Stress, Ear Fullness & Hearing Your Heartbeat

Understanding what your nervous system may be doing - while knowing when ear or heartbeat-synchronised symptoms need medical assessment.

A useful distinction
Stress can make body sensations and tinnitus feel more noticeable. But a sound that repeatedly beats in time with your pulse should not simply be assumed to be anxiety or stress.

Why stress can change what you notice

When the nervous system moves into a higher-alert state, the heart may beat faster or more forcefully, muscles around the jaw and neck can tense, breathing may become shallower, and attention can narrow towards internal sensations. Tinnitus UK notes that stress can increase how intrusive tinnitus feels, partly because heightened attention makes the sound harder to filter into the background.

This can create a feedback loop: you notice an ear sensation or heartbeat sound, worry about it, become more alert, and then notice it even more strongly. The sensation is real; the nervous system can influence how strongly it is detected and how threatening it feels.

What can 'ear fullness' feel like?

People use the phrase ear fullness for pressure, blockage, muffling, popping, a clogged feeling, or a sense that the ear will not equalise. Causes vary. Earwax, infection, middle-ear pressure problems, Eustachian tube dysfunction and other ear conditions can all produce fullness or hearing changes. NICE recommends checking for treatable causes and arranging audiological assessment where hearing difficulties are present.

Hearing your heartbeat

A rhythmic whooshing, thumping or pulsing that follows the heartbeat is often described as pulsatile tinnitus. It differs from ordinary ringing or buzzing. NICE recommends referral for persistent pulsatile tinnitus and recommends imaging for pulsatile tinnitus because there are several possible underlying causes. The NHS advises an urgent GP appointment when tinnitus beats in time with the pulse.

Important: stress may make a pulse-like sound easier to notice, but it should not be used as the explanation for new or persistent pulse-synchronous tinnitus without appropriate medical assessment.

A nervous-system view: the sensation-attention cycle

The aim is not to tell yourself that the sensation is 'just stress'. It is to understand how a genuine physical sensation and the brain's threat-detection system can amplify one another.

1. Sensation	Pressure, popping, ringing, pulsing, muffled hearing, jaw or neck tension.
2. Meaning	The brain asks: What is this? Is something wrong? Why can I hear my heartbeat?
3. Alert	Attention locks onto the ear. Heart rate, muscle tension and scanning may increase.
4. Amplification	The sound or pressure becomes harder to ignore, which can increase worry and restart the cycle.

Ways to reduce the alarm response

Orient outward. Name five neutral things you can see, then notice contact points such as your feet on the floor. This can reduce repeated internal checking.

Lengthen the exhale gently. Breathe comfortably rather than forcing deep breaths. A slightly longer, relaxed exhale can help the body move away from high alert. Stop if breathing exercises make you dizzy or uncomfortable.

Release jaw and shoulder tension. Let the tongue rest, unclench the teeth, lower the shoulders and avoid repeatedly testing the ear by swallowing, clicking the jaw or blocking/unblocking the canal.

Use ordinary background sound. Complete silence can make internal sounds more prominent for some people. Gentle, non-intrusive background sound may make them less dominant. NICE notes that evidence was insufficient to make a specific practice recommendation for sound therapy, so treat this as a comfort strategy rather than a cure.

Reduce checking. Repeatedly measuring your pulse, comparing ears or searching for reassurance can keep attention fixed on the symptom. If a symptom needs assessment, seek assessment; between appointments, try to give your attention permission to move elsewhere.

Track patterns, not every moment. A brief daily note is usually more useful than constant monitoring. Record sleep, stress, congestion, jaw tension, hearing changes, whether the sound matches the pulse, and what helped.

A simple grounding script

“I can notice this sensation without deciding what it means right now. I can soften my jaw, feel my feet, breathe normally and let my attention widen. If it meets the criteria for medical assessment, I will get it checked rather than trying to solve it through worry.”

When to seek medical help

Because ear fullness, hearing changes and pulse-synchronous sounds can have physical causes, knowing the referral signs is part of good nervous-system care. Calming strategies and medical assessment can sit alongside each other.

Contact your GP urgently	If tinnitus beats in time with your pulse. The NHS specifically advises an urgent GP appointment for this.
Emergency / immediate assessment	The NHS advises A&E;/999 for tinnitus after a head injury, or tinnitus with sudden hearing loss, facial weakness or a spinning sensation (vertigo). NICE also recommends immediate referral for tinnitus with sudden significant neurological symptoms or acute uncontrolled vestibular symptoms.
Sudden hearing loss	NICE recommends assessment within 24 hours when hearing loss developed suddenly over 3 days or less within the previous 30 days.
Arrange assessment	Persistent one-sided tinnitus, persistent pulsatile tinnitus, asymmetric hearing loss, rapidly worsening hearing, recurrent vertigo, ongoing ear pain/discharge, or symptoms that are significantly affecting daily life should be discussed with an appropriate clinician.

Preparing for a GP, audiology or ENT appointment

Write down when the symptom began; whether it is in one ear or both; whether hearing has changed; whether the sound exactly follows your pulse; whether there is dizziness, pain, discharge, headache or neurological change; recent infections or congestion; current medicines; and how much the symptoms affect sleep, concentration and daily life. This helps the clinician decide what examination, hearing assessment or referral is appropriate.

Questions you might ask

- Could my ears be checked for wax, infection or middle-ear problems?
- Do I need a hearing test or tympanometry?
- Because I can hear a pulse-like sound, does this need further investigation?
- Are there symptoms that should make me seek help sooner?
- What can I safely do while I am waiting for assessment?

This resource is educational and is not a diagnosis. New, persistent or changing ear/hearing symptoms deserve appropriate clinical assessment.

Reflection, support & further reading

A short check-in

What I noticed	My notes
Ear sensation: pressure / fullness / ringing / pulsing / other	
One ear or both?	
Does a sound match my pulse?	
Any hearing change, dizziness, pain or discharge?	
Stress / sleep / congestion / jaw tension today	
What reduced the alarm response?	
What do I need to discuss with a clinician?	

A message from Maggie

When a sensation is happening inside your head or ears, it can be incredibly difficult not to focus on it. The more unfamiliar it feels, the more your nervous system may want you to listen, check and work out what is happening. You do not have to choose between taking the symptom seriously and helping your body feel safer. You can do both. Get new or concerning symptoms properly assessed, and at the same time use grounding, rest, gentle movement and supportive routines to reduce the extra layer of alarm around them.

Useful resources & reading

NHS: Tinnitus - symptoms, when to seek urgent help and what may happen at a GP appointment.
NICE NG155: Tinnitus: assessment and management - referral, audiological assessment and investigation guidance.
NICE NG98: Hearing loss in adults - assessment and referral guidance.
Tinnitus UK: Information on pulsatile tinnitus, stress and tinnitus, and practical support.

Sources reviewed: NHS tinnitus guidance; NICE NG155 Tinnitus: assessment and management; NICE NG98 Hearing loss in adults; Tinnitus UK pages on pulsatile tinnitus and tinnitus/stress. Accessed September 2026.