

PSYCHO-PHYSIOLOGICAL DIZZINESS SYNDROME

Psycho-physiological dizziness syndrome refers to a cluster of symptoms that arises for some people in the period following either:

1. **a vestibular or medical event** (e.g. such as rotational vertigo, labyrinthitis, vestibular migraine, postural hypotension, inner ear infection, etc) OR
2. **a period of severe stress** (with or without panic attacks)

The syndrome is characterised by episodic **dizziness or light-headedness** (not spinning), in addition to other symptoms. These vary between individuals, and may include:

- Unsteadiness when walking or a feeling of the ground being unstable
- A feeling of rocking or veering to the side when walking
- A feeling of 'fullness', 'cloudiness', or 'heaviness' of the head
- Dizziness in response to particular movements, such as turning to the side, getting up from a chair, looking up or down, bending over
- Headaches
- Nausea
- Tiredness
- Visual disturbances (episodically out of focus; sensitivity to light or to motion stimuli)
- Numbness, tingling, twitches or 'electrical' sensations in hands, feet, face or scalp (often one-sided)
- Momentary dizziness or internal 'shift' sensations
- Tinnitus (ringing, buzzing or hissing sound in one or both ears)
- Feeling hot or flushed
- Wobbly legs
- Tightness in the muscles, throat or jaw
- 'Nervous arousal', agitation or find it hard to relax.

Typical Experiences

Most people who develop psycho-physiological dizziness have undergone numerous medical tests and seen lots of doctors and specialists, only to be told that there is nothing physically wrong with them. This can be very frustrating because the symptoms are real, and may be quite debilitating. Many people worry that they have a serious illness that no one has been able to diagnose. This is a normal response, as it is very hard to make sense of why the symptoms keep occurring. However, while the symptoms associated with the syndrome are unpleasant, they are completely harmless and do not indicate any serious medical illness. In fact, it is the person's psychological response to the symptoms, rather than any biological illness that maintains the condition.

While the symptoms themselves are physical, the factors that maintain them are primarily psychological.

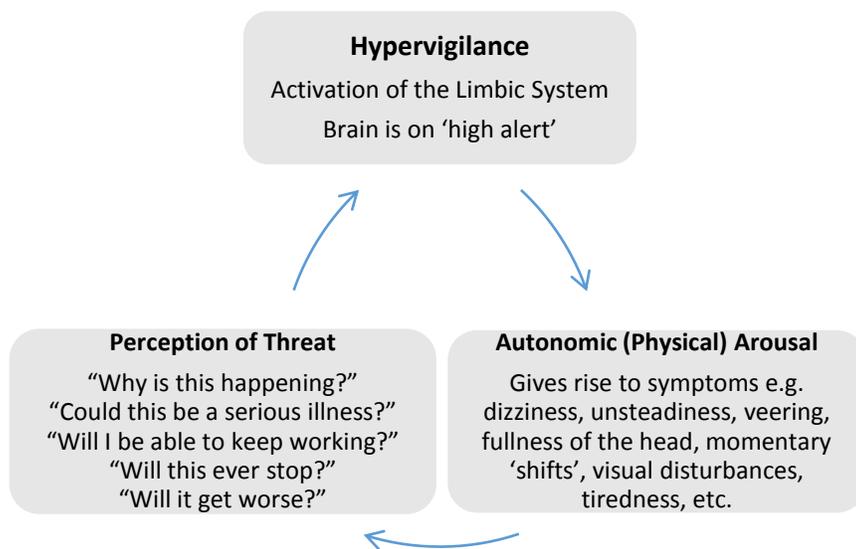
Our brain is designed to pay attention to threat – in evolutionary terms this provided survival advantage. However, in the case of psycho-physiological dizziness, the perceived threat is inside our own body - the symptoms themselves become a source of threat. Paradoxically, the attention that we pay to the symptoms actually maintains the very symptoms that we fear.

How mind and body interact – the effects of ANXIETY

Psycho-physiological dizziness is caused by a combination of **perception** ('something bad might happen'), **hypervigilance** (selective attention to perceived threat) and **autonomic arousal** (the body's biological response to perceived threat).

Very often the first episode is triggered by a physical event, such as rotational vertigo (related to the inner ear) or some other condition. It may also be triggered by anxiety or a panic attack. Because the initial experience is unpleasant and perceived as threatening, it activates the limbic system (the emotional centre of the brain), which causes the brain to go on 'high alert' (hypervigilance) for further signs of dizziness. This causes an increase in autonomic nervous system activity, which gives rise to further physical changes, including increased adrenaline and cortisol production, increased breathing and oxygen consumption, and other biological changes. These give rise to the dizziness and other symptoms that characterise psycho-physiological dizziness syndrome.

When people perceive their symptoms as bad or dangerous, they become **hypervigilant** - it is as if the brain is on constant 'high alert'. Worrying thoughts, such as "why is this happening?" or "it could be serious", maintain the perception of threat, which in turn reinforces hypervigilance. This maintains autonomic arousal, and so perpetuates the physical symptoms (e.g. dizziness, unsteadiness, etc.) The cycle is self-perpetuating, because the physical symptoms produced by autonomic arousal are themselves perceived as a threat, which in turn, maintains hypervigilance, which in turn maintains autonomic arousal, and so on, causing the symptoms to keep occurring.



As the syndrome is maintained by a perception of threat, it is more likely to arise among people who are high on "trait anxiety" – the inherent disposition towards anxiety or rapid autonomic arousal (becoming quickly aroused in response to threat perceptions). For this reason, the majority of people who develop the syndrome describe themselves as anxious by nature. However, some people may not fit this description, or are unaware of this aspect of their personality until they develop the syndrome.

Situational Dizziness

People's experience with these symptoms varies. Some people experience more symptoms when they are out of their comfort zone – such as when standing up, walking in the street, in shopping centres, supermarkets, car parks etc. 'Busy' environments that provide stimulation may generate more symptoms for some people. For others, social situations can generate dizziness because the symptoms are perceived as potentially disruptive, embarrassing or inconvenient, and so present a greater threat in social situations. Some people experience more symptoms when they are under stress (e.g. running late), in an upsetting situation or just thinking about something upsetting.

Some people report that they experience fewer symptoms when they are absorbed in some engaging activity, because their attention is focused on something else (e.g. driving). Some report less symptoms when they are in a completely different environment (e.g. on a holiday) or on certain days of the week (e.g. weekends). While having symptoms that vary in response to one's environment clearly demonstrates a role for psychological factors, many people with this condition report having symptoms that appear to be totally random.

Random Symptoms

Most people with psycho-physiological dizziness have good days and bad days, for no apparent reason. While particular events may sometimes trigger psycho-physiological symptoms, many people experience symptoms that seem to come 'out of the blue', even when they are relaxing. For instance, they may experience symptoms when they are resting, watching TV or reading. Because psycho-physiological dizziness causes the brain to be on constant 'high alert' even when resting or sleeping (this is called 'motor tension'), it is very sensitive to biological changes. Hence, even small changes in body processes may trigger limbic system arousal, which then gives rise to the symptoms. This is particularly the case for people who are experiencing high levels of 'nervous energy' or who are prone to high levels of autonomic nervous system arousability.

Feeling Tired or Unwell

The symptoms that characterise psycho-physiological dizziness are often more severe when people feel tired, ill or unwell. They may also increase when people have pain. This is because in those situations we feel more vulnerable and less safe. In addition, being tired or unwell draws our attention away from the external environment, towards the physical sensations within the body, and so increases hypervigilance. Similarly, standing up (as opposed to sitting down) may cause more symptoms, because of the increased sense of vulnerability that accompanies it, especially for people who are concerned about imbalance.

The paradox of psycho-physiological dizziness

Paradoxically, trying to control the symptoms, or wishing that they would go away simply reinforces the perception that they are a threat, and so maintains hypervigilance and arousal. The key to recovery lies in doing the opposite – recognising that the symptoms are harmless, and not worthy of any special attention. It is somewhat paradoxical that once we stop monitoring or trying to control the symptoms, they very often lose their 'power' and gradually fizzle out.

Exposure Exercises

It is a well established principal in psychology that the best way to overcome our fears is to deliberately face them. This is also true when dealing with feared physical sensations

Many people feel like they have been trying to stop their symptoms, without success. The role of exposure exercises is to do the opposite – rather than trying to prevent or stop the symptoms, we repeatedly face them with calm detachment. Over time they symptoms come to be perceived as less threatening, and the increase in autonomic arousal that they would normally generate gradually diminishes. Consequently the symptoms may reduce or fizzle out over time.

Your exposure schedule will be designed to target those situations that are most likely to trigger dizziness and other physical symptoms for you. Your goal is NOT to try to stop the symptoms, but **to experience the symptoms without the emotional response that they usually evoke**. That is, to break the connection between symptoms and fear.

During Exposure: SURF the symptoms

Allow your body to experience the sensations without trying to prevent or control them. It's a bit like "surfing with the wave" instead of desperately swimming against it:

1. **Let your body do what it needs to do, without resistance.**
2. Then gradually switch your attention to task - whatever it is that you are doing at the time.

If you find it very hard to switch attention away from your symptoms, mental exercises like remembering (what I ate for dinner or watched on TV yesterday? the day before?), or planning (what I will do this afternoon, tomorrow, next week) can help to reduce vigilant attention to the symptoms.

When symptoms arise in daily life situations:

Whenever you experience the symptoms in your daily life situations, just **let them be** without giving them any special attention, and return your focus to whatever you are doing at the time (e.g. reading, talking, working, driving, watching TV, etc). There is no benefit in overthinking, analysing, or comparing your symptoms. Trying to control them by focusing on them is counterproductive.

Avoid avoidance and safety behaviours

If you have been **avoiding** any situations or activities because of the unpleasant symptoms (e.g. physical exercise, driving outside of a limited 'safe' area, certain social activities, going to shopping centres, public places, using elevators or escalators, etc) it is important to face these situations again.

The same is true of **safety behaviours** – any behaviour aimed at trying to protect yourself from experiencing symptoms (e.g. keeping your head rigid, lying down or resting when you experience symptoms, holding on to things to keep yourself stable, sitting a lot, walking close to walls, relying on others to accompany you to certain places, etc.)

Avoidance and safety behaviours reinforce the perception that you are unsafe, and therefore maintain anxiety. If you are currently using avoidance or safety behaviours, try to let these go and aim to return to the lifestyle that you had prior to developing dizziness, even if you are still experiencing symptoms. Most importantly, don't wait for your symptoms to disappear before you can get on with your life. **Get on with your life now**, even while you are still experiencing symptoms.