

**Receiving a Multiple Sclerosis Diagnosis: An Adlerian Reflexive Thematic Analysis of
Women's Experiences in Germany**

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Abstract

This study explores the experiences of women in Germany who were diagnosed with relapsing-remitting multiple sclerosis (MS) between 2020 and 2025. Drawing on my dual position as both a person living with MS and an Adlerian counsellor, the study examines how an Adlerian framework can deepen understanding of the lived experience of diagnosis and early adjustment. Data were collected through narrative interviews with eight women and analyzed using reflexive thematic analysis.

Four themes were identified: (1) the diagnostic process as a psychological turning point, (2) psychological coping and self-management, (3) social environment—challenges in communication and perception, and (4) future planning—resilience, growth, and redefining life. The findings show that receiving an MS diagnosis can constitute a life-altering experience that may challenge established lifestyle patterns and the navigation of Adlerian life tasks. Participants described experiences of uncertainty and emotional distress, alongside ongoing processes of meaning-making and reorientation.

Coping strategies included information-seeking, selective avoidance, and efforts to maintain agency and performance despite limitations. Social relationships functioned as both supportive resources and sources of strain, particularly in relation to disclosure, invisibility, and differing levels of understanding. Experiences within healthcare interactions, especially encouragement and discouragement, emerged as important influences on emotional adjustment. Over time, many participants reported shifts in self-perception, increased resilience, and more intentional engagement with life goals.

From an Adlerian perspective, coping can be understood as a goal-directed and relational process shaped by lifestyle, social interest, encouragement, and engagement in life tasks. The

findings suggest that adjustment to MS is not a passive reaction to illness but an active process of meaning-making and reorientation embedded within social contexts.

Keywords: multiple sclerosis, diagnosis experience, reflexive thematic analysis, Adlerian psychology, women, coping, Germany

Introduction

This study explores the experiences of women in Germany who were recently diagnosed with multiple sclerosis (MS). MS is a chronic autoimmune disease that affects the central nervous system. The immune system attacks myelin, the protective layer around nerve fibers in the brain and spinal cord. This causes symptoms such as fatigue, vision problems, numbness, weakness, and trouble walking or keeping balance (Scandiffio et al., 2025). While there is no cure, modern treatments can reduce relapses and slow disease progression. In Germany, doctors now start highly effective therapies much earlier than before (Stratil et al., 2025).

From my personal perspective, receiving an MS diagnosis can represent a profound turning point. Even with advances in medical treatment, the moment of diagnosis may bring fear, many questions, and uncertainty about the future. While I was told that I could continue life as normal, my experience of receiving a diagnosis of a chronic, unpredictable illness felt far from normal.

I started this research from my own experience. In May 2024, I received my MS diagnosis. Going through the time before diagnosis, the medical tests, and life afterward made me ask: *How do other women experience this? What helps them cope? What makes it harder?* Since I am both a person with MS and a psychological counselor with an Adlerian background this gives me a special view for this study. The aim of this study is to explore how an Adlerian lens can contribute to understanding the experiences of women diagnosed with MS.

The study includes women from Germany diagnosed with MS between 2020 and 2025. This period is particularly relevant, as both medical treatments and approaches to psychological support have evolved significantly (Scandiffio et al., 2025; Stratil et al., 2025).

What Research Already Shows

Many psychological studies of people with MS measure psychological problems like depression, anxiety, stress, self-efficacy, and quality of life (Topcu et al., 2020). Research shows that self-efficacy — believing you can manage MS — predicts better adjustment, more social activity, and better mood (Bradson & Strober, 2024; Tingey et al., 2023). Longitudinal findings further suggest that self-efficacy develops over time following diagnosis and plays a key role in early adaptation trajectories (Tingey et al., 2023).

Some qualitative studies explore the lived experience of MS, highlighting identity changes, coping processes, and uncertainty following diagnosis (Topcu et al., 2023; Graziano et al., 2025). Damanabi et al. (2022) conducted interviews with people with MS in Iran and examined their self-management needs, highlighting the importance of information, communication, and strategies for managing daily life. Topcu et al. (2023) performed a meta-synthesis of studies from multiple countries and highlighted the centrality of narrative meaning-making, social connectedness, and the desire to share experiences — not just receive medical information. While all these studies show that people with MS value psychosocial support, they approached this topic in different cultural and methodological contexts. However, these studies often mix men and women, and include participants with both new and long-term MS diagnosis. This makes it difficult to identify challenges and coping strategies unique to women recently diagnosed. In addition, few studies focus specifically on the early experience of diagnosis, when individuals are first confronted with uncertainty and the potential need to reorganize their lives.

Research shows psychological therapies work well for people with MS. A recent systematic review by Scandiffio et al. (2025) shows cognitive behavioral therapy, mindfulness, and acceptance therapy help mental health, physical symptoms, thinking, and quality of life. Positive psychology interventions focusing on hope and meaning also help, even without

mental illness (Somers et al., 2021). But most research waits for depression or anxiety to develop before suggesting psychological help (see, for example, Fragkiadaki et al., 2023; Morris-Bankole & Ho, 2023; Gil-González et al., 2022).

Adlerian Individual Psychology conceptualises human behaviour as purposeful and goal-directed, shaped by the individual's subjective interpretation of experiences. A central concept is *lifestyle*, referring to a relatively stable pattern of beliefs, emotions, and behaviours through which individuals strive to achieve belonging and significance in the world (Carlson & Englar-Carlson, 2017). Lifestyle is formed early in life and influences how individuals approach and cope with later life challenges, including illness, by shaping characteristic strategies for maintaining direction and meaning.

Within this framework, *social interest* (*Gemeinschaftsgefühl*) describes the individual's capacity for connection, cooperation, and contribution to others, and reflects the extent to which individuals experience belonging within their social world. It is considered a key indicator of psychological well-being and is closely linked to feelings of inclusion and participation in the community (Ansbacher & Ansbacher, 1956; Carlson & Englar-Carlson, 2017). Closely related, *encouragement* refers to experiences that strengthen an individual's sense of worth, belonging, and courage to engage with life challenges, whereas *discouragement* may hinder adaptation and reduce engagement with life tasks (Carlson & Englar-Carlson, 2017).

Adler further described three universal life tasks — work, friendship (social relationships), and love or intimacy — which represent the primary domains in which individuals seek meaning, belonging, and fulfilment (Ansbacher & Ansbacher, 1956). Engagement in these tasks requires both individual agency and social connectedness, highlighting the interdependence between personal functioning and the social world.

From an Adlerian perspective, coping connects to lifestyle, belonging (*Gemeinschaftsgefühl*), encouragement, and social interest rather than symptom reduction (Carlson & Englar-Carlson, 2017). One recent study used Adlerian lifestyle therapy with MS patients and found better psychological cohesion and empathy (Asadi Loyeh et al., 2021). But no narrative studies examine women's contemporary MS diagnosis through Individual Psychology. Applying Individual Psychology to women's narratives can therefore provide deeper insight into how lifestyle, life tasks, social interest, and encouragement shape coping, identity, and processes of adaptation following an MS diagnosis.

Research Gap

I have identified three main gaps in the existing literature:

1. Limited research attention has been given to narrative studies of women with recent MS diagnosis. Most qualitative studies mix genders or focus long-term MS (Topcu et al., 2023). This makes it difficult to understand the unique experiences, challenges, and coping strategies of women who are newly navigating life with an MS diagnosis. Without these insights, healthcare providers lack guidance on how to support women in the critical early stages of adjustment, when uncertainty and emotional impact are highest.
2. Women in Germany are underrepresented. Most qualitative MS research is conducted in English-speaking or Nordic countries, with limited context-specific research from Germany (Topcu et al., 2023). Without research in this context, interventions and support may not fit the cultural and healthcare realities faced by women in Germany.

3. No Adlerian narrative research on MS diagnosis. While Adlerian therapy shows promise for chronic illness, no studies use lifestyle/social interest analyses for modern MS diagnosis in women (Asadi Loyeh et al., 2021). This leaves a gap in understanding how lifestyle, social interest, and encouragement shape adjustment and identity reconstruction in women shortly after diagnosis.

This study addresses these gaps by exploring the narratives of women in Germany who were recently diagnosed with MS and interpreting their experiences through an Adlerian psychological framework. By focusing on early diagnosis and lived experience, the study aims to provide deeper insight into how women understand disruption, coping, and reorientation after receiving an MS diagnosis.

Research Questions (RQ)

My main research question was, "How can an Adlerian perspective illuminate what it is like to receive an MS diagnosis?"

More specifically, I focused on a sample of women diagnosed in Germany between 2020 and 2025, aiming to answer these questions:

1. How did participants experience an MS diagnosis as a challenge to their lifestyle, and what reorientation processes expanding their lifestyle show in their stories?
2. How did the participants' experiences of social interest through telling others, support networks, or hiding - shape coping with diagnosis?
3. What moments of encouragement or discouragement became turning points for adaptation to MS?
4. How did the diagnosis influence the participant's engagement in Adlerian life tasks of work, friendship, and love?

My Assumptions

I assume that telling one's personal story can help individuals process and make sense of the diagnosis (Fragkiadaki et al., 2023). This assumption guided the design, analysis, and interpretation of the study.

Method

Research Design

I use a qualitative design with narrative interviews and thematic analysis. Narrative interviews give space for women to tell their illness stories and show how they understand diagnosis and change (Fragkiadaki et al., 2023; Flick, 2009). My analysis is reflexive — I openly include my position as both researcher and person with MS.

Participants

The study includes eight women living in Germany who were diagnosed with relapsing-remitting multiple sclerosis (RRMS) between 2020 and 2025. At the time of diagnosis, participants were between 22 and 42 years old. Participants were recruited through two main channels: a WhatsApp group of aMStart, an online self-help support group for people recently diagnosed with MS, and personal contacts following my interview on the *MS Perspektive* podcast in November 2025. To ensure organization and maintain confidentiality, I stored participant information — including first name, phone number and/or email, age, year of diagnosis, and type of MS — in a secure Excel spreadsheet accessible only to me.

Data Collection

Data were collected through narrative interviews conducted in German via Zoom. All interviews were audio- and video-recorded with the participants' consent, and Zoom

transcripts were downloaded for analysis. The interviews followed a single open-ended question:

“Please tell me the story of receiving your MS diagnosis and how life unfolded since then. Start wherever you like. Take all the time you need. I will listen without interrupting.”

This approach followed the narrative principles described by Rosenthal and Loch (2002), in which participants decide what is important, structure their story according to time and theme, and speak freely without interruption. Narrative interviews are particularly suitable for exploring how people make meaning from critical life events such as illness (Flick, 2009).

Ethics

I obtained informed consent from all participants prior to the interviews. Because the topic is sensitive, I created a safe and supportive interview environment. I informed participants that they could pause or stop the interview at any time without consequence. I anonymized all data and stored it securely to protect confidentiality.

Reflexivity

My dual role as a person living with MS and as a counselor allowed me to engage deeply with participants' narratives. Reflexive journaling enabled me to capture subtle coping strategies, social navigation approaches, and expressions of agency, while maintaining participants' voices as central to the analysis. Recognizing parallels between my journey and the women's experiences informed nuanced understanding without overshadowing their perspectives.

Data Analysis

I analyzed the interview data using thematic analysis, following the guidelines of Braun and Clarke (2006). The initial phase involved familiarization with the transcripts through reading. I started a reflective journal, documenting my initial impressions, first reactions, and emerging patterns. I used the free-14-day-trial of MAXQDA for the inductive coding. I clustered the codes, rearranged, came up with subthemes, reread parts of the interviews, clarified the subthemes and built themes. The reflective journal accompanied my whole research process, serving as a space to capture what resonated with me, what challenged me as a person living with MS, and what stood out from my perspective as a researcher and Adlerian counselor.

Findings

I identified four main themes that describe how the women experienced their MS diagnosis and adapted to life afterward: 1) the diagnostic process as a psychological turning point, 2) psychological coping and self-management, 3) social environment — challenges in communication and perception and 4) future planning — resilience, growth, and redefining life. Each theme is presented with illustrative examples from the interviews. These themes reflect both the psychological disruption caused by the diagnosis and the ways women coped, negotiated social challenges, and reoriented their lives.

Theme 1: The Diagnostic Process as a Psychological Turning Point

The path to diagnosis and the diagnosis itself were often experienced as a life-altering moment. Participants described early symptoms as confusing and alarming, which disrupted their sense of normality. Uncertainty, fear, and frustration were often present and could intensify during interactions with healthcare professionals, which could either reduce or worsen emotional distress.

1.1 Initial Symptoms and Uncertainty

Participants described a range of early symptoms, including dizziness, sensory changes, and fatigue, which often caused confusion and anxiety. The first physical signs of MS often triggered profound uncertainty and a pressing need for explanation. The sudden onset of unexplained neurological phenomena provoked fear and psychological stress, with many initially downplaying or attributing the symptoms to other causes before recognizing their seriousness.

P6 described her first episode of dizziness and gait disturbances, which she initially dismissed:

“I had this dizziness and when I walked, I always kind of swerved to the left... I couldn't really walk straight, and I even kind of laughed it off at first and then went to the ENT [*ear, nose and throat*] specialist because I thought it might be vertigo.”

P3 experienced tingling in her hands and difficulty writing, which she described as “quite intense,” initially thinking it was “just in my head.” P8 noticed a “very strange” feeling and researched it online, which deeply unsettled her:

“And I read it and immediately thought, wow, that's definitely it.”

P4 described her symptoms as “just weird, a bit electrically charged” and felt “really panicked” about a possible stroke.

These experiences illustrate how early, often subtle, physical changes can send alarming signals that disrupt prior self-understanding and initiate an intense, anxiety-driven search for

explanations. Overall, the early phase was marked by ambiguity, confusion, and a profound sense of uncertainty about what was happening to the body.

1.2 Emotional Responses: Frustration, Fear, and Paradoxical Relief

Participants reported strong emotional reactions throughout the diagnostic process, particularly fear and frustration, often linked to uncertainty and difficulty understanding unexpected medical information.

P6 reflected on the moment she learned about her MRI results:

“It wasn’t easy for me, because it was the first time I learned there were multiple lesions. I was completely distressed, sat there crying...”

At the same time, receiving the diagnosis often brought a paradoxical sense of relief. Several participants felt reassured once they had a clear explanation for their symptoms, especially when more serious conditions were ruled out. Some specifically mentioned relief that the cause was not a stroke. P3 explained:

“I was really relieved that it was exactly what I thought” and “nothing worse like a brain tumor.”

These accounts highlight a paradox in the emotional experience: although the diagnosis was serious, understanding what was happening could reduce uncertainty and provide emotional relief.

1.3 Doctor–Patient Relationship: Trust, Support, and Communication

The quality of communication and support from healthcare professionals emerged as a central factor shaping participants’ experiences of the diagnostic process. Empathetic, attentive

interactions fostered trust and emotional security, whereas dismissive or rushed interactions increased distress and frustration.

P6 reflected on how her diagnosis was communicated:

“The diagnosis was explained very sensitively, very calmly... everything before that was just headache and confusion.”

Similarly, P3 described feeling reassured when a neurologist addressed fears about early death and family planning, showing how supportive communication could reduce anxiety and foster relief.

Other participants reported frustration with systemic issues or dismissive healthcare interactions, which further intensified emotional distress during the early diagnostic period.

P6 described her experience with her first neurologist:

“He unfortunately didn’t respond with enough empathy. On the contrary, he just told me what to do... it was overwhelming for no reason...”

Participants emphasized the importance of clear communication, continuity of care, and guidance during the diagnostic process. Negative experiences, such as rushed or insensitive interactions, created unnecessary anxiety and eroded trust. Overall, doctor–patient interactions played a key role in shaping both the diagnostic experience and early coping.

Theme 2: Psychological Coping and Self-Management

While the diagnostic process shaped initial emotional responses, participants then developed strategies to cope with symptoms and maintain daily life.

2.1 Experiencing Symptoms and Challenges of Medical Therapy

The physical manifestations of MS and the need for medication presented ongoing challenges, requiring not only physical adaptation but also significant psychological adjustment and coping with anxiety. Fatigue, in particular, was reported as a dominant and highly limiting symptom.

P6 described experiencing “very much fatigue” along with “all side effects” during her first therapy, including cold-like symptoms, mood disturbances, and skin changes, which led to a “real disgust for the medication.” P3 suffered from constant tingling, which she described as “exhausting.” P2 reported fatigue as “very, very pronounced” and noted having to “pace herself much more drastically than before.”

Some participants intentionally selected highly effective therapies despite potential side effects. For example, P2 chose Kesimpta to “hit hard and early,” accepting increased susceptibility to colds, which she managed by consistently wearing a mask. P4 described a combination of symptoms including tinnitus, pain, concentration difficulties, and cognitive limitations.

Overall, participants navigated both the physical and psychological challenges associated with ongoing therapy, balancing symptom management with adherence and coping strategies.

2.2 Psychological Processing: Between Knowledge, Control, and Repression

Psychological processing of an MS diagnosis is a dynamic process that oscillated for the participants between the desire for information and control and the protective mechanism of temporary avoidance to maintain emotional well-being. Knowledge often served as a central coping strategy, allowing participants to regain a sense of agency over their condition.

P3 emphasized the importance of information: “Knowledge calms me.” She actively read scientific papers, listened to podcasts, and engaged with other educational resources to “gain

control” over her symptoms. P8 initially sought information but later paused, reflecting: “At some point, you’ll have to deal with it, but not right now.”

P1 was advised in the hospital not to use Google extensively, as most online reports focus on severe cases; she relied on knowledge selectively to “gain a bit of control.” P4 also delayed engagement with her diagnosis, stating that she “kept putting it off,” demonstrating the use of temporary avoidance as a protective strategy.

Overall, participants navigated extremes and a careful balance between seeking knowledge to regain control and strategically limiting exposure to protect their psychological integrity. This negotiation reflects the active and ongoing nature of coping with a complex and unpredictable condition.

2.3 High Performance Expectations and the Struggle Against Limitations

The drive to remain high-functioning and maintain normality despite MS was a source of strength, but it also carried the risk of overexertion and hidden strain. Many participants adopted a “Now more than ever” attitude, using the diagnosis as motivation to persist in personal, academic, or professional goals.

P6 described struggling to “take it easier” and finding excuses other than citing MS. P3 returned to work “100% immediately” after her diagnosis, unwilling to “restrict herself” and viewing the diagnosis as motivation, “No, now, more than ever.”

P8 continued her studies, noting that she “is not as capable as before” but still expected full functionality from herself. P2 described herself as “incredibly performance-oriented” and emphasized living life “much, much more consciously.” P7, who worked full-time from home, explained, “I manage pretty well and think, I can always give up later.”

She highlighted that no one saw “how much strength is inside.” P4 threw herself into work and overtime after her diagnosis to “take control of my life” and “not be alone.”

Overall, these narratives illustrate how women balanced ambition and personal standards with physical and cognitive limitations, demonstrating resilience while navigating the hidden costs of striving to maintain normality. While psychological coping helped participants manage symptoms internally, the social environment shaped how these strategies were enacted and experienced, influencing both support and stress.

Theme 3: Social Environment — Challenges in Communication and Perception

MS influenced social interactions, requiring participants to learn how to communicate about an invisible disease, cope with others’ reactions, and assert their identity within societal expectations and prejudices. Social relationships emerged as both a source of support and a challenge, shaping emotional responses and adaptation strategies.

3.1 Family and Friend Relationships — Support and Burden

Close relationships were experienced as a double-edged sword: they provided essential support but could also generate stress due to relatives’ emotional reactions or the difficulty of showing vulnerability.

P6 received support from her mother and friends who visited her in the hospital but noted that her sisters “still don’t feel entirely comfortable with these topics.” P2 described that her parents “worried too much” and struggled to recognize that they were not the central focus of her care. At the same time she described having “incredible luck” with her brother and:

„I was incredibly lucky with my group of friends. From the beginning, they drove out to the hospital. And for three months, I basically had my personal shuttle service to all

doctor's appointments. I know there was a WhatsApp group with a few people in it who all had a car, and they would ask, okay, who has time to take her somewhere and so on. And it was really crazy how much they supported me. And I'm incredibly grateful for that, because without these people, I think this time would have been even much shittier than it already was."

Similarly, P4 expressed frustration that close relatives did not actively engage with her diagnosis, but described how her social network actively organized practical and emotional assistance:

"And then I had three really wonderful friends who said, "Let's sit down together and do this. We'll cook something nice, and we'll look for a neurologist together. We'll make the calls somehow." And that's when I realized again: wow, I'm actually very lucky. I have a great social support network."

P7 initially felt "very angry" at her parents when she received her diagnosis, as she believed they should have noticed earlier that something was wrong, particularly given that her MRI already showed 15 lesions. At the same time, her boyfriend misinterpreted her fatigue, assuming she was "just lazy when I didn't want to walk any longer on holidays".

These examples suggest that differences in perceived support were less related to specific relationship types and more to how others responded to the diagnosis. Supportive relationships were characterized by understanding, appropriate emotional responses, and practical engagement. In contrast, strain often arose when relatives either overreacted with anxiety or failed to recognize the seriousness of the condition and symptoms. This indicates that support was experienced not simply as the presence of others, but as the quality of their understanding and responsiveness.

3.2 Career & Work Adaptation, Discretion, and Strategic Disclosure

Integrating MS into professional or academic life required balancing the need for accommodation with concerns about stigma. Participants applied conscious strategies regarding openness and discretion to protect their roles and responsibilities.

P6 was in still in school when experiencing her first episode:

“I have to say, it was actually very positive because I had very understanding teachers. I told those I trusted what was going on, that I was still in the middle of medical tests and that there might be times when I wouldn’t feel well. They were very accepting and considerate. It wasn’t a problem if I came in later or missed time. When I received the official diagnosis, I was absent for about a week, and that was completely fine.”

P3 shared her diagnosis only with the headmaster, not the entire staff, to avoid rumors. P1 chose not to disclose her diagnosis at her museum workplace, fearing negative career consequences:

“I often feel the need to tell the people I work closely with, because we’re a small team and they’re all important to me. They’re all really kind. But I can’t assess my boss, and I’m very afraid it might affect how capable he thinks I am. Especially because my future there isn’t secure right now, I don’t want to take that risk.”

P7 worked 100% from home with employer approval and applied for a disability certificate as a security measure. P5 recounted experiences of being “reduced to disability” during job searches, exploited, and eventually fired. P1 adjusted her schedule to reduce stress and informed only her closest colleagues, carefully managing disclosure.

These examples demonstrate that participants' experiences were not simply varied, but followed a pattern shaped by perceived levels of safety and risk within their professional environments. Openness and disclosure were more likely in supportive contexts, whereas uncertainty or fear of negative evaluation led to more selective or non-disclosure. At the same time, participants strategically navigated professional expectations while safeguarding both performance and personal privacy.

3.3 Communication and Perception of the Disease — The Burden of Invisibility

The invisible nature of MS required participants to manage disclosure thoughtfully, maintain autonomy, and correct misunderstandings. P6 spoke openly about her diagnosis when forming new friendships but struggled with timing “when to bring it up on a date.” P8 considered it a “nice compliment” when people frequently forgot she had MS, reflecting the paradoxical relief and social tension of invisibility. P7 sometimes needed to remind her husband of her condition, as it was not externally visible, recalling a colleague's comment: “Yes, you don't look disabled at all.”

P4 captured the emotional challenge succinctly:

“For everyone else, life goes on normally, but not for me,” noting that she could “pretend well that I'm fine.”

These experiences illustrate the continuous negotiation of identity, disclosure, and self-protection in everyday interactions. Beyond immediate social challenges, participants reflected on how living with an invisible chronic illness reshaped their long-term perspectives on life, identity, and future possibilities.

Theme 4: Future Planning — Resilience, Growth, and Redefining Life

An MS diagnosis required participants to rethink their life plans and sense of identity. Despite fears, uncertainty, and the emotional impact, many described personal growth, increased resilience, and a more intentional focus on what is important in life.

4.1 Changed Life Perspective and Identity Transformation

The diagnosis disrupted participants' previous self-image, prompting a painful but often transformative acceptance of a new identity that incorporated the disease without being defined by it.

Most of the participants reported positive transformations after the original disruption to their previous self-image. P6 reflected, "I don't feel like the person I was before." She described having "let life just pass by" and felt "on autopilot," but now saw her diagnosis as a "chance" and felt she had "grown from it." P3 emphasized resilience, saying, "I grow from many things and have become much stronger, building real resilience." P2 described living "much, much more consciously" and appreciating positive experiences more deeply.

In contrast, a few participants reported no positive aspects. P4 experienced profound disruption, calling it "really shitty," feeling "suddenly ripped from life as a young person," and asking, "why me?" She described a clear separation: "there was life before diagnosis, and there is life after, and it will never be the same again."

These accounts illustrate the complex process of integrating MS into one's self-concept, transforming disruption into opportunities for self-reflection, growth, and empowerment.

4.2 Future Planning — Fears, Hopes, and Adjusted Life Goals

The future became a domain of uncertainty, where fears of limitations and loss contended with hope for medical progress and the need to adjust life goals realistically.

P6 described challenges around dating and disclosure, while P8 faced career-related stress as a civil servant on probation awaiting permanent appointment. P2 reflected on the impact of MS on her sense of agency:

“It’s scary to see MS looking toward the future... what does this do to my self-worth, my planning, my will to live?”

P4 expressed fear regarding fertility, physical fitness, and life planning, and P5 questioned whether she could complete her professional training. Participants simultaneously balanced anxieties about the future with pragmatic adjustments to goals, illustrating the dynamic tension between uncertainty, hope, and planning.

4.3 Resilience and Active Life Planning — The Disease as a Catalyst for Growth

For many participants, the MS diagnosis served as a catalyst for resilience, proactive coping, and purposeful life planning. They described embracing activities that reinforced their sense of agency, testing physical and cognitive capacities, and cultivating new opportunities for personal growth.

P6 expressed a desire “to try lots of things and not be held back.” P3 became “much more active,” asking herself, “why not now?” She planned sailing trips, pursued further education in another teaching subject, and applied for a program leadership position. P2 completed her first half-marathon to demonstrate her body’s continued capability. P4 acknowledged that MS sometimes taught her lessons in pacing, stating, “I need to slow down sometimes.” P1 made lifestyle changes, including adopting a vegan diet and strength training, to remain active and engaged.

Collectively, these narratives illustrate how participants transformed the challenges of MS into opportunities for growth, intentional planning, and meaningful engagement with life.

Discussion

Receiving a diagnosis of MS represents a profound challenge in women's lives, affecting psychological, social, and practical domains. From my perspective as both a person living with MS and an Adlerian counselor, this disruption challenges daily routines and prompts reorientation of broader life tasks in line with personal values and social engagement (Carlson & Englar-Carlson, 2017). The participants' narratives reveal how they actively navigated uncertainty, adapted routines, and sought meaning while integrating the diagnosis into their lives

RQ1: Challenges to Lifestyle

The findings indicate that an MS diagnosis challenges established lifestyle patterns, particularly through disruptions to routines, expectations, and self-understanding. This was most evident in the diagnostic phase and early coping processes (Themes 1 and 2), where uncertainty, fear, and loss of control shaped participants' experiences. For example, P4 described feeling "really panicked" in response to unfamiliar neurological symptoms, while P6 recalled being "completely distressed" upon learning about multiple lesions. These accounts highlight how the diagnosis destabilized previously taken-for-granted assumptions about the body and the future.

At the same time, participants engaged in active reorientation. This aligns with findings that self-efficacy is not static but evolves during the early post-diagnosis period, shaping how individuals approach coping and adaptation (Tingey et al., 2023). Strategies such as seeking information, adjusting daily routines, and redefining priorities functioned as efforts to regain agency. This is illustrated by P3's statement that "knowledge calms me," as well as P2's description of needing to "pace [herself] much more drastically than before." These processes

were particularly visible in Theme 2 (psychological coping and self-management), where participants negotiated between control, limitation, and adaptation.

From an Adlerian perspective, these responses reflect the flexible and goal-directed nature of lifestyle. Rather than indicating breakdown, the findings suggest an active reorganisation of meaning and direction in response to changed life conditions. Importantly, these adjustments were closely embedded in social contexts, indicating that lifestyle reorientation unfolds relationally rather than individually.

RQ2: Social Interest (Gemeinschaftsgefühl)

Social interest emerged as a central dimension of coping, shaping how participants maintained belonging while navigating illness. These dynamics were particularly evident in Theme 3 (social environment), where relationships functioned both as sources of support and as sites of tension. Supportive interactions strengthened participants' sense of connection and resilience. For instance, P2 described how her friends organised care during the early phase of diagnosis: "for three months, I basically had my personal shuttle service... it was really crazy how much they supported me." Similarly, P4 reflected, "I realized again: wow, I'm actually very lucky. I have a great social support network."

At the same time, the invisible nature of MS required continuous negotiation of disclosure, recognition, and autonomy. Participants described the tension between appearing "normal" and needing their condition to be acknowledged. This was captured by P7 recalling the comment, "Yes, you don't look disabled at all," and by P4's reflection: "For everyone else, life goes on normally, but not for me." These examples, particularly from Theme 3.3 (communication and perception), illustrate how belonging is not static but must be actively managed.

Importantly, social interest extended beyond receiving support to include active contribution. Participants engaged in peer support, shared experiences, and contributed to MS-related initiatives. Their willingness to participate in this study can also be understood as an expression of contribution to collective understanding.

From an Adlerian perspective, these findings highlight social interest as a dynamic, reciprocal process. Coping therefore involved not only maintaining relationships but actively shaping them, positioning belonging as both a resource and an ongoing developmental task.

RQ3: Encouragement and Discouragement as Turning Points

Encouragement and discouragement emerged as key relational processes influencing adaptation, particularly in interactions with healthcare professionals (Theme 1.3).

Encouraging experiences were characterized by empathy, clarity, and emotional attunement, which supported participants' sense of stability. For example, P6 described how her diagnosis was communicated "very sensitively, very calmly," which helped reduce distress and confusion.

In contrast, discouraging encounters intensified emotional strain. P6 recalled that a neurologist "didn't respond with enough empathy" and "just told me what to do," which she experienced as overwhelming. These contrasting experiences demonstrate how relational contexts can either support or hinder early adaptation.

Within an Adlerian framework, encouragement fosters courage, belonging, and engagement with life challenges, whereas discouragement can undermine confidence and increase withdrawal (Carlson & Englar-Carlson, 2017). The findings suggest that such moments—especially during diagnosis—can function as critical turning points in how individuals interpret and respond to their condition.

RQ4: Engagement in Life Tasks: Work, Friendship, and Love

The diagnosis also reshaped participants' engagement in Adler's life tasks of work, friendship, and love, as reflected across Themes 3 and 4. In the domain of work, participants navigated disclosure and adaptation strategies while balancing concerns about stigma. For example, P1 described hesitating to disclose her diagnosis because it "might affect how capable [her boss] thinks I am." These concerns reflect broader findings that individuals with MS often anticipate stigma and discrimination in professional contexts, influencing selective disclosure decisions (Vitturi et al., 2022).

In friendships, participants experienced both strong support and relational strain. While some relationships deepened, others were marked by discomfort or misunderstanding, as illustrated by P6's observation that her sisters "still don't feel entirely comfortable with these topics."

In intimate relationships, communication and expectation management became central, particularly regarding invisible symptoms. P7 described how her partner initially misinterpreted her fatigue, assuming she was "just lazy when I didn't want to walk any longer."

From an Adlerian perspective, these findings illustrate that engagement in life tasks requires continuous negotiation between individual needs and social expectations (Ansbacher & Ansbacher, 1956). MS did not preclude participation in these domains but reshaped how they were experienced and maintained.

Limitations

Recruitment via self-help groups and podcast listeners may have favored proactive, reflective participants. This could have led to an overrepresentation of resilience, active coping, and

growth-oriented narratives in the findings. My dual role as researcher and MS patient could have influenced interpretation. As someone who engages in proactive and reflective coping, I may have been more attuned to similar patterns in the data, potentially underrepresenting less proactive or more ambivalent experiences. However, reflexive practices enhanced rigor and transparency.

Conclusion

A diagnosis of multiple sclerosis (MS) represents a life-altering turning point, involving psychological, social, and practical challenges. The participants in this study navigated uncertainty, adapted everyday routines, and gradually integrated the illness into their sense of self through active coping, selective disclosure, and goal-directed forms of adaptation.

This study contributes to the existing literature in several ways. First, by focusing on women recently diagnosed with MS, it provides insight into an early and often underexplored phase of adjustment, highlighting how uncertainty, emotional disruption, and meaning-making processes unfold shortly after diagnosis. Second, by situating the study in Germany, it adds context-specific knowledge on how individuals experience diagnosis within a particular healthcare system and sociocultural environment, thereby extending research that is predominantly based in English-speaking contexts.

Third, the study combines narrative interview data with reflexive thematic analysis and interprets the findings through an Adlerian theoretical lens. This approach offers a psychologically grounded understanding of coping as a socially embedded and goal-directed process. Adlerian concepts such as lifestyle, social interest, encouragement, discouragement, and engagement in life tasks help illuminate how participants actively construct meaning, maintain belonging, and reorganize their life direction in response to diagnosis.

Overall, the findings suggest that coping with MS is not a passive reaction to illness, but an active, relational, and meaning-oriented process shaped by both individual agency and social context. Supportive relationships, encouragement, and opportunities for contribution to others emerge as key resources in navigating early adaptation after diagnosis.

Future research could explore experiences of women with fewer social resources or different healthcare access to better understand how structural and contextual factors shape coping, disclosure, and long-term adaptation.

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Declaration of Use of Artificial Intelligence Tools

In the process of writing this Master's thesis, I used ChatGPT (OpenAI) as a supportive tool to help with language refinement, clarity, and improving the structure of certain text passages. Its use was limited strictly to these language-related and editorial purposes.

All decisions regarding the research design, data collection, data analysis, interpretation of the findings, and conclusions were made independently by me. I take full responsibility for the content and academic integrity of this work.