



MISOPHONIA

INFO ▪ RESOURCES ▪ TIPS

Misophonia is a neurophysiological condition, best described by an aberrant (*abnormal*) over-activation of the nervous system accompanied by negative emotional reactivity in response to selective sound intolerance.

Research is showing that...

- There is a brain basis for misophonia. Misophonia is associated with abnormal activation, functional connectivity, and structural changes in the brain along with heightened autonomic responses of the body.
- Symptoms often start in childhood, most commonly in early adolescence.
- There is a genetic component.
- Misophonia is more common in females than males.

Important things to understand about misophonia and the body...

- Triggers are interpreted by the misophone's survival brain as a threat/danger to the person. The brain becomes hypervigilant, always looking and waiting for the trigger. This is an unconscious process.
- When a misophone is in a triggered state, other sounds (or visuals) taking place are at risk of becoming a new trigger for the person.
- While eating sounds are the most common trigger, misophones can also be triggered by movements (typically repetitive ones).
- Think about it as a super highway between the auditory system and the stress response system in the miso's body. If the miso is stressed, their body is going to key in on sounds happening in the environment. Once tension/stress in the body and the noticing of a certain sound have fired together enough it become an ingrained pathway (i.e. conditioned), and now the sound alone leads to a stress response in the body.
- Old vs. Newer Triggers/Bothersome Sounds
 - Older ones – the path is well worn, faster and harder to break. Likely requires focused reconditioning work (making the sound smaller/shorter and pairing it with pleasurable activity)
 - Newer ones – there is opportunity to block the pathway from solidifying. Be intentional about giving the body cues of safety (things that apply the “brake pedal”) in the presence of the sound (examples of this noted later).

Strategies for coping with misophonia...

- Make sure you are taking care of your basic needs (adequate sleep, healthy diet, hydration, regular exercise, minimal caffeine and alcohol intake, etc.) The healthier and more stress-free your life is, the easier it is to deal with misophonia (and the less likely you are to develop new triggers/new trigger people).
- When triggered the body produces adrenaline and cortisol. Find healthy ways to release the adrenaline and cortisol (once you have the chance) such as shaking, wiggling, dancing, wrapping your arms around two pillows and squeezing tight. A regular exercise routine is helpful too (running and high-intensity interval training are recommended).
- Identify calming (brake pedal) strategies that work best for you when in a triggering environment. Some examples are paced breathing (exhale more than you inhale to change the ratio of carbon dioxide in the brain), purposefully tensing and releasing parts of the body, drinking ice water, sucking on a mint, having a lotion or something you like the smell of, and of course using ear devices if at all possible. Let yourself take breaks when possible (i.e. if needed, say you have to use the bathroom).
- Use ear plugs in moderation as they heighten your sensitivity to sound (when you're not wearing them). Exposure your body to sound you like. If you're in a stressed state, it's especially important to have a buffer sound (white noise, fan, put car window down, etc.) going so your brain isn't picking up on unimportant sounds in the environment. Consider seeing an audiologist and learning about the use of inner-ear white noise sound generators. Some insurance companies are now covering them.
- Have a regular relaxation practice. I recommend doing a daily body scan for this, ideally in the middle of the day. This helps "tip your cup" of activation and strengthens your "resiliency pathway".
- Consider working with a mental health therapist or someone who can assist you in processing the emotions and relational dynamics that come with having misophonia. It's important to come to a place of acceptance of the cards that you were dealt. Mental health therapists can also be helpful in addressing shame, unresolved trauma, anxiety, problematic relational dynamics, etc. (all things that contribute to stress is the body).
- (More so for adults/older teens) Have business cards for handing out when someone is triggering you because it's hard to communicate in a triggered state and the person making the sound/trigger is more likely to be able to hear the message when reading it. These can also be helpful to give to family/friends to legitimize the condition. You can request free ones here: www.squiet.org/free-misophonia-cards/
- These are things EVERYONE should be doing to be their healthiest self. We can't make all of these changes at once but with every step we take to address "stress" and further support our body, misophonia goes further and further into the "background." We don't change unless we're uncomfortable and misophonia makes us uncomfortable A LOT...so it provides a lot of motivation to "do our work."

You can find further resources on my website here: www.authenticlivingts.com/miso-toolbelt-suggestions.html

Tips for the family/spouse of a person with misophonia:

- Misophonia effects everyone in the household. Those living with someone with misophonia can develop some degree of misophonia because they are protective of their loved one and so they also become hyper-sensitized to the triggers. Therefore, it's important for family members to learn how to calm their bodies as well.
- It's important for loved ones to:
 - Know that what the miso is experiencing is real. They are not choosing this.
 - Be understanding of the frustration, helplessness and anxiety their loved one experiences.
 - Be understanding of the stigma (due to lack of public awareness and not knowing others with the condition)
 - Help eliminate potential triggers
 - Not use shaming language/tone/expressions when the miso is triggered/struggling (this only intensifies it).

Tips specific to parents:

- Explain the condition to those who do not know about it (family members, teachers, peers who are part of the child's life) to lessen confusion and conflict.
- Support your child at each stage and with a positive outlook (in their presence). Have your own therapist/friend(s)/adult family you can process your own emotions with.
- Assure your child that he/she has an involuntary condition and didn't bring it on him/herself.
- Give your child your blessing for him/her to control their environment (within reason, such as taking breaks and wearing ear devices).
- Never let your child hear you speak negatively about their condition, even when you feel pessimistic about their future.
- Make accommodations to minimize triggers in the environment as much as possible.
- Remember, this is not a behavioral problem. Your child can't help it, so don't punish him/her for hating certain sounds/visuals. You can however give consequences for screaming, throwing things, etc. I usually say to let the child have a small fight response by allowing them to momentarily do the "miso glare."
- Your child needs to know that you love and accept them (even if they are currently very difficult to be around). Don't expect love in return. In the future your child will be grateful for your efforts.

- Treat it like any other involuntary condition (such as Type I Diabetes). It's always there, there's always hope and we keep looking for solutions.
- Know that you can't possibly control or stop every trigger. Apologize and move on if you trigger your child. Don't make a scene. Don't beat yourself up.
- Encourage your child to exercise. Tennis, track, dance (the music can cover triggers) and solo sports (such as swimming) tend to work best. If your child spends a lot of time in their room, have them leave at intervals to get fresh air/run around the house (ex. "Wifi will be turned back on once you've gotten 20 minutes of movement." – Xfinity has an app that allows you to shut off wifi for specific devices in the house.)
- Get support for grieving the situation (this isn't the life you wanted for your child) and reaching a place of acceptance. Stop feeling guilty. These are just the cards you/your child were dealt.
- When criticized by others about your child not eating dinner with the family, here are some response suggestions:
 - We're very nontraditional as a family.
 - Misophonia requires a LOT of changes in the house (and then stop explaining).
 - It's just the best way to enjoy our meals.
 - Eating sounds are torture for (Mary).
- Some ways to respond to statements such as, "She's going to have a hard time in the real world, isn't she?" include:
 - Nope.
 - (Mary) is super smart and capable.
 - Lots of people in the "real world" have difficulties and they do great.
 - We're on it! (change the subject to that person's kids, etc.)
 - I know she'll sort it out.

Structural Changes for Kids

- Think of the child's bedroom as their den. Den = Safety. Respect the den rules:
 - Knock!
 - Visitors never eat/chew in den.
 - If your voice triggers your child, use writing or modified sign language in the den.
 - Help keep "predators" out of his/her den if requested (visitors, etc.)
 - Teach your child to let the family know when he/she is exiting their den.
- If you are afraid that something taking place is going to trigger your child (like the dog starts licking her paws) make a change quietly and without drama if possible.

- Use white noise or some buffer noise in shared living spaces, especially if your child is in a bad mood or had a tough day. Best you can, don't make it easy for their brain to pick up on sniffing, throat clearing and other innocuous sounds.
- Advocate for your child at their school. Misophonia is a disability for which you can get a 504 plan. You don't need a diagnosis but a letter from a doctor, audiologist or therapist might be helpful. Some possible school accommodations include:
 - Child may sit alone (no pod seating or table groups).
 - Child may step outside or go to resource room to decompress when needed (or triggers are taking place) and doesn't have to say why they are leaving.
 - Child can take tests in a separate room.
 - No gum in class.
 - Option to decline group project work.
 - Right to wear earplugs/earphones/ear devices.
- Have House Rules:
 - We have house rules so the miso's body it's on edge not knowing when the sound/trigger is going to happen again. The more the miso is on edge/alert in their body, the more likely they will develop new triggers and have less tolerance for current triggers.
 - White noise or fan running in shared living spaces.
 - Use plastic bowls or plastic utensils.
 - No walking into rooms unannounced while eating something.
 - No gum. Ever.
 - Lowering the "anxiety temperature" throughout the house will help the miso. Misos are sensitive people. They pick up very easily on others' stress levels/moods.
- Have Car Rules:
 - No food or gum, ever.
 - Drinks – maybe?
 - Crack window before talking or if the miso is stressed out for any reason.
 - Keep an extra set of headphones in car or ear plugs.
 - Drive two cars for short trips if it's helpful.
- Family Dinner Tips (if you're still trying to have family dinners)
 - Buffer sound – app Relax Melodies
 - Distraction – interesting conversation (not topics of stress), pass ball with feet
 - Permission to take breaks
 - Reconsider seating arrangement
 - Allow for headphones
 - Eat outside if possible
 - Allow for some movement
 - Are certain foods more problematic? Have meals that are "crunchy-free", etc.
 - Find other times to connect. Separate "Family Time" and "Fuel Time"

Additional suggestions for mental health therapists:

- Make sure there aren't things in the therapy (and waiting) room environment that are triggering to the client (i.e. ticking clocks, fountains, etc.). Invite the client to let you know if they are being triggered. Let them know you won't take it personally and you will do your best to not trigger them. Give them permission to take breaks during the session if needed (this is primarily for clients who have voice or breathing triggers).
- We manage misophonia by working from both ends of it...the auditory system end (strategizing around the use of ear devices, white noise machines, etc.) and the stress response end (addressing areas of stress for the client's body, including negative self-talk, unhealthy relationship dynamics, shame, unresolved trauma, poor sleep, lack of movement, etc.). Make sure the miso and parents understand the autonomic nervous system has 2 branches: the sympathetic (gas pedal) and (parasympathetic) brake pedal. What conditions push the gas pedal and which push the brake pedal? Certain things can tip the scale in the presence of a trigger and allow the person to stay in the parasympathetic branch dominating.
- Utilize techniques that help the client expand their "container" (i.e. there's more room in the body for handling stress that comes their way) such as Somatic Experiencing and EMDR.
- Help the client shift to a place of hating the sound versus hating/judging the person making the sound. Make up a different interpretation, one that calms the body down versus fuels the flight/fight urge such as, "The person is eating like that because he must have been starving."
- Help the client process the feelings that come with having misophonia: guilt, shame, embarrassment, helpless, anger and sadness. Help the client/parent/spouse mourn their situation.
- The misophone not only has to deal with their own emotional pain but also becomes preoccupied with the adverse effects it is having on their interpersonal relationships. They often feel like a burden or "party pooper". Help them accept that misophonia is a disability just like vision impairment or not being able to walk and that they deserve to feel safe and ask for reasonable accommodations.
- Depending on the age of the miso and situation – When other family members are present, tell the misophone "raise your hand every time you're triggered" so the family members can see how many times the person is actually triggered because usually when the family member is aware that the person is triggered is when the person is at the end of their rope.
- Ask the non-misophonia family members, what's something that creates a fight/flight reaction in you (that isn't actually a threat to your survival) to help them empathize.
- Reframe it as: This is how your (child's) body gives feedback. Others get migraines, digestive issues, or develop tics, etc. when their body is stressed or not getting what it needs.