Globus: Understanding the Feeling of a Lump in Your Throat

A practical guide to the very real sensation often described as a lump, tightness or something stuck in the throat - including common contributors, anxiety links, self-management ideas and signs that need medical assessment.

What is globus?

Globus - often called globus sensation or globus pharyngeus - describes a persistent or intermittent feeling of a lump, pressure, tightness or something in the throat when there may be no physical obstruction. Some people notice it most when swallowing saliva rather than food. Others describe throat tension, repeated swallowing, throat clearing or a need to 'check' the sensation.

The sensation is real. Being told that tests are reassuring does not mean you imagined it. The useful question is what may be contributing to the sensation and what needs to be ruled out.

Common contributors

• **Throat and muscle tension:** stress, voice use, jaw tension and guarding can increase awareness of the throat.

• **Reflux:** gastro-oesophageal or laryngopharyngeal reflux may irritate the throat in some people.

• **Anxiety and heightened monitoring:** worry can increase muscle tension and make normal sensations feel more prominent.

• **Post-nasal or throat irritation:** mucus, allergies, infection or dryness may contribute.

• **Voice strain:** heavy voice use or tension around the larynx can sometimes play a role.

• **Other medical causes:** swallowing, thyroid, structural or neurological problems need appropriate assessment when symptoms suggest them.

Globus and anxiety: a two-way loop

A throat sensation can understandably trigger thoughts such as 'What if something is stuck?' or 'What if I cannot breathe?' Anxiety can then tighten muscles, increase swallowing and checking, and make the sensation more noticeable. The stronger sensation creates more fear, forming a feedback loop.

Carl Rogers and making room for the experience

A person-centred approach does not dismiss symptoms as 'just anxiety'. It allows the experience to be taken seriously while separating the sensation from catastrophic conclusions.

> *“The curious paradox is that when I accept myself just as I am, then I can change.” - Carl R. Rogers, On Becoming a Person (1961).*

A gentle first response

• Notice whether you are clenching your jaw, lifting your shoulders or holding your breath.

• Let the tongue rest and soften the jaw rather than repeatedly testing the throat.

• Take a normal sip of water if comfortable; avoid forcing repeated swallows.

• Reduce throat clearing where possible if it is irritating the throat.

• Notice the thought attached to the sensation and distinguish the feeling from evidence of danger.

• Follow medical advice if reflux, allergy, voice or another physical contributor is suspected.

Important: globus should not be self-diagnosed

New, persistent or changing throat symptoms deserve appropriate assessment. A clinician can consider the history and decide whether examination, reflux management, ENT review, speech and language therapy or other investigation is appropriate.

When the Sensation Feels Frightening

Globus versus difficulty swallowing

Globus is typically a sensation rather than true obstruction, but symptoms can overlap with other conditions. **Dysphagia** means genuine difficulty moving food or drink through the mouth or throat. Food sticking, coughing or choking when eating, recurrent chest infections, pain on swallowing or progressive swallowing difficulty should be medically assessed.

Red flags: seek medical advice promptly

• Progressive or persistent difficulty swallowing food or liquids.

• Painful swallowing.

• Unexplained weight loss.

• A new or enlarging neck lump.

• Persistent hoarseness or voice change.

• Coughing or choking with meals, or repeated aspiration concerns.

• Blood, significant persistent pain, or symptoms that are clearly worsening.

• Any breathing emergency: call 999.

Reduce checking, not awareness

Repeated swallowing, touching the neck, looking in the mirror or asking for reassurance may briefly reduce fear but can keep attention locked onto the throat. Try setting a short period in which you allow the sensation to be present without checking it, then redirect attention to an external task.

A 60-second throat and body reset

• Place both feet or your body comfortably against a supportive surface.

• Drop your shoulders rather than pulling them down forcefully.

• Unclench the teeth and allow a small gap between upper and lower jaw.

• Breathe gently; do not take repeated huge breaths.

• Notice three things outside your body.

• Say: 'I can notice this sensation without having to solve it in this second.'

Reflux and throat symptoms

Reflux can contribute to throat irritation for some people. Management depends on the individual and may include meal timing, avoiding personal triggers, addressing constipation or weight where clinically appropriate, and medication recommended by a clinician. Persistent symptoms should be reviewed rather than managed indefinitely through restriction.

Neurodivergence and globus

Autistic and ADHD people may experience interoceptive sensations intensely or find uncertainty about bodily sensations particularly difficult. Sensory sensitivity, jaw clenching, hyperfocus, repeated checking and anxiety may all amplify distress. Communication during healthcare appointments can also be harder when symptoms are difficult to describe.

Neurodivergent-friendly ideas

• Write down exactly how the sensation feels before an appointment.

• Use a 0-10 intensity scale or body diagram if words are difficult.

• Record when it happens, what you were doing and whether eating changes it.

• Reduce sensory and social load when tension is already high.

• Use reminders for jaw, shoulder and hydration checks rather than constant internal monitoring.

• Ask clinicians to explain what has been ruled out and what the next step is.

Jaw, neck and voice tension

If you clench your jaw, grind your teeth, use your voice heavily or hold tension around the neck, discuss this with an appropriate professional. Depending on the cause, support may include dental advice, physiotherapy, ENT assessment or speech and language therapy.

Your Globus Toolkit

Symptom pattern tracker

PROMPT	YOUR NOTES
What does the sensation feel like?	_____
When is it strongest?	_____
Does eating/drinking change it?	_____
Stress / anxiety at the time	_____
Reflux / throat irritation clues	_____
Jaw / neck / voice tension	_____
What helps?	_____

My 'when it flares' plan

- **First:** check whether anything is genuinely different or medically concerning.
- **Then:** soften jaw, shoulders and breath.
- **Reduce:** repeated throat clearing, touching and checking if these are part of the cycle.
- **Support:** use water or another clinician-approved comfort measure.
- **Redirect:** place attention onto an external activity for a short period.
- **Review later:** note patterns rather than analysing the sensation continuously.

Questions to take to your GP or clinician

- Could this fit globus sensation, or is there another cause to consider?
- Do my symptoms suggest reflux, ENT, swallowing or thyroid assessment?
- Are there any red flags in my history?
- Would speech and language therapy, ENT or another referral be appropriate?
- Could any medication be contributing to dryness or reflux?
- What changes should prompt me to seek further review?

A seven-day experiment

- **Day 1:** record when the sensation appears without trying to fix it.
- **Day 2:** notice jaw and shoulder tension.
- **Day 3:** reduce one checking behaviour.
- **Day 4:** note reflux or irritation patterns.
- **Day 5:** use the 60-second reset during a flare.
- **Day 6:** identify one situation where stress increases symptoms.
- **Day 7:** review the pattern and decide what needs medical or practical follow-up.

When anxiety is driving the distress

If medical assessment is reassuring but fear and symptom monitoring remain intense, psychological support can help break the anxiety-checking-tension cycle. CBT, ACT, person-centred therapy and other approaches may help depending on the person. Treatment should validate the physical sensation rather than implying it is imaginary.

Urgent support

Call 999 for severe breathing difficulty, choking, collapse or another medical emergency. New or progressive swallowing difficulty, significant weight loss, persistent voice change, painful swallowing or a neck lump should be medically assessed.

A Message From Maggie, Books & Resources

A message from Maggie

A feeling in your throat can be incredibly difficult to ignore because it sits in an area we automatically associate with breathing and swallowing. Even when you have been reassured, your brain may keep checking: Is it still there? Is it worse? Can I swallow? That checking can make the whole experience feel bigger.

I want you to know that taking the sensation seriously and reducing fear around it are not opposites. You can get the right medical checks, understand what has been ruled out, and also work with tension, anxiety, reflux or repeated checking if those things are contributing.

Try not to fight your throat all day. Notice the whole of you - your jaw, shoulders, breathing, stress, sensory load and what was happening before the sensation became louder. And if anything changes or worries you, go back for medical advice.

You deserve to feel listened to, not dismissed.

Recommended reading

Carl R. Rogers - *On Becoming a Person*. Person-centred foundations of acceptance, empathy and psychological growth.

Russ Harris - *The Happiness Trap*. ACT-informed approaches to uncomfortable sensations, anxious thoughts and attention.

David D. Burns - *When Panic Attacks*. CBT-informed material that may help where health anxiety or catastrophic interpretation is prominent.

Professional resources

Useful routes can include your GP, ENT, speech and language therapy, gastroenterology, dentistry or physiotherapy depending on the presentation. NHS information on swallowing problems, reflux and related symptoms can support conversations with clinicians. Persistent symptoms should be assessed individually.

Clinical notes & references

Globus is generally regarded as a symptom rather than a single disease. Assessment should distinguish globus sensation from true dysphagia and consider red-flag symptoms. Clinical approaches may include reassurance after appropriate examination, management of identified reflux or irritation, voice/throat tension work and psychological support when anxiety or symptom hypervigilance is maintaining distress. Relevant NHS and NICE guidance should be used alongside individual assessment.

Important: This is a coaching and psychoeducational resource. It does not diagnose globus or rule out physical causes. New, persistent, progressive or concerning throat/swallowing symptoms need appropriate medical assessment.