



AUTHENTICLIVING

Misophonia Coping and Healing Suggestions

by Sara Bidler, MS, LMFT, SEP

The Framework I Find to Be Most True and Helpful:

People with misophonia have some brain differences that increase the likelihood of their subconscious orienting towards the repetitive behavior and/or orofacial activity of others. This orientation is much more likely to happen when the person is in a stressed state (or in technical terms: the defensive part of their nervous system is engaged).

When a person's nervous system is in a defensive state more than it's intended to be (i.e., it's unbalanced, which is very common in our society) AND they have the brain differences that come with misophonia...then we have *uneasiness in the body and the noticing of repetitive behavior and/or orofacial activity of those around us firing together a lot*. This creates an association in the brain. In other words: X behavior by X person = threat. When two things fire together enough in the brain (or a singular moment of intense firing), the brain downloads this learning to the subconscious and stops "wasting time" on traveling up to the prefrontal cortex to involve thought (i.e., there's no space to think about whether it's a threat) and instead automatically sends the person's body into a fight/flight state. It's very painful to get a surge of fight/flight energy in the body and have no outlet for it.

Often the person with misophonia (and the parents or partner) don't understand what's happening and self-imposed and/or other-imposed judgment and shame gets added onto the experience. The person with misophonia is likely to think, "What's wrong with me that I'm getting so upset by x everyday behavior, and in particular by someone I love??" And they might get met with responses by loved ones along the lines of, "Just don't think about it." or "I'm *just* chewing and not even that loud." This makes the misophonee feel even more crazy. Thoughts of being crazy, broken, messed-up, a burden, etc. are very hard on the nervous system and create further imbalance.

Humans are wired to anticipate threat, so without the proper understanding of what's happening, the misophonee starts to anticipate and tense up in their body when they might have to interface with x trigger. This is understandable but only adds more fuel to the fire.

They might also come across the term "misophonia" on the internet and get misguided into thinking they're allergic to certain sounds or movements and doomed to a life of pain and/or isolation. While there's some relief in knowing one is not alone in the struggle, putting oneself into such a box (i.e. "I have a condition for which there is no cure.") creates even more nervous system dysregulation and typically more triggers and trigger people in their life.

The misophonia likely started as the body's attempt to try and:

- get your attention or the attention of loved ones (to address the nervous system imbalance)
- get you more of a boundary (from what or still is causing you distress)
- and/or regain some sense of control (giving you something more tangible to target and therefore feel somewhat more in control)

But then it becomes its own "ball of wax" and distracts you and your loved ones from exploring and addressing the root cause(s). Many other conditions follow a similar trajectory, such as eating disorders. But since we haven't had a name for misophonia as long (and awareness, research and professional

consensus takes time following the naming of something), it's much easier to get stuck in the misophonia maze.

Finding Your Way Out of the Maze:

Misophonia needs to be addressed at two levels:

1) Band-Aid or Coping Strategies to “slow down the bleeding”

These are more immediate ways to start giving the person with misophonia a greater sense of agency over their nervous system (versus feeling powerless/helpless) and slow down the development of new triggers and trigger people.

2) Surgery and Rehab

While coping strategies can give some relief, if the source of the nervous system dysregulation doesn't get addressed, they will fail to be enough. You will just need more and more “band-aids” (such as ways to block sound/visuals, avoiding more and more, etc.) which will over time result in other problems (feeling isolated, not being able to hear what the teacher is saying, etc.)

The most common things I find to be the source of nervous system dysregulation are unresolved trauma*, poor boundaries in key relationships, shame and/or repressed feelings or parts of oneself. In kind, the goals of therapy include trauma healing, work on relationship boundaries and differentiation of self, releasing shame and accepting all of oneself.

*Trauma happens when something takes place too fast and/or too big (based on the person's present moment capacity) for the nervous system to discharge the survival energy that was released in the body. As a result, the remaining survival energy continues to cycle throughout the body and build on itself. It shows up in all sorts of ways such as being on edge, emotional distress, struggles to regulate/soothe, headaches, stomach pain, etc. We don't have to have conscious memory of the traumatic event for it to be impacting the body. The younger a person is the more likely the nervous system won't be able to discharge the survival energy.

Please note: You cannot force your partner or child with misophonia to do this level of work if they aren't ready. Instead validate their hesitancy (they likely have concerns that it won't “work” and they'll be left feeling even more broken) and hold space for a healthy and realistic narrative that there are options and there's no fast-track to healing for anyone but it's worth the effort and persistence (do this in a compassionate loving way). If they still don't want to engage in “the work” focus on getting your own support and addressing any areas of nervous system dysregulation for yourself. It will have a positive impact.

Band-Aid or Coping Strategies:

Find ways to distort the sensory experience of triggers to 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, visual blockers, etc. Some audiologists sell inner ear white noise generators for those with misophonia. Limit the use of foam ear plugs as they can heighten one's sensitivity to sound. Use of things like Loop earplugs are okay.

Created by Sara Bidler, MS, LMFT, SEP

Invest in 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.

Medication. Some people find some relief with taking an anti-anxiety medication or a beta blocker.

Nervous System Calming Strategies. Examples of things that help calm the nervous system include focused breathing (such as exhaling 2 counts longer than your inhale), purposefully tensing and releasing parts of the body, the use of cold (drinking ice water, running cold water over the hands, having an ice pack on your lap, bringing a frozen bottle of water to school and holding it in your hand at times), calming scents (such as a lotion you like the smell of), sucking on a mint, lemonheads, or Red Hots, 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.).

Self-Talk. When judgmental thoughts about the person creating the trigger arise (ex. "They must be doing that on purpose because they know I hate it."), redirect yourself towards more helpful/calming thoughts such as:

They're not trying to cause me pain.
It's easy for people to forget because my triggers are autopilot behaviors.
It's no one's fault.
What are my options?

Have a Regular Relaxation Practice. I have personally found the practice of doing a daily 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](#). With this, you are building body memory around a state of calm in the body and you're growing the ability to be more grounded in your own body (and therefore less likely to be "pulled into" the body activity and energy/mood of others).

Have an outlet for the adrenaline and cortisol that enters the misophone's blood stream with triggering, such as a hand gripper, pressing one's palms together or against another person's palms, purposefully tensing and relaxing muscles, pushing against a wall, etc. You will have the most success with this if your focus is on what it feels like in the body as you are doing the activity (versus being wrapped up in angry thoughts) and then noticing what it's like in the body for another 10-20 seconds once you stop. This type of focus is what communicates to the nervous system that you took care of the threat. Wiggling, shaking and dancing can also help release activation from the body.

Have House Rules. We have house rules to minimize the misophone'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.
- Giving options for getting more space and/or taking a break during meals.
- Having "Kitchen Closed" hours so the misophone can be out and about in the house during that time and not worried about someone snacking (ex. 1-3pm).

Created by Sara Bidler, MS, LMFT, SEP

- Be especially guarded about the presence of triggers in a vehicle. A sense of being “trapped” significantly narrows a misophone’s window of tolerance for triggers. Keep a back-up 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 misophone. Misos are typically sensitive people in general. 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.

Don’t add on shame. Shame often gets added onto this condition and it makes it worse. When your child/partner is triggered, try to avoid saying things like:

- “I’m *just* chewing/breathing/etc.”
- “Now this sound triggers you too?!”
- “Just don’t think about it.”

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 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 (so it kept 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.

Surgery/Rehab Work:

There aren’t near enough “misophonia specialists” in the world for everyone with misophonia to work with one of these people. But there are a lot of therapists trained in addressing the things that are commonly “fueling” misophonia. Look for therapists who are willing to work with the whole family (as boundary setting work is often needed) and are trauma-informed (which typically means they have training in nervous system regulation). See a good article on trauma-informed care [here](#). The modalities I prefer are [Internal Family Systems](#), [Brain-Spotting](#), and [Somatic Experiencing](#) but you don’t have to limit yourself to these. If the therapist is able to help with things like boundaries, shame, perfectionism

and nervous system regulation, it will help with the misophonia. A common therapist search engine used is [psychologytoday.com](https://www.psychologytoday.com). **Do not have your child do exposure therapy.** Please keep in mind this stuff takes time, especially with kids. You likely won't see changes with the misophonia until much later, when the therapy work adds up.

The overarching goal is for your child to feel at peace in their body and a sense of agency with their nervous system and key relationships. Misophonia might be what gets us to "do the work" but you're investing in far more than misophonia management. What you will learn and gain from this work will enrich your child and family in a number of ways.