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FOREWORD

For the person with a diagnosis of Multiple Sclerosis, perhaps given after prolonged investigation or having first been told it was ‘nerves’, ‘all in the mind’, the usual initial relief of knowing that there is a name for what is being experienced is followed by profound despair for a period of time. Multiple Sclerosis may seem to be the final ‘assault’ in an unfair world filled with never-ending stresses. Alternatively, and especially for younger people, the feelings following diagnosis may include bewilderment. At an early stage, and sometimes continuing throughout life, most common questions which are asked are *why me* or *why now?*. In reality, and despite a great deal of progress, many unanswered questions remain with regard to cause and course, and those answers which are available don’t easily console the person who may be bereft of any understanding of why this should happen, and what might be ahead.

In truth however, as time passes, most people manage to come to terms with MS in their own unique way, gaining personal insights as they go. Some will accept MS in their lives because not to do so would, for them, make coping impossible. Others find self-help in learning how to increase their understanding and tolerance of the symptoms, in order to continue to play a productive part in the workplace and in the home. Still others focus on being pro-active in the search for a cure for this disease. At any rate, while it may be true that each person has got to face the daily life-issues presented by MS themselves, it is not true that it must be done *alone*. Nobody else *really* knows exactly how you feel or what you think, but friends and family members are likely to appreciate that sometimes you are in pain, if not physically then emotionally. By reaching out to others, and sharing feelings, an important choice is being made to begin to take control of your experience of living.

This excellent booklet is an aid to better emotional and physical well-being. It can help because it provides important information about the emotional issues and practical considerations involved in coping with MS. I urge the reader to choose to become better informed about these issues; about the losses and changes associated with MS, and about how to work through these changes with friends and families, together with the assistance of professionals when the need arises.

Tom O'Brien

Counsellor

M.S. AND TAKING CONTROL OF YOUR EMOTIONS

Multiple Sclerosis has been compared to the unexpected visitor who arrives at your house, complete with bags and baggage, and never leaves. This visitor has the tendency to spread his belongings through every room of the house, affecting the lifestyle and activities of the household.

The most predictable feature of Multiple Sclerosis is its unpredictability. No two people follow the same course and each individual experiences variability in the behaviour of the illness over time. The uncertainty places psychological burdens on top of the physical problems associated with M.S. The effects of the illness are magnified by the fact that they come at a very dynamic phase of life when families are evolving and perhaps critical career choices to be made. With its varied symptoms and unpredictable course, M.S. is an intrusion that the whole family must learn to accommodate.

By necessity, the adjustment process is an ongoing one; as the symptoms of M.S. come and go, come and stay, coping and adjusting is part of the process. Each family member will approach this challenge with his or her own coping style, effective communication will enhance the family's ability to work together and handle the day to day challenges of life.

In striving for our ultimate goal in the fight against Multiple Sclerosis - prevention and cure - we often overlook the challenge of dealing with the emotional and psychological stress that the disorder creates - both for those diagnosed and for their families and friends.

We need to be aware of the scope of the disease and the impact it has on our society. Multiple Sclerosis is a chronic disease of the central nervous system (brain and spinal cord) which affects approximately 250,000 in the U.S.A., 85,000 people in the United Kingdom and 7,000 people in Ireland. More women than men are included in these numbers, by a ratio of three to two. Approximately 4-5 new cases are diagnosed each week in Ireland.

Multiple Sclerosis has been recognised for the past century and a half, being known as disseminated sclerosis and although considerable research has been carried out, the exact cause remains unknown.

The most common age of diagnosis is late twenties to mid-thirties. Onset is rare before the age of 12 and after the age of 50.

M.S. tends to be a condition of temperate climates and is rare in tropical countries.

The symptoms experienced with M.S. are caused by patchworks of demyelination, or scarring, in the central nervous system. It is not yet known what actually triggers off the process of scarring.

Nerve fibres are covered by a fatty substance called the myelin sheath. The myelin, as well as protecting the nerves, assists the passage of messages along the nerves between the brain and all parts of the body. With M.S., the myelin sheath covering the nerves in the brain and spinal cord become scarred. The scarring occurs in scattered patches, distorting or preventing the smooth flow of messages from the brain and spinal cord to parts of the body. It must be emphasised that there is no typical M.S. It is individual to each person.

TAKING CONTROL OF YOUR EMOTIONS

The course of Multiple Sclerosis, from the time the first symptoms appear to the stage of learning to live and cope with it, can be challenging and a demanding experience.

Multiple Sclerosis can resemble other illnesses and is often difficult to diagnose. It is not unusual to be misdiagnosed and treated for a condition you do not have. You may go for years without knowing the true nature of your illness. In the early stages of Multiple Sclerosis you may be subjected to a demanding diagnostic process, undergoing numerous test and treatments, being shuffled from doctor to doctor and may face many inconveniences. If a diagnosis is not forthcoming, you may feel out of control, isolated and frightened, knowing body changes are occurring that cannot be confirmed. Unable to make a diagnosis, the doctor may say that your experience of symptoms is 'all in your head'. When Multiple Sclerosis is finally detected, there is relief from uncertainties.

On a number of levels you face losses, limitations and changes. Physically you may feel that your body has turned against you, and you can no longer depend on it to perform in ways once taken for granted. If physical limitations make it necessary for you to depend on others for care, your independence may seem threatened. Physical problems may also bring you face to face with your own vulnerability.

On a personal, social or professional level you may not be able to perform at prior levels of skills and ability, and your expectations may be altered. On a personal level you may experience a change in relationships with loved ones. Roles and responsibilities for members of the family may increase or decrease. Socially, you may not be able to spend as much time with

friends, or engage in as many leisure activities, saving your energy to cope with physical demands. Professionally, it may be necessary to change careers if your job requires activities that pose serious consequences.

Given these changes and the issues in general, it is not uncommon to experience an identity crisis and feelings of low esteem. There can be a host of other emotions some new, and some which you have previously experienced. It is important to be aware that these feelings are a natural reaction to your diagnosis, and may be experienced in varying degrees throughout the illness process.

THE NEED FOR CONTROL

“You have Multiple Sclerosis”. Having heard those words, your life is changed instantly and forever. When you heard them you probably felt overwhelmed with sadness, fear and a horrible loss of control.

Control is vital to so many aspects of our lives. Living under a legally regulated government, we appreciate the controlling influences of laws that enable us to lead happier and productive lives than within less stable societies. If you think how anxious you get in circumstances where control is uncertain: starting a new business, taking a test, asking for a date, making a public speech. Not surprisingly, since control is so important, its absence can be terrifying. As a person with Multiple Sclerosis this means finding ways of how to react emotionally and doing certain practical things to influence your circumstances. One form of control is **internal**, and involves accepting and accommodating to unalterable circumstances so they don't have such a great impact on the way you feel about your situation. The other kind of control is **external**, and entails making conscious choices concerning family members, doctors, hospitals etc. Both sorts of control help reduce anxiety and increase one's overall sense of well-being.

A SENSE OF SELF

We all make our way through life in terms of the picture of our own personalities we develop over the years. We identify ourselves according to the strengths and weaknesses we allow ourselves to recognise in our personalities. We hold on to that picture, and we may be subjected to severe stress if our regard for our own person is shaken by some life event. Any threat to self-confidence or self-esteem can lead to depression. If we can no longer preserve intact the image we have of ourselves, we become vulnerable.

The fact people carry on under enormous burdens is one of the continuing mysteries of psychology. Some individuals can sustain severe blows and yet seem to right themselves and handle life with continuing self-confidence. Others find that the struggle is always a difficult one and that any single stress may throw them off balance so that it is hard to continue their ordinary activities.

If M.S. interferes with your ability to do something that is important to you, that is a significant loss that must be grieved over. Because M.S. can affect a person in so many different ways, you may find you are grieving over one loss or another simultaneously. At the same time, however, you are in the process of learning new things about yourself. As you confront the challenges of every day life with M.S. and learn alternative ways to do things, you will begin to identify strengths and talents you never knew you had. If you are forced to give up on an activity that has been important in your life, try to experiment with others that may turn out to be equally satisfying. Most importantly, look for that aspect of yourself which M.S. is unable to touch. For one person it may be their sense of humour, for someone else it may be their love of music or theatre. By identifying this

'M.S. zone free area' within yourself, you can retain a sense of who you are even in the face of stressful change.

Once you begin to accept you are still valuable as a person even if your body does not always function the way you would like, you begin to be in control of your own life and destiny again. Once in control, you experience freedom to grow as a person looking for options, experimenting and always moving on. Medically speaking, M.S. may be beyond your control but you should not let it suffocate who you are or what you want to do.

Any threat to your self-esteem can lead to sporadic bouts of depression just the same as a person who loses their job. This is not uncommon; mild to moderate depression affects 30 to 40 percent of all people with M.S. at one time or another during the course of their illness. It is not known how much depression is by M.S. itself, and what portion is an emotional reaction to M.S.-induced physical changes.

More severe depression, which can involve various combinations of feelings of helplessness, a serious lack of energy and motivation, changes in sleep and/or eating habits and a lowered interest in sex may require help from a professional. After the dimensions of the M.S. depression are understood, anti-depressant medication or psychotherapy may be recommended. It is very important to remember that many people even without M.S. struggle with depression at one time or another.

THE ROLE OF EMOTIONS

In the process of adapting to M.S. feelings and emotions play a central role in helping to find new direction and new meaning in life. To adapt successfully requires to be aware of the emotional side of life.

Emotions are something very familiar to all of us, such as feelings of being happy, sad, fear, anger, guilt to name but a few. Feelings help us in many ways. They can help us to live in socially approved ways. On the other hand feelings can also at times be used as excuses. We have all used the excuse 'I just don't feel like doing that today' or 'I'm too sad to have a good time'. Using feelings to avoid a necessary task is a common bit of mischief. We are all tempted to use feelings as excuses for not trying something new or to avoid a useful encounter. In learning to live with M.S., it is very important to attend to good feelings as a guide to planning for change. A person with M.S. needs to find new approaches to enjoyment.

EMOTIONAL REACTIONS TO CHRONIC DISEASE

Regardless of the kind of M.S. you have, your emotional reactions are likely to be very similar to those reported by individuals with other chronic disease: fear, anger, denial, depression, guilt, sadness are among them. People often look for a set of rules to guide them in their adjustment to M.S. and can be disappointed to find that there is none. Unlike some one who is terminally ill, in which a person's emotional adjustment follow a consistent set of emotional 'stages', adapting to M.S. follows no fixed

pattern. It is impossible to predict the 'stages' of adjustment because the disease can vary so much in the types of symptoms it presents. What is predictable is that significant emotional issues arise from time to time over the course of the illness.

MANAGEMENT OF FEAR

The definition of fear associates it with some definite object-

- a person
- a thing
- or an event – in the environment

A healthy fear protects us, for example, from danger. We would be totally vulnerable to our surroundings were it not for the information fear gives us. Fear can have a paralyzing effect, or accelerate you into panic. A diagnosis of M.S. is a fearful experience. It is normal to be fearful in the face of the unknown: fear of pain or disability. There are sensible things you can do to help manage your fear constructively.

One effective way for reducing fear is to learn as much about what is happening right now. In particular it helps to understand the nature of the illness itself: What has occurred already; what you can expect to occur later; and what no one can predict with any degree of accuracy at all. Ask your doctor as many questions as necessary, the kinds of treatment available, and anticipated side effects. Knowing what to expect protects you against the shock of surprise. Such knowledge reduces your sense of uncertainty and increases feeling of control.

Admitting fear, even to yourself, is sometimes quite difficult – it is much easier to hide it behind displays of anger. This defense does not work very well or for very long.

- Admit you fear your loss of control, and then you can begin to do something about it
- Allow yourself to be brave enough to look at what threat you are actually facing.
- Talking through what would be the worst that could happen, and asking what could happen.

Remarkably, you can re-establish control everywhere it is possible to do so. Face what frightens you and explore ways, of re-establishing control where it is achievable.

GUILT

Guilt can easily result from not being able to accomplish all your usual tasks. Guilt feelings about ‘letting down’ family and friends, or of somehow being responsible for developing the disease may envelop you. Young mothers with growing families, the most commonly diagnosed group, may be particularly prone to self-blame. Such feelings may be heightened when friends or relatives appear short-tempered or resentful of your M.S. condition. Both their reactions and yours are normal under the stresses of M.S., so is feeling that you are to blame for your M.S. Gaining a knowledge and understanding of the disease will help you realise that M.S. is no one’s ‘fault’.

DENIAL

Perhaps the most common emotion and the most human - is denial. When you are suddenly faced with a crushing piece of news, even the healthiest among us employs denial, if only to gain time and space in which to begin to regroup ourselves psychologically. Denial is a normal reaction, particularly when the initial diagnosis of M.S. is made, and then later, when M.S. is quiet for a period of time. Denial is not necessarily a bad thing, denial can be a positive coping device as long as it does not interfere with proper treatment and self-care. To the extent that it allows you to set aside your worries, at least for a while, it can be a positive 'time out'.

GRIEF

Grief, far from being an inappropriate reaction to a diagnosis of M.S. is necessary if you are to acknowledge, understand and accept the losses you must face. There must be a grieving period if you are to incorporate losses and emerge once more into life with a successfully modified sense of identity. This can be very difficult and filled with pain. Grieving needs to proceed at its own pace and in its own time. It must be accepted with patience and compassion by both the person with M.S. and the family. As with any other loss, grieving usually eases with time and is then replaced with sadness.

Sadness can be dealt with as follows:

- Accept sadness as a normal healthy reaction to the loss you perceive after diagnosis.

- Express your sadness so that it comes out into the open. Holding back sadness takes immense effort. It can consume the energy you need to fight M.S.
- Talk to some one you can trust. Talk about your losses and sorrow, it will help you release your feelings and it will have a healing effect.

ANGER AND FRUSTRATION

Anger is a natural reaction when something you want to do is not possible. Anger is a strong emotion which can be turned inward on oneself or it can be directed at other persons and increase the level of negative emotion and conflict.

Anger and frustration may occur throughout the illness process. You may be angry at the inconvenience of your illness, or frustrated because some of your goals may not be realised. Loved ones may be angry at having to assume new responsibilities or frustrated with the increasing demands the illness may place on their time and energy.

- What do you do with this anger ?
- Where should it be directed ?
- How should it be released?

Two natural responses to anger are either to fight back or run away. Not acknowledging you are angry and holding on to it is unnatural and unhelpful. Anger has to go somewhere, and we often feel safer directing it toward ourselves. But it is not safer. Repressed anger leads to depression. It may be better to:

- Accept your anger as a normal and healthy reaction.
- Take responsibility for owning and handling your anger in such a way that it does not harm you or your loved ones.
- Express your anger. You may need to seek professional help to get started. You may find punching a pillow may be an excellent way of releasing anger and frustration.
- Do not direct your anger at someone else and try to blame them. Take control of your feeling of anger. M.S. adds to life's frustrations but it does not give you the right to vent your anger out at family, friends and doctors whenever you feel angry.
- Accept that you cannot change your illness; you can only change how you respond to situations.
- Acknowledge you are in control of your emotions.

STRESS AND M.S.

Stress is a reality - everybody has some ideas about it, most of us can recognise it when we experience it, but no one can give a completely satisfactory definition. Stress is a concept used to describe both our inner and outer experience concerning reactions that are both physical and psychological. Stress, like a headwind in sailing, can be a positive and necessary life experience. Stress comes in a variety of guises, and in a positive light can act as a challenge that forces you to change or make adjustments. Stress gives purpose to what you do, but you can also get too much of a good thing. Stress becomes negative when you fail to make the adjustments required. Stress is not the real problem but the way you handle it is. The key is your ability to adjust to or cope with stress.

Many events such as moving house, getting married, having a baby are associated with stress as well as pleasure and fun. The stress of exams, taking on new responsibilities at work are part of life which many of us accept. Conflict within a relationship, unemployment, accidents, serious illness and death bring stress everyone would like to avoid. Each stressful event has a physical, emotional and/or social effect.

Stress has an effect on health, the extent of its effect depends on how long the stress lasts, how intensely it is felt and on how susceptible you are as an individual to stress. The most dangerous reactions to stress are a sense of hopelessness and helplessness. It is important for you as a person with M.S. to learn how to cope with stress. You need to take stock and check you are developing skillful ways of coping with stress.

Exercise is well- known to be crucial to staying emotionally as well as physically healthy. This applies to persons with M.S. as much as to anyone

else. An exercise routine tailored to your condition, programs for relaxing both physically and mentally, such as yoga and meditation, can help you tune out stressful thoughts and feelings. These techniques are proven tools for daily management and reduction of life's stresses.

THE FAMILY AND M.S.

A bout with flu or a broken leg may temporarily disorient the family, but most people find it relatively easy to make the necessary adjustments because they involve only a short-term shifting of roles and responsibilities. A long-term condition such as M.S. is a different matter.

A diagnosis of M.S. affects everyone in the family. Each member of the family will need to learn to live with M.S. in their own way. At the same time that you are learning to cope with varied and unpredictable symptoms of M.S., your family will be adjusting to their own feelings about the illness and the impact on their lives. People unprepared for the role of caregiver may find themselves suddenly thrust into that position. A spouse may suddenly feel like more of a parent than a partner.

A common mistake is for family members to try to do too much for you, making you feel more helpless than is really necessary and leaving other members of the family feeling neglected. Over protectiveness is a sign of anxiety in the family, about your health and your future together as a family. Describe your symptoms to your family so that they can understand how you are feeling. While explaining to your family how much you value your independence, you can also assure them that you will use caution and good sense and that you will ask them for help when you need it.

IS THERE AN M.S. PSYCHOLOGICAL PROFILE?

What can be said about the emotional makeup of people who have M.S.? How do people react to this difficult illness?

- People with M.S. are as normal psychologically and as diverse as other individuals coping with illness. They can be expected to be distressed when diagnosed with a chronic illness, and to be put under additional stress when they experience relapses.
- Emotions such as depression, grief and anxiety often fluctuate with the ups and downs of the illness.
- A person's sense of self-esteem may be challenged by M.S., but most people bounce back and maintain a positive sense of worth over the long term, even when M.S. symptoms worsen.
- Most people find information about M.S. helpful, and most would prefer to understand as much as possible about their disease.
- There are many factors involved in adjusting to M.S. beyond the physical symptoms. It is normal for some people with milder cases to find adjustment more difficult than others whose symptoms are more severe.

Although we can mention frequently recurring emotions and problems, no two people with M.S. have exactly the same 'psychological profile'.

STAGES OF ADJUSTMENT TO M.S.

Just as the ingredients of your psychological profile can be helpful in understanding how M.S. is affecting your emotions, a closer look at a common process of adjustment can shed additional light on this complex illness.

Adjustment to M.S. is as complex as it is slow. Many factors may influence how a person copes with the illness, including disease course, personality and coping style, the availability of social supports and financial resources, and other concurrent life stresses. A very important factor influencing adjustment is one's self-appraisal. People who view themselves as ineffectual and powerless are likely to adjust differently than those who view themselves as effective and able to manage what life brings them. Not everyone experiences the same pattern of adjustment. Effective coping does not necessarily depend on working through each of the stages listed below.

Denial. Denial is a normal reaction. Thoughts such as 'the diagnosis is wrong', 'I don't really have M.S.' and 'I can't believe this is really happening to me' are quite common at first. When your M.S. symptoms disappear during a remission, it is normal to think that you may really not have M.S. at all.

Resistance. 'I won't let this get to me' may be the first thought at this stage. While it can be helpful to take an active stance against M.S., an unrealistic expectation of your ability to conquer all leaves you dangerously open to depression and other feelings of letdown if anything goes wrong.

Affirmation. A key turning point toward coping is the realisation that 'I guess I have to accept this as part of my life'. You begin to talk about M.S.,

to be willing to accept some help from others and to re-evaluate your life's priorities.

Acceptance. This phase takes affirmation one step further, not only recognising your new situation but also coming to terms with it. This opens the door to new values and lifestyles, along with greater appreciation of life.

Re-emergence. Equipped with a new realistic acceptance of your condition, combined with your new positive attitude, the way is open for you to evolve in new ways. You cannot expect to return to the way you were before your illness, but many people report that they have become 'better, more mature' individuals who appreciate life more than before they encountered M.S. You will find that you will pay less attention to the disease and more to the business of living.

HOW TO LIVE MORE SUCCESSFULLY WITH M.S.

What does it take to be reasonably happy with a chronic illness?

The best copers have been found to be those who are actively involved in their own care, as well as all aspects of their lives. They are also flexible, resourceful, optimistic and positive. They have a practical approach to problem solving. Note that these positive attitudes are possible despite the negative aspects of the disease: physical symptoms, limited activity, family problems and a doctor who doesn't always have all the answers.

Stay in control. People with many different chronic illnesses have demonstrated that when they are actively involved in the world around them - especially in their own health care - their condition improves as well as their attitude.

Appraise your M.S. with realism and flexibility. Do not stubbornly try to do all the things you always did, regardless of your symptoms and changing abilities. This may mean discarding some activities and taking on new ones that are more feasible, enjoyable and rewarding.

Maintain strong bonds with family and friends. Keeping in touch with people is very important. Maintaining strong bonds is an important ingredient to effective living whether you have M.S. or not. As social creatures, most of us need to know we are loved and cared for. We also need to be able to care for others who are important to us. When physical capabilities change with a condition such as M.S., what you can do for others may change. Discuss these changes with your family and friends

and together work out new ways to maintain a strong relationship.

Openness, helping and co-operation are all important within the family.

Remember that you as the person with M.S. are not the only one who must adjust to a changed situation. Each family member absorbs information about chronic illness and adjusts to it at different rates and in different ways. The adjustment process should be encouraged but not forced. Talk sessions to air feelings about the new family situation will often reveal feelings of anger frustration, fear and uncertainty, as well as positive emotions of love and concern. Negative reactions, when handled constructively, should not be discouraged. Someone who is overly cheerful may actually be suppressing fears, concerns and possibly anger and resentment.

Your relationships with others will have the best chance to remain strong if everyone relaxes and engages in open discussion. You as the person with M.S. are the one to take the initiative. By making the decisions in this situation, you reassure your friends and relatives and put them at ease.

Goals: Making each day count. Live for today; plan for tomorrow; do not grieve for yesterday. In practical terms that means setting realistic short, medium and long term goals. Having a goal - however modest - gives you something to work toward and puts some structure in your life. Many people with M.S. cope better when they carry on their daily activities with a real sense of purpose.

Find an exercise program that's right for you. Studies of the chemical effects of exercise on the brain show that regular, somewhat vigorous exercise can release chemicals called endorphins into the brain, having some of the effects of tranquilizers, muscle relaxants and sedatives. Other studies have found a positive relationship between exercise and both mood

and one's thinking processes. Studies are now under way to determine what types and levels of exercise are practical and effective for people with M.S. Findings indicate that M.S. exercise programs can be designed which result in increased physical fitness and feelings of well-being. With the advice from your physician you should engage in the exercise that's right for you at least three times a week.

Avoid the negative cycle. Fatigue can be worsened not only by the course of your M.S. itself, but by depression. Depression often prompts you to withdraw from previously rewarding activities and to engage in fewer social contacts with friends and colleagues. That can lead to reduced physical activity, eroding your physical well-being. In this way a negative cycle can start in which reduced physical activity leads to reduced tolerance for exercise, depression, and even less physical activity. Your doctor may prescribe medication to relieve fatigue or depression, but you yourself need to understand the nature of this cycle and take action to break it.

Don't underestimate the value of spiritual beliefs. Faith is a very personal part of life, but studies of people with chronic illness found that those who have a strong religious or philosophical belief system that helped them understand their situation did better than those without such a source of support. Even the simple act of regular attendance at spiritual gatherings appeared to improve coping, perhaps because it gave those individuals a feeling of belonging and a sense of group support.

Feel comfortable with your doctor. Any doctor can prescribe medication and give you periodic examinations. Having a doctor whom you respect and with whom you feel comfortable discussing health matters is important.

SUMMARY

M.S. is a tremendous stress. While no individual has as much control over this disease as he or she would like, it is possible to have considerable control over how to interpret the disease and over how M.S. affects personal character, outlook on life, and the impact on ones family.

To sum up, we have discussed several signposts of good adjustment. It seems that people who manage to 'make it' with M.S. do so in several ways. First, they look into themselves, digging deep to find strength they did not know they had. They come to realise that the process of attaining satisfaction must start with themselves. Secondly, they reach out. Living with this disease requires significant changes in your life and can be a lonely task. The task may be less lonely if you can talk, really talk, with your family, friends, other people with M.S. and with health professionals.

Real talk can provide understanding, suggestions, feedback, and a way to look at and modify your thinking, when necessary. It can facilitate the knowledge that you are involved with the joys and the struggles of others and that your life remains part of the whole, part of the shared human experience.

HELP AND SUPPORT

When you are first told that you have M.S. you may feel upset. You have probably had good health in the past and may find it difficult to believe that your health has been taken away from you.

You may feel a sense of loss, like that following the death of a close relative or friend, and it may take some time to understand the full significance of this feeling. You may want to deny the diagnosis, carrying on as though nothing has happened. All these reactions are normal, but some people will experience them more acutely than others.

You may find it helpful to talk through your emotions or have questions answered. **The M.S. Contact Helpline at 1850 233 233 is a direct confidential service and provides you with support and further information.**

Regional Offices

NORTH WEST HEALTH BOARD AREA

Donegal, Sligo & Leitrim:

Josephine Tinneny

MS Regional Office
30 Academy Court,
Pearse Road,
Letterkenny, Co. Donegal
Telephone: 074 25017

WESTERN HEALTH BOARD AREA

**Galway, Mayo,
Roscommon**

*Aidan Larkin &
Matti Twomey*

MS Regional Office
35/37 Dominick St.,
Galway
Telephone: 091 562737

MID WESTERN HEALTH BOARD AREA **Limerick, Clare & Tipperary North Riding**

Gretta Allen

MS Regional Office
Old AIB Building,
Castletroy,
Co. Limerick
Telephone: 061 335565

SOUTHERN HEALTH BOARD **Cork & Kerry**

Carmel & Patricia
Killarney

Telephone: 064 20650

MS Regional Office
North Quay House,
Pope's Quay, Cork
Telephone: 021 300001

SOUTH EAST HEALTH BOARD AREA **Carlow, Kilkenny, Waterford & Wexford & Tipperary South Riding**

Kate Hourigan

MS Regional Office
Nuncio Road,
Off Waterford Road,
Kilkenny

Telephone: 056 51522

NORTH EASTERN AREA

**Cavan, Monaghan,
Meath & Louth**

Kevin Curran &

Tess Kennedy

MS Regional Office
1 Church Lane,
Carrickmacross,
Co. Monaghan
Telephone: 042 966 4410

NORTH DUBLIN & FINGAL

Sean Kinsella

The Royal Hospital,
Donnybrook,
Dublin 4

Telephone: 01 269 4599
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KILDARE & WEST WICKLOW

Helen O'Connor

SOUTH EAST DUBLIN & EAST WICKLOW

Jennifer Reilly
Bray

SOUTH WEST DUBLIN *Geraldine*

MIDLANDS AREA **Longford, Westmeath, Offaly, Laois**

Mary Leonard

MS Regional Office
Harmony CDP
Golden Vale, Athlone,
Co. Westmeath
Telephone: 0902 76353



MS HELPLINE 1850 233 233