

Tips for Living with Misophonia:

Get educated about misophonia. You can find a number of websites that offer good information and even classes [here](#). Note, there is still no cure for misophonia but you can learn a lot of ways to cope with it better. Education also will equip you to advocate for yourself or your loved one.

Find ways to distort the sensory experience of triggers (auditory, visual etc.) that lessen the distress they cause. This can include but is not limited to the use of ear devices (such as noise cancelling headphones) and white noise machines (especially in shared living spaces), preferential seating, etc. Consider getting inner ear white noise generators, which must be fitted by an audiologist. Limit the use of ear plugs as they can heighten one's sensitivity to sound.

Invest in all aspects of self-care and stress reduction. Adequate sleep is crucial for those with misophonia. Healthy eating, regular movement, positive social connection and having downtime in one's day are also important. Consider prescribed medications (most people I see with misophonia are on a low-level anti-anxiety medication). To be honest, most of the work I do with misophonia clients is focused on understanding and reducing each person's unique vulnerabilities for stress and learning tools to regulate intense emotions and anxiety. Most therapists are equipped to offer this type of support. Identify things that are calming to you or your child's body. Some examples include focused breathing (such as exhaling 2 counts longer than your inhale), progressive muscle relaxation, mindfulness practices, the use of cold (very cold water or running cold water over the hands), identifying calming scents (such as a lotion you like the smell of), sucking on a mint, getting a long hug, using a massage roller like the one found [here](#), connecting with an animal and/or the earth (ex. walking barefoot on the grass) and being creative (art, music, etc.). Also try to avoid judgmental thoughts about the person creating the trigger (ex. "they are doing that on purpose to bother me"), which only intensify the reaction. Guidance for many of these practices can be obtained from live or virtual classes, books, articles, YouTube videos, etc. I have personally found the practice of doing a guided "body scan" in the middle of the day is helpful in managing stress and misophonia. You can find a few I recorded [here](#). Kids and teens sometimes connect more with the relaxation practice videos found on [YoMind](#). 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).

Have an outlet for the adrenaline and cortisol that enters the miso's blood stream with triggering, such as a hand gripper, pressing one's palms together or against another person's palms, purposefully tensing and releasing muscles, pushing against a wall, etc. You will have the most success with this if your focus is on your strength and what it feels like in the body as you are doing the activity (versus being wrapped up in angry thoughts), this includes noticing what it feels like in the body after doing the "defensive response" for 10-30 seconds. Wiggling, shaking and dancing can also release activation from the body.

Have House Rules. We have house rules to minimize the miso's body being on edge not knowing when the sound/trigger is going to happen again. The more the miso is on edge in their body, the more likely they are to develop new triggers and have less tolerance for current triggers. House rules/accommodations might include:

- No walking into rooms unannounced while eating something.
- Having a white noise machine or fan running in shared living spaces.

- Using plastic bowls or plastic utensils.
- No gum. Ever.
- Separate “family time” and “fuel time”.
- Having “Kitchen Closed” hours so the miso can be out and about in the house during that time and not worried about someone snacking (ex. 1-3pm)
- Be especially guarded about the presence of triggers in a vehicle. A sense of being “trapped” significantly narrows a miso’s window of tolerance for triggers. Keep an extra set of headphones or ear plugs in the car.
- Do not bring attention to sounds/people that aren’t triggering (ex. “I’m surprised Uncle Tim’s chewing didn’t bother you. He chews so loud!”) due to the power of suggestion.

Also be aware that 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. In other words, it’s important for parents and partners to practice self-care, emotional regulation and stress reduction as well.

Get accommodations at school or work as needed. While misophonia is still not a formal diagnosable condition recognized by the medical community, we know there are plenty of ways it legitimately interferes with a person’s ability to perform equal to their peers. Any individual can advocate for accommodations at school or work that will allow a more equal opportunity to perform, learn, etc. A letter from a professional can be helpful and may be required to get a 504 plan or school accommodations. This can be provided by your primary care doctor, an audiologist, therapist, etc. Most people with misophonia have been given an additional diagnosis that may be more easily accepted such as Generalized Anxiety Disorder or Abnormal Auditory Perceptions Unspecified. Common school accommodations include the option to wear headphones, the option to take unannounced breaks and the option to take tests in a private/quiet space. A lawyer who presented at the 2020 Misophonia Convention suggested using the following language when starting the “interactive process” for obtaining accommodations at work, *“I have a disability. I am requesting reasonable accommodations so I can perform the essential functions of the job.”*

Be curious about conditions that promote success. You may have noticed times when your triggers did not bother you as much as they normally do. Reflect on these times and be curious about what helped your body to stay in a more grounded place despite the presence of the trigger. Perhaps you were outside (feeling a connection to nature and/or a sense of freedom), movement was involved or interaction with animals, you were with people you feel fully accepted/seen by, you were on vacation (i.e. school/work stress removed), it was a novel experience keeping your attention focused in a positive way and/or maybe you were doing something that brings you great satisfaction like helping others or being creative. Let these things inform your lifestyle choices as best as possible.

Practice grace and acceptance. We don’t have a cure for Misophonia and cannot make all the triggers stop. All anyone can really do is acknowledge their feelings and do their best to cope through the time-limited wave of emotion(s). All feelings really do pass and we all need a good coping toolbox to get us through the tough times. In short, use any kindness and calming mechanisms you have to reduce lashing out etc. Also, give yourself or your loved one permission to skip or leave situations wherein the misophonia distress is so high it feels impossible to cope (ex. dinner table). It’s typically when people stay in trigger situations, that distress mounts, and reactions can be more unfavorable. We are also seeing a bit of research that suggests repeated and prolonged exposures may strengthen the

misophonia reactions. No thanks, right? It's common to want to avoid or escape and it's ok to do so *sometimes*. I say sometimes because the general goal is to replace removal coping with other strategies as much as possible (such as resourcing the body with ear devices, intentional movement/stretching, use of things like the massage roller and drinking ice water, etc.). Maintain some compassionate acceptance that you may benefit from distance from the trigger to cope most effectively sometimes (especially if you got poor sleep the night before, have extra stress on your plate, etc.). Accept that you may need to step away to get emotions calm so you think more clearly about what you want to do next. A special note for loved ones – you understandably experience your own difficult emotions and it's important to have people you can process those with but it's best to minimize them spilling out with the person who has misophonia. Whether they say it or not, most misos struggle with shame and feeling like a burden. We wouldn't give a blind person a hard time for being blind, so be careful to not contribute to the shame the miso is likely already experiencing. You can however give reasonable consequences when your child is hurting property or others with their behavior.

Seek out other supportive options from a multidisciplinary team of providers. The current state of research across multiple disciplines suggests that several professions may have something to offer related to misophonia management. I encourage you to seek out any of these supports you deem appropriate for you/your child.

Audiologists offer a full assessment of hearing and auditory processing to rule out any related conditions that may be complicating one's experience of misophonia. Audiologists experienced with misophonia can also fit you/your child for inner ear white noise generators which can provide more protection in a discreet way, while still allowing the miso to hear classroom instruction, etc.

Occupational Therapists can evaluate for co-occurring sensory processing challenges and help you develop a sensory and emotional regulation coping toolkit. More info [here](#).

Neurologists/Functional Neurology use brain mapping and other cutting-edge technologies to identify abnormalities in brain activity that are associated with your/your child's problematic symptoms, and then use strategies to shift neural activity and reduce symptoms. More [here](#).

Psychiatrists can help identify and treat co-occurring psychiatric conditions (e.g. anxiety, OCD, ADHD, depression) that can complicate the experience of Misophonia. Some misos find being on an SSRI or Beta-Blocker medication helps them tolerate triggers better.

Mental Health Practitioners (e.g. Licensed Marriage and Family Therapists, Psychologists, Social Workers, etc.) can evaluate for co-occurring psychiatric conditions and treat those accordingly, as well as offer tools for managing stress and anxiety triggers and teach a variety of strategies to reduce stress and regulate emotions. Misos can often benefit from therapy support to address boundary setting in relationships, shame, perfectionism and/or life balance. In my perspective, most people have unresolved trauma stored in the body from one or more life experiences (whether it be from a medical procedure, car accident, exposure to something overwhelming to the body, abuse, etc.) which narrows one's "window of tolerance" for stressors. If possible, try to work with a therapist who is trauma-informed such as someone trained in Somatic Experiencing or EMDR. More [here](#). Steer clear of the use of Exposure Therapy practices for misophonia (which has been found to worsen triggers). On the other hand, some people have benefited from reconditioning work. [Tom Dozier](#) and [Dr. Nate Mitchell](#) are two people I know of

providing miso-specific reconditioning work. At the bottom of this I have attached a handout that can be provided to therapists for tips on supporting someone with misophonia.

If you prefer to wait and work with a provider specifically experienced with misophonia, I totally understand. It offers a special kind of ease and comfort to work with someone who can understand and validate your experiences. Unfortunately, there are still too few of us, but we are working on it. Because misophonia is not a recognized medical diagnosis (yet), too few providers know of it. Myself and other invested colleagues aim to improve the knowledge and understanding of misophonia across multiple disciplines over time. Most have waitlists for services for several months to years due to the high demand for services and limited supply.

Here are the two main databases to find providers with some education related to misophonia:

<https://misophonia-association.org/providers-directory/>
<https://misophoniatreatment.com/treatment-provider-directory/>
<https://misophoniaproviders.com/all-providers/>

Contribute to the advancement of research and awareness. Misophonia is hard enough to live with but the lack of awareness about it makes it even harder to manage. You can donate time or money to misophonia research and/or helping misophonia non-profits spread awareness. Better yet, volunteer to participate in a study aimed at improving our collective understanding of how misophonia develops and may be treated.

<https://misophoniarsearchfund.org/>
<https://milkeninstitute.org/report/misophonia-giving-smarter-guide>
<https://misophonia.duke.edu/research/research-registry>
<https://misophonia-research.com/>
<https://misophonia-association.org/>

A handout for therapists is on the next page.

Additional suggestions for mental health therapists:

** Warning for Misos: Various triggers are mentioned.

- 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) and when the gas pedal branch is dominating, they are more likely to form new triggers and/or have less tolerance for current triggers. Get curious about what things push the miso's gas pedal and which push their brake pedal. Certain things can "tip the scale" in the presence of a trigger and allow the person to stay in brake pedal mode.
- Utilize techniques that help the client expand their "container" (so 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. Come up with 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 to their loved ones. 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.
- 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. Most likely they don't have to be in the presence of their trigger thing near as often.
- 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."
- Help parents find that balance between accommodating and constantly walking on eggshells, which typically takes away the miso's motivation to do their own work (e.g. therapy, practice relaxation, wear headphones, etc.).
- Make sure there aren't things in the therapy (and waiting) room environment that are triggering to the client (e.g. 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).