VESTIBULAR DISORDERS ASSOCIATION

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"It's All in Your Head": Addressing Vestibular Patients' Stressors and Self-Doubts

By Albert J. Bernstein, PhD, Vancouver, Washington with the Vestibular Disorders Association

Thirty years of experience as a therapist has taught me that, brain chemistry notwithstanding, what causes most psychological problems is internal conflict. I find this to be particularly true in my work with people with vestibular disorders.

Most vestibular patients, and many of the physicians who treat them, believe that their psychological problems are directly caused by the symptoms themselves. There is no question that chronic unsteadiness and bouts of vertigo are stressful, but, in my experience at least, patients can learn to cope with this kind of stress by seeing it as separate from themselves, an uninvited guest with whom they must live.

The stress caused by internal conflicts is far more corrosive. Even patients who have made an uneasy peace with their symptoms may experience a subtle erosion of self-esteem that arises from a discrepancy between what they think they are, and what they believe they should be. Vestibular patients are always questioning themselves, and it is these questions that cause such damaging stress:

Am I making this up?

Vestibular disorders are invisible and unpredictable. This does not mean that they are imaginary. There is a strong cultural tendency in both laypeople and medical professionals to suspect that anything that doesn't show up in a blood test or a scan is "all in your head." Not that anyone would ever *say* such a thing, but every vestibular patient I know has heard an echo of this thought frequently enough to take it to heart.

Am I stupid? Am I just lazy?

With a vestibular disorder, the process of maintaining balance, which is usually automatic, must be done consciously. This effort takes a tremendous amount of psychological energy. If the mind were a computer, we could say that just figuring out which end is up uses most of the available RAM—leaving precious little for other tasks, such as thinking. And a growing body of research suggests that vestibular disorders also have a direct effect on cognitive functioning (Hanes and McCollum 2006).

Whatever the cause, vestibular patients cannot think as easily or as well as they once did. Many fear that they are developing Alzheimer's disease in addition to a

vestibular disorder. Frightening as this thought may be, there is a possibility they fear even more—that they are simply lazy. They have discovered that if they push themselves hard enough, they can perform as well as they once did, or nearly so. They are slower, it takes a great deal more energy, and they may be exhausted for days afterward, but they can do it.

When they can't, they wonder if it is only because they are unwilling to make a sufficient effort. And when they *are* successful in pushing their physical limits, they may become demoralized by how much the effort fatigues them.

Do I deserve special treatment?

If you accommodate a handicap, the handicapped person's life gets better. If you accommodate neurosis or laziness, these will get worse. Vestibular patients are painfully aware of this distinction, but they are seldom sure which group they fall into. As a result, they may sometimes, as a matter of principle, avoid asking for help. They may also squander energy on unimportant tasks in order to achieve even a small sense of accomplishment. Then, when more important issues come along and they find themselves short of resources, they suspect themselves of moral turpitude rather than of poor planning.

Therapy for the corrosive self-doubts of vestibular patients involves external validation of the disorder by physicians, therapists, family members, support groups, and organizations such as VEDA. Only when patients truly understand the nature of their disorder can they develop the internal pragmatism that will help them to heal. When a patient's physical and cognitive resources are limited, they must be used first for what is most important. It is the process of setting realistic priorities that for vestibular patients is the first step in treating the psychological aspects of their disorder.

Dr. Bernstein is a clinical psychologist and author. He is a specialist included on VEDA's provider directory: www.vestibular.org/find-medical-help.php.

References

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