

The Trauma of Dizziness and Vertigo: Addressing fear, avoidance, and emotional injury

These are some of the questions from the 2026 Life Rebalanced Live virtual conference, answered by VeDA volunteers who are vestibular healthcare professionals. Disclaimer: This is not intended as medical advice. Please talk to your healthcare provider before making changes to your treatment plan.

Q: What non-pharmacological techniques are effective in combatting fear/anticipation of symptoms? Self-talk? Exposure therapy? I have not lain flat in over 2 years out of fear of dizziness because that's what first brought on BPPV. But as a PT, I know that I have to habituate myself to that position to get better. How do you overcome this without a forceful approach? Forcing it creates more anxiety.

A: An important distinction here is to grade your exposure, rather than repeat full exposure to habituate. Start with mind's eye practice (visualization) of the activity in pieces and monitor your body's response. For example, see yourself walking into the room to look at the bed. See yourself touching the bed and fluffing your pillow. <https://acrobat.adobe.com/id/urn:aaid:sc:US:2b3b79a6-fe29-4d1b-ac0b-1e04216a463b>, Kathleen Stross, DPT

Q: I have developed fears of specific environments, such as grocery stores and large box stores. What is the best approach for breaking the association between that place and the trauma of a past vertigo event?

A: One type of skill-building therapy is called Cognitive Behavioral Therapy (CBT). CBT breaks the association between specific places and fear of dizziness by targeting the "dizzy-anxious" cycle using graded exposure, cognitive restructuring, and relaxation techniques. It reduces avoidance behaviors by gradually desensitizing patients to feared environments, retraining the brain to view dizziness

as a harmless sensation rather than a danger. You can locate a CBT therapist on Psychology Today: <https://www.psychologytoday.com>, Cynthia Ryan

Q: What are the best ways to deal with anxiety, fear, and emotional injury from a vestibular disorder?

A: That's a big question! I recommend you watch the recording of this session and/or read the transcript. You might also check out some of VeDA's articles on mental health: <https://vestibular.org/article/coping-support/psychology/>., Cynthia Ryan

Q: I've developed fear and anxiety that has isolated me in my home. I'm a professional RN and athlete that use to love the outdoors. I have the Alice in Wonderland displacement binocular double vision VM no pain off balance pppd. Independent to dependent overnight. Still working on medications. I need therapy, but someone who understands these disorders. Any suggestions?

A: Here is an article on visual vertigo that may be helpful: <https://vestibular.org/article/coping-support/living-with-a-vestibular-disorder/visually-induced-dizziness-supermarket-syndrome/>, Cynthia Ryan

Q: I really struggle with the fatigue-dizzy cycle. My GP doesn't know how to help me break the cycle. Any tips?

A: Here's an article about the role fatigue plays in your vestibular recovery: <https://vestibular.org/article/coping-support/living-with-a-vestibular-disorder/8-steps-to-managing-fatigue-from-your-vestibular-disorder/>., Cynthia Ryan

Q: This topic is especially relevant to those of us for whom vertigo and dizziness are by-products of other experiences: car accidents, assault, being operated on (for tumors near ears or, in my case, a cochlear implant). I've heard from folks about dealing with guilt or shame, but what about anger from something that happened to you that caused a life-altering condition?

A: I can certainly understand where you are coming from. Anger is a powerful emotion. Talk therapy can be very helpful in working through your feelings. You are not alone.

<https://vestibular.org/article/coping-support/psychology/counseling-for-chronic-illness/>, Cynthia Ryan

Q: I am an 81 y/o woman with a diagnosis of PPPD with occasional BPPV. I am looking for a support group in my area.

A: I'm so sorry for what you are going through. You can search for support groups here: <https://vestibular.org/article/coping-support/support-groups/>. Note that while there may not be an in-person support group in your area, there are many online support groups. You might also want to check out the discussion forums on this platform to connect with other vestibular sufferers., Cynthia Ryan

Q: The stress of life caught up to me 2 years ago, which began as a VN attack. Since then, it has developed into uncompensated hypofunction, VM, 3PD, Oscillopsia, chronic fatigue, and fibromyalgia. With nervous system correcting and counseling, is there hope to ever have a " typical" life again? I would like to play with my grandchildren and maybe even work part-time again.

A: I hope you have been watching this week's patient panels. Many people have talked about returning to a life with meaning, even if it's different from what life used to look like for you. Listening to your body and pacing are important aspects of managing your symptoms. I know many vestibular patients who have returned to work and enjoy time with their grandchildren. Don't give up hope., Cynthia Ryan

Q: Tell us about what body memories babies and children would hold in their bodies if they have had vestibular disorders since birth? What are the best ways for those of us who have had vestibular disorders throughout our lives to heal from the trauma of lifelong dizziness and the difficult diagnostic process that comes with being a child?

A: This is a complicated question. You are right, there are absolutely distinct differences when trauma occurs before birth, during birth, during development, or after a person reaches adulthood. Where a person is in physical, emotional, and psychological development during the trauma contributes a lot to how a life is lived following that trauma. Babies and children who grow up with vestibular disorders often carry body-level memories, not story memories. Their nervous systems learn the world through sensation long before they learn language, so the “memories” they hold are patterns of protection, bracing, and vigilance that made sense at the time. This is an area where professional support can be very helpful, especially when symptoms are persistent or worsening, but understanding the patterns can help people make sense of their lifelong experience., Kathleen Stross, DPT

Q: Many vestibular patients are prescribed SSRIs / antidepressants. Is there any way VeDA can create awareness that this isn't a quick-fix, that this isn't a "cure" for dizziness?

A: Medication is just one treatment for vestibular disorders, and is not always prescribed. Here is an article about when and what medications are appropriate: <https://vestibular.org/article/diagnosis-treatment/treatments/medication/>. And here is an article about other ways to control your symptoms: <https://vestibular.org/article/coping-support/living-with-a-vestibular-disorder/controlling-your-symptoms/>., Cynthia Ryan

Q: Can the panel discuss medical gaslighting? I'm unsure of what this means and would like to learn how to recognize it. Thank you

A: Jen Warner recently addressed medical gaslighting. She described how some people who have had previous trauma in life and then have a vestibular disorder may have a larger trauma response, which providers don't understand., Cynthia Ryan

Medical gaslighting isn't about a doctor disagreeing with you—it's about a pattern of dismissal that leaves you doubting your own experience. Vestibular symptoms are invisible and complex, so many people here have encountered this. Learning to recognize the difference between healthy medical uncertainty and invalidation can help you advocate for yourself with more clarity and confidence. If you see these patterns in staff or providers, consider going somewhere else. Unfortunately, I've gone with patients to specialists in major medical centers and experienced this. I have even coached patients about how to practice what they say in the doctor's office to reduce or minimize the chance of this response. For example, making fun of yourself too much in a super-happy way may lead someone to question your authenticity., Kathleen Stross, DPT

Q: Does anyone find a service dog helpful? What tasks are most impactful for you?

A: Here is an article about service pets for people with vestibular disorders: <https://vestibular.org/blog/service-dogs-for-vestibular-support/>. Cynthia Ryan

Q: Love the exercise. Why do we squeeze the thumb?

A: Squeezing the thumb works because it gives the nervous system a simple, steady point of contact that helps the body shift out of threat mode. It's a small grounding cue that: Provides a predictable physical anchor when internal sensations feel overwhelming, Activates calming pathways through gentle pressure, Creates a sense of containment and self-support, Helps redirect attention from fear

to the present moment. It's a tiny gesture that tells the body, "You're here, you're held, and you're safe.", Kathleen Stross, DPT

Q: How do you get your mind off of symptoms?

A: The panelists described using mindfulness techniques, as well as hobbies, to redirect your brain so you are not hyperfocused on your symptoms. In yesterday's session, Lara said that she uses EMDR (Eye Movement Desensitization and Reprocessing). It helps the brain reprocess "stuck" memories using bilateral stimulation—such as eye movements, taps, or tones—to reduce the emotional intensity., Cynthia Ryan

Q: I have experienced trauma due to financial stress, dealing with insurance companies, and the inability to work. How do other people deal with that and still have the energy to do rehab?

A: Financial stress certainly adds to the burden of managing your vestibular symptoms. Many of the techniques Jen Warner described can help with your overall stress levels, such as breathing exercises. It is important to manage your stress so your body can better respond to vestibular rehab., Cynthia Ryan

Q: What healthcare professionals did the panelists each have on their team that they felt made the biggest impact on their progress?

A: This is different for everyone. I've heard many people say that their physical therapist was very helpful because they took the time to look at them as a whole person. Other people feel that the mental and emotional part of their experience is the most impactful, so a mental health professional and/or support group made the biggest difference. Careen, one of today's panelists, said that support groups have made all the difference for her because she doesn't feel alone, and she can talk to people who understand., Cynthia Ryan



Q: What is vestibular rehabilitation therapy?

A: Here is a video I made to answer that:

<https://m.youtube.com/watch?v=9PupmPoLqpE&pp=0gcJCa4KAYcglYzv>, Anthony Veglia, DPT