Living Well with Ménière's: How Psychological Therapy Can Help When the World Feels Unsteady

"Are you alright, Mummy?" my eldest asked, peering around the car seat from the back. It was coming up to Christmas and I had taken my three children to a busy toy shop so Santa could gather ideas. Within minutes of walking through the doors, I felt a sudden internal shift from steady to unsafe. I tried to carry on, hoping it would pass, but it didn't. Soon I was back in the car, too unwell to drive, waiting for my father to collect us while my children sat confused and disappointed in the back seat.

For me, the hardest part of living with Ménière's was not only the vertigo, tinnitus or hearing changes, it was the unpredictability, not knowing when an episode would strike, how severe it would be or how long recovery would take. Over time, uncertainty began to shape my decisions. I chose seats near exits, avoided crowded places and declined invitations "just in case". Even on good days, the possibility of symptoms lingered quietly in the background, dampening my confidence.

What I later learned changed how I coped. My response was not weakness, it was how the nervous system reacts to unpredictability. Understanding this became my first step toward self-compassion and regaining a sense of control. It also sparked my professional interest in how psychological support can help others living with vestibular conditions. Many people living with Ménière's or other vestibular conditions describe a similar experience. The symptoms are physical, but the emotional impact of unpredictability can quietly reshape daily life.

The balance system and the brain's alarm system

The vestibular system in the inner ear does far more than help us stay upright. It communicates with areas of the brain involved in spatial orientation and threat detection, including the amygdala, the brain's alarm centre. When balance signals become unreliable, the brain can interpret this as potential danger. From a survival perspective, sudden disorientation requires attention. The nervous system shifts into protective mode. This may lead to, heightened vigilance, increased body scanning, muscle tension, fatigue, sleep disturbance or anticipatory anxiety. Over time, this can create a 'vicious cycle'. Physical symptoms such as vertigo or hearing fluctuation trigger anxiety. Anxiety increases physiological arousal and sensory sensitivity, which can make symptoms feel more intense or more distressing. The alarm response strengthens.

Research highlights the close relationship between chronic vestibular symptoms and anxiety, with psychological factors playing a role in ongoing distress (Staab, 2012). Larger reviews confirm elevated rates of anxiety and depression in Ménière's disease (Yeo et al., 2025). These emotional responses are understandable nervous system reactions to unpredictability, not evidence that the condition is psychological.

When the world gradually shrinks

For people who have lived with symptoms for years, the impact often extends beyond the episodes themselves. You might notice:

- Reduced confidence in supermarkets or busy spaces
- Reluctance to drive long distances
- Avoidance of travel or social gatherings
- Greater reliance on others
- Fatigue from constantly monitoring how you feel

Loss of balance confidence and hearing changes can affect identity as much as physical functioning. Many people describe feeling less spontaneous, less independent or less certain of themselves than before symptoms began. Vestibular dysfunction is associated with reduced activity levels and increased fear of falling, particularly in midlife and older adults (Agrawal et al., 2009). Emotional wellbeing is often affected too. Medical treatment rightly focuses on managing inner ear function, but the psychological impact of living with unpredictability can receive less attention.

Psychological support can make a meaningful difference

Psychological therapy is not a cure. It works best as part of a multidisciplinary approach alongside medical and, where appropriate vestibular rehabilitation support. What it can do is address the parts of the condition that medicine cannot directly treat:

- Calming the nervous system
- Breaking the fear-avoidance cycle
- Rebuilding trust in your body
- Supporting emotional adjustment

The goal is not to deny physical symptoms. It is to reduce the additional layer of fear and tension that intensifies suffering and improve emotional well-being.

1. Calming the nervous system

Because vestibular symptoms activate threat circuits in the brain, learning to calm the body's alarm system is central. When the nervous system is persistently on high alert, even mild sensations can feel overwhelming. Lowering baseline arousal can reduce the intensity of distress associated with symptoms.

Simple techniques can help:

1. Slower breathing - breathing in for four counts and out for six can activate the parasympathetic nervous system.
2. Progressive muscle relaxation - systematically tensing and releasing muscle groups reduces accumulated tension.
3. Guided imagery or hypnosis - structured relaxation can support autonomic regulation and reduce anxiety.

Stress does not cause Ménière's, however, stress influences the autonomic nervous system and sensory sensitivity. Research shows that anxiety sensitivity predicts persistence of dizziness symptoms (Yardley et al., 1994). Reducing chronic arousal can therefore meaningfully improve day-to-day experience.

2. Breaking the fear-avoidance cycle

Avoidance is an understandable response to unpredictable episodes. If an attack occurred in a supermarket or on a train, it makes sense that returning may feel daunting. However, over time avoidance can reinforce the brain's belief that certain environments are dangerous. Therapeutic approaches often involve gradual, planned re-engagement, sometimes called graded exposure.

This might include:

- Visiting a shop at a quiet time
- Staying for a short, manageable period
- Practising calming strategies beforehand
- Leaving before exhaustion sets in

Small, repeated successes help update the brain's threat response. This approach does not force you into overwhelming situations, but carefully expands your comfort zone, at a pace that feels achievable.

3. Rebuilding trust in your body

One of the most unsettling aspects of vestibular conditions can be the loss of trust in your own body. Before symptoms began, balance was automatic, now it may feel uncertain. Rebuilding trust often involves:

- Gently challenging catastrophic thoughts and predictions
- Reminding yourself of times when you have coped in the past
- Strengthening confidence through small, achievable steps

Cognitive behavioural therapy (CBT) has been shown to reduce dizziness-related anxiety and improve quality of life in vestibular conditions (Holmberg et al., 2006). Confidence tends to grow gradually. Each time you navigate a situation successfully, even with mild symptoms, your brain gathers evidence that you can cope.

4. The emotional impact of long-term illness

There are many natural emotional responses to long-term illness:

- Grief for the ease and certainty you once had
- Low mood, frustration or anger
- Sleep disturbance
- Fear of future deterioration

These reactions are common in chronic health conditions. Acknowledging them is part of adjustment. Acceptance does not mean approving of the condition. It means integrating it into your life without allowing it to dominate your identity.

Living alongside, not against

For many people, the goal shifts from elimination to coexistence:

- A steadier emotional response
- Reduced anticipatory fear
- A wider world
- Greater resilience during flare-ups

Improvement does not always mean absence of symptoms but feeling less controlled by them. That distinction can make a profound difference.

A personal perspective

Research in chronic illness adjustment suggests that higher levels of hope are associated with better coping and psychological wellbeing. On my own journey with Ménière's, psychological support gave me that hope. Developing practical strategies helped me feel calmer and more empowered. When I learned how to regulate my nervous system, uncertainty felt less overwhelming and I regained confidence.

If you are considering psychological support alongside medical care, you may wish to look for a therapist who understands vestibular conditions and their impact. While therapy cannot change the inner ear, it can change how the brain and body respond. That shift can be life-changing.

Key takeaways

- Anxiety in vestibular conditions is a **natural nervous system response,** not weakness.
- **Calming the body** can reduce the intensity of distress around symptoms.
- **Avoidance** is understandable but can reinforce fear; gradual re-engagement rebuilds confidence
- **Cognitive approaches** can reduce catastrophic thinking and dizziness-related anxiety.
- **Emotional impacts** such as grief, low mood and sleep disturbance are common and deserve support.

Suzy Sleeper

Suzy Sleeper draws on both her psychotherapy training and clinical hypnotherapy qualification, alongside her personal experience of Ménière's disease. She specialises in anxiety, chronic illness adjustment and vestibular conditions and supports clients in rebuilding confidence and reducing the psychological impact of unpredictable symptoms.

You can email her at: **suzy@oasthousetherapy.com** or visit her website: **oasthousetherapy.com** for further information.

References

1. Agrawal, Y., Carey, J.P., Della Santina, C.C., Schubert, M.C. and Minor, L.B. (2009) 'Disorders of balance and vestibular function in US adults', Archives of Internal Medicine, 169(10), pp. 938–944.
2. Holmberg, J., Karlberg, M., Harlacher, U. and Rivano-Fischer, M. (2006) 'Treatment of phobic postural vertigo: A controlled study of cognitive-behavioral therapy', Journal of Neurology, 253(4), pp. 500–506.
3. Staab, J.P. (2012) 'Chronic subjective dizziness', Continuum (Minneap Minn), 18(5), pp. 1118–1141.
4. Yardley, L., Luxon, L.M. and Haacke, N.P. (1994) 'A longitudinal study of symptoms, anxiety and subjective well-being in patients with vertigo', Clinical Otolaryngology and Allied Sciences, 19(2), pp. 109–116.
5. Yeo, B.S.Y., Toh, E.M.S., Lim, N.E.-K., Lee, R.S.Y., Ho, R.C.M., Tam, W.W.S. and Ngo, R.Y.S. (2025) 'Association of Ménière's disease with depression and anxiety: A systematic review and meta-analysis', European Archives of Oto-Rhino-Laryngology, 282(8), pp. 3869–3881.