



VESTIBULAR

DISORDERS ASSOCIATION

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When is “Feeling Depressed” More Than Just a Feeling?

By Ann M. Kerlin, M.Div., Ph.D., L.P.C.
Assistant Professor of Biblical Counseling
Luther Rice College & Seminary

When a loved one suffers from a chronic health concern, such as a vestibular disorder, spouses, parents, and others may become caregivers. A caregiver is a person who provides help and protection to someone with a problem. At some stages of an illness or disability, we may take on a more protective role, and later be called to play an increasing role in the health and wellbeing of the patient. The possibility of burnout is a real danger for caregivers, since their own interests, time, and energy may be exhausted caring for another. Even if a loved one is not fully disabled, the combination of worry and a tendency to ‘hover’ can become exhausting and caregivers may find themselves feeling that life is more than they bargained for and feelings of depression may become apparent.

Caregivers suffer when the loved one suffers, too. It is difficult to always be the encourager if a person with a vestibular disorder is always ‘down’. When people feel blue, they have less energy and motivation to get exercise, tend to avoid social relationships, and do not eat right. People with vestibular disorders may be particularly at risk of becoming socially isolated, when they fear leaving the house due to the possibility of falling. This is a natural fear, but a lack of social involvement is a risk factor for depression. Even though we may love the person with the vestibular disorder, it is a lot better for those of us who are caregivers when they are trying to compensate the best they can instead of feeling defeated. Caregivers can help their loved ones and themselves by knowing the warning signs that someone’s feelings of depression are beyond the normal ‘feeling blue’ stage that we all experience at times. The following are signs and symptoms of clinical depression, which may indicate that the patient (or the caregiver, or both!) may benefit from some counseling or counseling in conjunction with medication.

If you notice five or more of the following symptoms that cause significant distress and impairment in functioning, it would be wise to be evaluated by a physician or mental health professional for depression:

- Feeling depressed mood most of the day, nearly every day (feeling sad, empty, or hopeless, or being tearful)
- Loss of interest or pleasure in activities most days
- Significant weight gain or weight loss not due to dieting (5% of body weight or more)
- Insomnia or too much sleeping nearly every day
- Psychomotor retardation (A noticeable slowing of physical movement), or agitation or feelings of restlessness that are unusual
- Fatigue or loss of energy nearly every day



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- Feeling worthless or having inappropriate guilt or self-reproach (for example, due to illness)
- Problems concentrating, thinking, and making decisions nearly every day
- Recurrent thoughts of death, and/or thoughts of suicide¹

People who are diagnosed with clinical depression can be at serious risk for suicide. And obviously, such symptoms greatly impair one's quality of life. But it is possible to get better. **Ask your doctor for a referral to a mental health professional, ideally one who is used to working with chronic illness, or specializes in patients with vestibular disorders.**

Sometimes people do not meet all the criteria for Major Depression, which is described above, but suffer with a sort of low-grade depression called Dysthymia, which includes some of the symptoms listed above. The depression is less severe, but is also treatable. Caregivers can help those they love by addressing mental health concerns and making sure they themselves are functioning the best they can despite difficult circumstances. And for those people who consider themselves religious, many people find strength and encouragement to deal with chronic illness through their spiritual practices and involvement with a church or community of faith.

¹ American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. Washington, D.C.: American Psychiatric Association, pp. 160-161.