “lows” as it is being tapered or stopped. Not everyone experiences these mood changes with corticosteroids, and not everyone has the same experience each time they are prescribed. Speak to your doctor if you experience this side-effect.

**Disease Modifying Therapies (DMTs) and depression:** Some of the DMTs used to treat MS carry a warning about depression. Although studies have failed to show a clear
connection between these medications and depression in people with MS, there have been reports of people experiencing significant depressive episodes. Before starting a new medication, tell your doctor if you have a history of depression. Anyone who experiences a significant mood change while taking a DMT should alert their doctor immediately. Not all DMTs have been reported to affect mood, speak to your doctor about which DMTs carry this side-effect.

**Stress and MS**
Research has shown that stress interacts with the body’s immune system in complex ways, but the relationship between stress and disease activity or disease progression is unclear. The difficulty in sorting this out seems to come from the fact that not all stress is the same. For example, studies have shown that acute, traumatic stress may have no effect on the disease course or may even be associated with reduced risk of relapse, while chronic stress/distress may be associated with an increased risk of relapse. Whatever the relationship turns out to be between stressful life events and the course of MS, it is also likely to differ from one individual to another. Evidence suggests that coping strategies differ markedly from one person to another, and that some people are more resilient to life stresses than others.

**Managing Stress**
Everyone feels and functions less well under stress. The best way to deal with the stresses of everyday life is to learn how to manage them more effectively – by eliminating those that aren’t essential and finding more comfortable ways to deal with those that are. Find a stress management technique that fits your taste and lifestyle (exercise, meditation, listening to music, getting together with a friend) – and try to make time for it on a regular basis. For a detailed discussion of stress management strategies, see the information sheet: [Stress and Multiple Sclerosis](#).

**Additional Information:**
For more information connect with an MS Navigator to learn about what programs and services are offered in your community. MS Navigators provide trusted, consistent, quality MS information and support and are available to assist anyone in Canada, from 8am to 8pm ET, Monday to Friday.

Phone: 1-844-859-6789
Email: ms navigators@mssociety.ca
Live Web Chat: visit the [MS Information](#) or [Support & Services](#) sections of our website.

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