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REVIEW ARTICLE

Misophonia: Is Disorder Not Mannerisms

Javaid Ahmad Mir¹, Bushra Mushtaq¹, Onaisa Aalia Mushtaq²

¹Faculty, Islamic University of Science & Technology, Awantipora, Kashmir, India

²PG Nursing scholar, Mader-e-Meharban Institute of Nursing Sciences and Research (MMINSR),
Sher-I-Kashmir Institute of Medical Sciences, Soura, Kashmir, India

*Corresponding Author: mirjavaidahmad77@gmail.com

ABSTRACT

Misophonia (sound sensitivity) is a disorder in which people abnormally have strong and negative reactions to the sounds humans make which are ordinary, such as breathing or, chewing become enraged at people when we listen to them eating or breathing etc. The word "Misophonia" was given by audiologists Pawel and Margaret Jastreboff.

Misophonia means "hatred of sound", was suggested in the year 2000 which explains the condition in which emotions, negative thoughts, and physical reactions are set off by specific sounds. It is not unexpected for people to occasionally be annoyed by some normal routine daily sounds. But for individuals with Misophonia, the sound of someone chewing, drinking water sound, making any other little sound can make them want to scream, get annoyed, angry.

These reactions which are physical and emotional, which are ordinary sounds, are alike to the "fight or flight" response which may lead to panic, anxiety, and rage.

Keywords-- Misophonia, Sound sensitivity, Mannerism, mental disorder.

INTRODUCTION

A person's reaction can be so thunderous it hinder with their way to live usual life. "Misophonia" people think and appear that they are the most mannered, and make them perceive that they have bad manners".

Misophonia is not classified as psychiatric condition or auditory and is

different from phonophobia which is fear of sound.

Symptoms

The characteristic of Misophonia is an extreme response, such as aggression or anger to people making obvious sounds.

- The Misophonia reaction may occur first when a person is young and can develop from someone in an immediate connection, a pet, or in relation.
- The power of the response, and how a person with condition counters to it, varies abundantly. Some people may experience infuriation and anger, while others can become irritated or He may cried with anger and frustration.
- At any age, any genders (men, women, others) Misophonia may occur, while people generally symptoms appears in late childhood or early teenage years.
- Initial episodes of Misophonia for number of individuals are set-off by one specific sound, but other sounds can bring on the reaction over time.
- Individuals with Misophonia perceive that their response to sounds is uncontrolled, and the potency of their feelings can make them believe that they are losing hold on themself.

Research Studies have showed the below responses as symptoms of Misophonia:

- Frustration turning to anger.
- Yuck factor turning to anger.
- Start verbal aggression towards the person making the noise.
- Noise makes them physically aggressive with objects,

- Physical abuse, assault towards the person who makes noise.
- Taking straight-arm action around people who makes the sounds.
- Many individuals with this type of sound sensitivity might start to intimate the noises that set off their aggressive, angry, reactions.
- Thinking about come across sounds that set off their Misophonia can make individuals feel stressed and unwell. These individuals might experience symptoms like depression, anxiety, and neuroses than any others conditions.

Other than emotional responses, research studies discovered that people with Misophonia may encounter a lot of physical symptoms, including:

- Rapid heartbeat
- Pressure on whole the body, particularly the chest.
- Rise in body temperature.
- Muscle tightness.
- Rise in blood pressure.

One study found that 52.4 % of its subject studies with Misophonia may be labeled with obsessive-compulsive personality disorder (OCD), which may be point concern, as OCD effects daily life activities.

The Most Common Triggers

Several sounds are more probable to trigger a Misophonia response than others. Researchers in Amsterdam recognized the below points as the mostly responsible for Misophonia:

- Sounds produced by eating, affects 81% of subject study.
- Noisy breathing sound or snoring, affects 64.3 % of subject study.
- Hand, Finger, or clicking pen sounds, affects 59.5 % of subject study.
- 11.9 % of subject studies had a same response angry and aggressive to the observation of someone frequently repeat few physical activities, such as movements of their feet's.

Unsurprisingly, usually humans produce sounds and sights that set off Misophonia. A dog guzzle down a bowl of

meal or some same does not usually triggers a Misophonia reaction.

Classification

Misophonia is not acknowledged in the DSM-IV or the ICD 10, and even it is not yet registered as a mental health disorder or hearing condition. As of now it is not clear if Misophonia is a symptom or a condition. Which means this condition needs further researches.

Treatment

- There are no particular treatments for Misophonia have been discorded or invented yet.
- Mimicking displeasing sounds is an unconscious response many people have to the sounds that provoke their condition. This mimicry may help them to control the awkward situations and they find themselves in improve.
- People with Misophonia have also produced other coping mechanisms to gain relief.

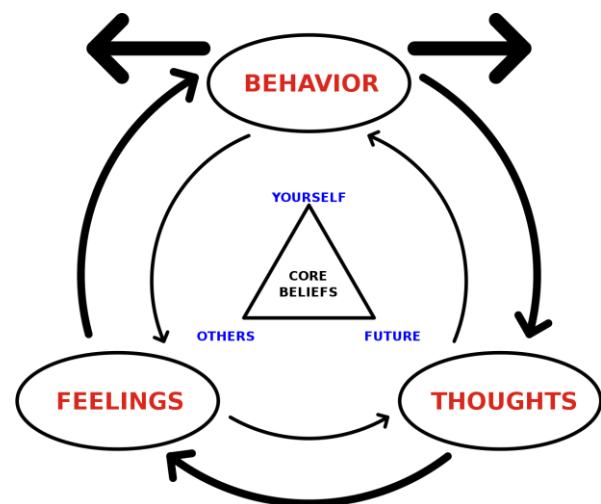


Figure 1: Cognitive Behavioral Therapy

There is no evidence-based management for the Misophonia nor did any clinical trial report, treating client with Misophonia, health care providers attempt to help them to overcome by identifying what the individual is going through and working on planned approach. Very Few research studies

are published on the therapy like effects and prognosis of sound therapy same as therapies like tinnitus retraining therapy, CBT and exposure therapy used in OCD, to help people become less aware of the trigger sound.

Few important points for managing sound sensitivity include:

- Play music with use of headphones to decrease stimulus (noises).
- Use of earplugs helps to limit noise intrusion.
- Try to choose seat on buses, restaurants, and in parks that distance trigger sounds.
- Relaxation, meditation, practice self-care with rest to reduce stress.
- Avoid that circumstance where there are stimulus (if possible).
- Seek help, advice from psychiatric Nurse, doctor or therapist.
- Talk with friends and close ones to discuss and explain Misophonia.

Advising individual with Misophonia to “neglect” their stimuli (sounds) is same to tell a person who is diagnosed as depression to “cheer up,” as it is not going to help them.

CONCLUSION

Misophonia is supposed to be a chronic condition and a main disorder, which means it does not occur in association with other conditions. Misophonia is not listed in the DSM-5 yet which means diagnosis under category is not well defined. Many researchers proposed that the Misophonia is an unconscious or autonomic reaction of the nervous system. This conclusion is created as

other physical response individuals with sound sensitivity encountered, and the reality that condition may be worse or better by use of substances, such as alcohol or Caffeine etc.

REFERENCES

1. Palumbo, D. B., Alsalman, O., De Ridder, D., Song, J. J., & Vanneste, S. (2018). Misophonia and potential underlying mechanisms: a perspective. *Frontiers in psychology*, 9, 953, DOI: <https://doi.org/10.3389/fpsyg.2018.00953>
2. Edelstein, M., Brang, D., Rouw, R., & Ramachandran, V. S. (2013). Misophonia: physiological investigations and case descriptions. *Frontiers in Human Neuroscience*, 7, 296, DOI: <https://doi.org/10.3389/fnhum.2013.00296>
3. Schröder, A., Vulink, N., & Denys, D. (2013). Misophonia: diagnostic criteria for a new psychiatric disorder. *PLoS One*, 8(1), e54706, DOI: <https://doi.org/10.1371/journal.pone.0054706>
4. Kumar, S., Tansley-Hancock, O., Sedley, W., Winston, J. S., Callaghan, M. F., Allen, M., ... & Griffiths, T. D. (2017). The brain basis for misophonia. *Current Biology*, 27(4), 527-533, DOI: <https://doi.org/10.1016/j.cub.2016.12.048>
Schröder, A. E., Vulink, N. C., van Loon, A. J., & Denys, D. A. (2017). Cognitive behavioral therapy is effective in misophonia: An open trial. *Journal of Affective Disorders*, 217, 289-294, DOI: <https://doi.org/10.1016/j.jad.2017.04.017>