



**MS Learn Online
Feature Presentation
MS and Your Emotions, part two
Deborah Miller, PhD**

Tracey>> Welcome to MS Learn Online, I'm Tracey Kimball.

Tom>> and I'm Tom Kimball. In the first installment of MS and Your Emotions, we learned that a person who's been diagnosed with MS can experience a whole range of emotions. Unfortunately depression affects more people with MS than any other chronic illness group.

Tracey>> Dr. Deborah Miller will discuss why that is, and what can be done about it.

>> Rick Sommers: How do you as a practitioner help somebody see that in this situation that the glass is half full, not half empty? It's easy to sit there and say, "Well, let's try and make the best of this and look at the good things that you can still do." How do you really try to communicate that?

>>Dr. Miller: I don't tell them that the glass is half full.

>> Rick Sommers: Those were my words.

>>Dr. Miller: No, but, I mean, I think it's gradually helping people to redefine themselves and to come to their own sense of the next step of what they are, and to recognize the grief. I'd like to quote Dr. Rosalind Kalb from the MS Society, who says that grieving is an absolutely necessary process because it's a way of putting

away the things that were so that you can become the way things are. And grief is a very important part of this process and it's very important for us as healthcare professionals to give a name to that emotion.

>> **Rick Sommers:** Well, I'm glad you brought it up, because most people think of grief and grieving when somebody dies, and upon a diagnosis, there is a little bit of truth to that, because part of you has died and is left behind and now you are left with this part of you and moving on. But it can also be true for losing your job or having your house burn down. I mean, grief is all around. It's not just when somebody dies.

>>**Dr. Miller:** Absolutely not. And I think there's a term that's called ambiguous loss.

>> **Rick Sommers:** Right.

>>**Dr. Miller:** That is particularly appropriate to MS, because nobody can see that your house has burned, that you're no longer going to work. It's a very private and internal loss that other people may not be able to recognize.

>> **Rick Sommers:** The ambiguity is the fact that it comes back to the isolation, that you're dealing with this and nobody else may know exactly what your struggles are because, as we hear so many times, "But you look so good."

>>**Dr. Miller:** Exactly.

>> **Rick Sommers:** And how do you counsel people to deal with the ambiguity of that loss?

>>**Dr. Miller:** Sometimes it's just standing by and bearing witness to it, acknowledging that it's happening, and making sure that the grief doesn't turn into depression. Grief is a very healthy process. We can do a lot to help guide it in terms of how we can ceremoniously, very actively say goodbye to the past. But if the grief which is healthy and normal turns to depression, we need to be ready to recognize that and to intervene pretty quickly.

>> **Rick Sommers:** Let's talk a little bit about depression. Just getting the news that you have MS could make anybody depressed, so this is a pretty common thing for people that are told this.

>>**Dr. Miller:** Depression is about twice as common in the MS population as it is in the general population. And we think that there is generally three reasons for this. One is what we call the reactive depression that happens because this is a lousy thing that's happened to you. We believe that there's a second form of depression that actually has to do with changes in the brain, just like changes in the brain make you not be able to walk as well. It can change your emotions.

And a third kind is that we believe there is something about the immune-modulating system that can cause depression, and when people start interferons, but everyone who is involved in the clinical team needs to be monitoring for that depression.

>>**Rick Sommers:** Because it is a byproduct, or a possible byproduct.

>>**Dr. Miller:** Uh-huh, a possible byproduct, yes. And patients may not bring it up. They may be stoic and say, "This is part of my treatment plan and I'm going to learn to live with it." But they need to be aware that depression is possible and that it needs to be brought to the attention of their clinicians.

>> **Rick Sommers:** Well, we see so many commercials on TV now for antidepressants, and it's like the 800-pound gorilla in the room, because some people were just told, whether it's culturally or just the way they were brought up, that this is not something you talk about. And that can be further damaging.

>>**Dr. Miller:** Yes, it can. And I think that education is a really important component within the healthcare team. We need to educate about the emotional consequences, whether they're reactive or physical, as much as we need to teach about the other symptoms. And we need to, using a technical term, normalize the fact that taking an antidepressant is just as important as working with your physical therapist or taking your spasticity medication.

>> **Rick Sommers:** And that, pardon the expression, is a tough pill to swallow, because there is such stigma attached to mental health issues and depression,

because people just would rather say, "I'm not depressed; I may be a little sad." But there is a distinctive line that is drawn between being sad and being depressed.

>>**Dr. Miller:** There certainly is, but you're not going to successfully treat a person for depression either with cognitive therapy or medication unless they're really willing to recognize the problem themselves. And sometimes it's a watch-and-wait and be there when they're ready.

>> **Rick Sommers:** And I also think that it's important as health practitioners to be able to say, "It's okay to be depressed. I don't blame you; how could you not be?"

>>**Dr. Miller:** Right.

>> **Rick Sommers:** And to give people permission to feel these ambivalent feelings that they may have stored way deep down inside for a very long time, even before their diagnosis, that are now rushing to the surface.

>>**Dr. Miller:** Well, there is certainly truth to the fact that the diagnosis of MS can bring up all kinds of unrelated issues that have been buried for a very long time. And sometimes it's a really wonderful opportunity to address those issues from childhood or young adulthood, as well as dealing with MS. But I think that education is really important, and people need to know that depression is one of the most treatable symptoms of MS, and that we can make life a lot better if you're willing to accept treatment for this aspect of your disease.

>> **Rick Sommers:** What are some of the things that you can offer for people as newly diagnosed who are now feeling these feelings they never knew existed before?

>>**Dr. Miller:** The National MS Society and the services that they offer. The MS Society is incredibly well equipped to help people through a new diagnosis. I think it's really important to put people -- to let people know their options, to give them educational opportunities. People learn in very different ways and you need to know what their preferences are and make options available to them. And I think it's really important not to push, to make information available and for people to absorb it in their own time and in their own way.

>> **Rick Sommers:** Well, as a mental health professional, I want to ask you, do you ever have a fear that there is too much information available on the Internet that can be destructive or dangerous to people who are going through a diagnosis in depression?

>>**Dr. Miller:** Part of my early intervention is teaching people how to assess the information that they're viewing on the Internet.

>> **Rick Sommers:** And to know that not everything you are seeing or reading is the gospel.

>>**Dr. Miller:** Accurate, yes. Absolutely.

>> **Rick Sommers:** I wanted to ask you do you notice a difference between men and women who are diagnosed.

>>**Dr. Miller:** I think generally women are more open to having someone professionally to talk to. Men, I think, I see a slight shift as guys get less macho

>> **Rick Sommers:** less guy like, yes

>>**Dr. Miller:** less guy like that they are more accepting. As we put an emphasis on wellness in relation to MS instead of disease, I think that the general culture of wellness is more accepting of mental health support as well. I think there is a shift among men to being more accepting.

>> **Rick Sommers:** I think it's a good thing because I use to say guys will cry when their team gets eliminated from the playoffs but however they're told they have MS and it's like okay we're going to toughen up and move on and it's okay to let the guard down a little bit.

>>**Dr. Miller:** Very important

>> **Rick Sommers:** Dr. Miller we thank you so much for your time and we look forward to talking to you again.

>>**Dr. Miller:** You're welcome. It was my pleasure.

Tom>> I can certainly relate to Rick's comments about letting the guard down.

Tracey>> While we often make generalizations about how men and women handle emotions differently, it's important to remember that we are all individuals, and the way each of us deals with our emotions is unique.

Tom>> We'd like to thank Dr. Miller for sharing her experience on dealing with emotional aspects of living with MS. Thanks for joining us, and we'll see you next time.