I Hear You: The Everyday Struggle Living with Misophonia

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I HEAR YOU:
THE EVERYDAY STRUGGLE LIVING WITH MISOPHONIA

A Capstone Experience/Thesis Project Presented in Partial Fulfillment
of the Requirements for the Degree Bachelor of Arts
with Mahurin Honors College Graduate Distinction
at Western Kentucky University

By
Ashton M. Jones
May 2021

*****

CE/T Committee:
Prof. Bradley Pfranger, Chair
Prof. Melanie Asriel
Asst. Director Susann Davis
The term misophonia is derivated from the Greek words misos, (hate), and phônè, (voice); it translates as hatred of sound. It is the term used to describe people who are irregularly affected by everyday noises. The first scientific observations by Pawel J. Jastreboff regarding misophonia indicate “individuals with misophonia are sensitive to a specific set of trigger sounds, which are usually recognized since childhood.” These types of sounds tend to be trivial noises, such as chewing or crunching, sniffing, breathing, clicking, lip smacking, and tapping. The noises can trigger an onslaught of negative emotions and violent reactions.

This documentary film focuses on exposing the public to a disorder with few comprehensive studies. Interviews conducted with both medical professionals and sufferers of misophonia work together to create a depiction of how the disorder affects all people and why others should be considerate of those impacted by the disorder. The documentary delves into the stressful, emotional, human aspect of misophonia in a way that a scientific journal cannot provide. The intention of this study is to form a connection between the subject and the viewer the a will invoke a stronger desire to understand why this disorder is so difficult to live with.
I dedicate this thesis to my fellow misophonia sufferers across the globe and my younger self who have fought to be heard and understood in a world that is far too loud. Also, I would like to dedicate this to all the physicians who dedicate their time to researching and helping others overcome what is considered an “uncurable” disorder. And finally, I dedicate this project to my friends and family who have supported me through my undergraduate studies at Western Kentucky University.
ACKNOWLEDGEMENTS

I would like to thank my professor and mentor Bradley Pfranger who has played a large role in my success in the world of broadcast journalism. I would not be where I am now without his guidance the past three years and his faith in my skills. Nor would I be as strong a journalist without professor Pfranger and the university giving me the opportunity to go to the 2019 National Press Photographers Association workshop where I was inspired by some of the greatest journalists of our time.

Thanks to the Western Kentucky University for accepting me into the Hilltopper family and introducing me to incredible broadcasters from around the world, both students and faculty.

I thank all the friends I met along this journey for being willing to share their stories and be vulnerable, especially Haley Carlton who’s tumultuous and heartwrenching story gets to the bottom of the seriousness of misophonia and who’s story sets the stage for this documentary.
VITA

EDUCATION

Western Kentucky University, Bowling Green, KY  May 2021
B.A. in Broadcast Communications – Mahurin Honors College Graduate
Honors CE/T: I Hear You: The Everyday Struggle Living with Misophonia

White House High School, White House, TN  May 2017

PROFESSIONAL EXPERIENCE

WBKO-TV, BOWLING GREEN, KY  July 2020-
MMJ/Reporter  Present

BLACKBOARD ASSISTANT, WKU  Aug. 2017-
Student Worker  May 2020

WKYU-TV, WKU  Sept. 2018-
Reporter  May 2020

AWARDS & HONORS

Summa Cum Laude, WKU, May 2021
Best News Reporter: College Division, Kentucky Associated Press, 2019
Best News Story: College Division, Kentucky Associated Press, 2019
Best Feature Story: College Division, Kentucky Associated Press, 2019
Best Newscast: College Division, Kentucky Associated Press, 2019
Cherry Presidential Scholarship, WKU, 2017-2021

PROFESSIONAL MEMBERSHIPS

Delta Sigma Pi – Professional Business Fraternity

TRAINING

National Press Photographers Association  Mar. 2019
News Video Workshop
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INTRODUCTION

This project first evolved from my own experience living with misophonia, starting from as early as the age of eight when I started to feel extreme discomfort from the sound of chewing noises, especially from my family members and friends. Over the years, my misophonia became so intense it affected my relationships, and this was the point when I realized I was experiencing more than just “annoyance.” I began researching the feelings I experienced, eventually discovering a disorder known as “misophonia.” From then on, I began building a case to prove to my family and friends I was not overdramatic, and the symptoms I suffered from affected other people in a similar way.

However, the process was lengthy and tortuous. People I talked to about my disorder could not grasp the gut-wrenching feeling I had everytime they placed a chip in their mouth and chewed. One such incident happened right before I came to college. I was talking with a prospective student who said he wanted to become a doctor. In conjunction with the conversation about college, he brought up the topic of roommates. I confided in him I was worried about being randomly assigned with a roommate who snores, given it is one of my worst triggers. He told me my misophonia was something I better get over before going to college. It was a devastating statement considering he had told me just minutes before he wanted to become a doctor—someone meant to dedicate his life to helping and healing others.

Since that moment, I have fought vigorously for myself and for everyone else with misophonia to prove we are not crazy or overdramatic but affected by a disorder so few people are studying and treating. I decided to pursue this study to do what journalists
do best, which is bring awareness to the issues in our world and ask the community to help us discover solutions, or at the least, some healing.
The process of creating my documentary began in the fall. I conducted my project the same way I would a news story, starting with the interviews, writing the script, and editing it together. Granted, it was a far longer project than I have ever worked on in the news business.

Gathering and conducting interviews took up the entire first semester. All interviews were conducted through Zoom for safety. I started by researching people who treat misophonia and stumbled upon the 2020 Misophonia Convention, which catapulted my project. I reached out to all the speakers from the convention about interviewing with me. The first of whom to say yes was Adeel Ahmad, creator of the Misophonia Podcast. After interviewing Ahmad, I made a guest appearance on his podcast to talk about my experience with misophonia and put the word out about my project. I garnered several interviews from my appearance, including researcher Jane Gregory from the University of Oxford who has a grant to research misophonia and its treatment options.

Another key interviewee was Tom Dozier, the founder of the Misophonia Institute, who provided me with several studies about misophonia, and he pointed me in the direction of a Louisville physician who treats both misophonia and OCD.

The heart of the story ended up being the stories I gathered about people’s struggles with misophonia. Many of my interviewees reached out to me through email after hearing my story on the Misophonia Podcast. I also joined several misophonia Facebook groups where I posted about my project and asked interested parties to message
me about setting up interviews. I conducted nine interviews with misophonia sufferers through Zoom, though not all the interviews made the cut for the final project.

After gathering the interviews, I put the files through the site Otter.ai to convert them into transcripts. From there, I was able to construct the script, starting with the most powerful story: Haley Carlton, a young woman who nearly took her life because of her struggle with misophonia. It, then, transitioned into the findings of multiple physicians, then testimonials, before circling back to the resolution of Carlton’s story.

The final stage was editing the project together, which was essentially following the blueprint of the script. I used Adobe Premiere to construct the timeline, first laying down all the soundbites and narration. The music was included between interviews to transition the story from one subject to the next. I also constructed and animated the title sequence by using keyframes to make the pictures move around the screen. Similarly, I used keyframes to animate artist Claire Pupo’s paintings that were interspersed throughout the documentary. I also created all the graphics from scratch, which included lower-thirds (names and titles) and locators. A picture of the completed timeline in Adobe Premiere is included below:
CHALLENGES

Due to COVID-19, the project posed challenges before I even started. Rather than conducting interviews in-person, as I would normally do as a journalist, I had to use Zoom for all my interviews. It forced me to think creatively about how to keep the viewer engaged in a virtual interview. In another way, using Zoom allowed me to speak to people from all over the world, something I would not have done if I had the option to conduct in-person interviews.

COVID restrictions also prevented me from being able to go out and shoot b-roll (the footage that drives the story), which accounts for half of the video in the documentary. This was by far the biggest challenge to overcome because the interviews alone are not enough to keep the audience engaged. I ended up scratching the idea of gathering footage and instead, gathered art. The idea arose when Dr. Nate Mitchell from Louisville showed me a painting one of his patients with misophonia made for him. It depicted the patient’s ear with a rainbow of sound exploding out, meant to represent the feelings she had when experiencing a trigger. It made me wonder if there were other people sublimating their feelings in similar ways.

By conducting a Google search of “misophonia paintings,” I was able to locate an artist named Lauren Cooper who created a painting to represent her misophonia. With her permission, I used the painting to create the title sequence for my project and incorporated it in a few other spots throughout the documentary.

Upon request, Adeel Ahmad also got me in touch with a Californian artist, Claire Pupo, who creates paintings to represent her misophonia. She appeared on his podcast to
talk about how the paintings helped her release a range of emotions. I set up a meeting with Pupo to go over my project and intentions and discuss her motivations as well. Her paintings perfectly represented the inner struggle I wanted to depict for viewers and captured a range of emotions of which footage could not.
<table>
<thead>
<tr>
<th>Jones</th>
<th>Spring 2021</th>
</tr>
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<tbody>
<tr>
<td>29:21</td>
<td></td>
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<thead>
<tr>
<th>(take sot Carlton :31)</th>
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<tbody>
<tr>
<td>“I decided a few years ago that I would finally end my life in 2020. I started realizing I was sensitive to sounds around three. I remember feeling very uneasy every time my mom sneezed when I was really little and as I got older, my main trigger was geared toward my brother and so it’s kind of going back-and-forth between family members and who causes me rage.”</td>
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<table>
<thead>
<tr>
<th>Image: Carlton as a baby</th>
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<tbody>
<tr>
<td>Image: Carlton as young girl</td>
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<tr>
<td>Image: Carlton as a teen</td>
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<table>
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<tr>
<th>CG: Haley Carlton</th>
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<tr>
<td>Birmingham, Alabama</td>
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<tr>
<th>CG: Haley is a level 7 on the Misophonia Activation Scale (MAS-1)</th>
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<tbody>
<tr>
<td>This means she experiences “substantial psychic discomfort and unwanted sexual arousal” for certain sounds</td>
</tr>
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</table>

| Misophonia-UK.org |
“And I am very ashamed of this. I’ve come extremely close to hitting my mother because she’s my main trigger at the moment and has been for the past few years. I’ve kicked a hole in the wall a couple times and that something that we still had to fix, or I would hit my head on the wall or punch the wall just so I can get the rage out. I would hurt myself. Hit myself slap myself cut myself. I have scars because I felt like not only did I needed a way to get all that heat anger and rage out but I felt like I deserved it. I didn’t wanna do that to my family but I couldn’t take this horrible feeling of not wanting to be around my family, not being able to have a good relationship, wondering how I would ever have an intimate relationship with a partner and be able to involve them to be in my family and how that would play out. I didn’t wanna be charged or thought of as weird
<table>
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<tr>
<th>CG: An estimated 15% or 1 in 6.5 adults in the U.S. experience symptoms of misophonia</th>
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<tr>
<td>Misophonia Institute, Dozier, 2014</td>
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or some thing. That was always a fear of mine because I always felt ostracized and different for it. I decided that I was going to be October 10, 2020.”

(1: take animation :24)

THE THINGS YOU HEAR… CREATE THE ENVIRONMENT AROUND YOU… FILLING IN THE GAPS YOUR OTHER FOUR SENSES CAN’T. NOISE CAN BE BEAUTIFUL… AND IT CAN BE TERRIBLE.

WHEN YOU DON’T LIKE A SOUND… (NATS) YOU CALL IT ANNOYING… YOU MIGHT ASK SOMEONE TO STOP. BUT TO AN ESTIMATED 15 PERCENT OF ADULTS IN THE UNITED STATES… EVERYDAY NOISES ARE LIFE-RUINING.
THE DRIP OF A FAUCET… A CRUNCHY CHIP… CAN LEAD TO A FULL-ON MELTDOWN.

THESE PEOPLE SUFFER FROM A DISORDER KNOWN AS MISOPHONIA… AN EXTREME SENSITIVITY TO CERTAIN NOISES.

(take sot Gaskill :05)

“It’d be like crinkle, crinkle, crinkle and it’d drive me out of my freaking mind.”

(take sot Kinshasa :03)

“I’d have a full-on meltdown.”

(take sot Byrne :03)

“Deep anger, fight or flight response.”

(take sot Kirk :03)

“Something clicked in my mind. I was like this is not normal. This is not a normal reaction to have.”

IF YOU WERE TO GOOGLE MISOPHONIA, YOU WOULD SEE THIS CONDITION IS CONSIDERED “RARE”… EXTREMELY “RARE.”

TOM DOZIER BEGS TO DIFFER.
| CG: Tom Dozier | DOZIER’S BEEN STUDYING MISOPHONIA FOR NEARLY A DECADE. A LEADING EXPERT IN THE FIELD… HE STARTED THE MISOPHONIA INSTITUTE IN 2015 AFTER A STARTLING ENCOUNTER WITH IT. (take sot Dozier :24) “About eight years ago, a mom with a daughter who was having behavioral problems contacte me, and she said her daughter had this hearing disorder called misophonia that was going to ruin her life. There was no cure for it. It was going to get worse with time. It was going to prevent her from having—establish relationships and marriage and family and things.” |
| Misophonia Institute | |
| MS Dozier YouTube video | DOZIER WAS WORKING IN BEHAVIORAL SCIENCE, SPECIFICALLY FAMILY DYNAMICS… AND PARENT CHILD INTERACTIONS. |
“The girl had auditory, visual and olfactory triggers. With those visual and olfactory triggers, it couldn’t be a hearing system disfunction.”

DOZIER SAYS HE WENT IN WITH A BLANK SLATE… LOOKED THROUGH RESEARCH FOR TREATMENTS AND FOUND COUNTER CONDITIONING.

“It was used for PTSD. And so I started trying to do some experimental treatments where a person is very relaxed, who's has a very positive thoughts and positive experiences. And then little bitty weak levels of triggers… I noticed that there was more to it than just an emotional reflex. But there was also a physical reflex. When a person hears a trigger, there is a physical sensation in the body. Typically, a muscle flinch somewhere,
<table>
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<tr>
<th>Description</th>
<th>Text</th>
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</table>
| WS colorful lines            | and it may be small. It’s trigger, crunch, muscle and then explosion.”  
THE EXPLOSION IS HAPPENING |
| CU cloud of colors           | WITHIN THE BRAIN…  
CHARACTERIZED BY INTENSE |
| WS misophonia graphs         | FEELINGS OF ANGER… DISGUST…  
AND SADNESS. THEY’RE |
|                              | ACCOMPANIED BY INCREASED |
|                              | PHYSIOLOGICAL AROUSAL. THESE |
|                              | FEELINGS WERE ONLY OBSERVED |
|                              | IN THE MISOPHONIC CONDITION.  
AND WITH TIME AND EXPOSURE… |
|                              | THE REACTION BECOMES |
|                              | STRONGER.  
SIMILAR TO PAVOLV’S DOG… AS |
|                              | THE PERSON ASSOCIATES THE |
|                              | TRIGGER WITH DISTRESS… IT |
|                              | BECOMES WORSE WITH TIME.  
DOZIER TAKES A PHYSIOLOGICAL |
| MS dog                       | APPROACH TO MISOPHONIA…  
ADDRESS THE PHYSICAL TRIGGER |
|                              | AND IT WILL LESSEN THE |
| WS Dozier YouTube video      | RESPONSE. |
BUT NOT EVERY PHYSICIAN OR RESEARCHER TAKES THE SAME APPROACH.

AND SO DOZIER RECOMMENDS TALKING TO PSYCHOLOGIST DOCTOR NATE MITCHELL—ANOTHER MEMBER OF THE MISOPHONIA INSTITUTE.

“I specialize in the treatment of OCD, and a large percentage of my patients had misophonia and like many psychologists, I had no idea what it was and so I looked it up and looked up a few articles because hardly anything is published about it in the psychology journals, which is a damn shame. What I noticed is when they were triggered, there was this sort of being zapped or being punched, being poked response that they had and so I started looking for anyone who had published anything regarding that, and I found some
work of Tom Dozier. He started talking about misophonia as being related to a physical flinch. I thought if exposure therapy—ERP—works for their OCD, why wouldn’t it just work for their misophonia? Isn’t it just an extension of their OCD? No, it’s not. They got worse, and they hated me.”

MANY OF MY INTERVIEWEES WITH MISOPHONIA TOLD ME THE PHRASE “GET OVER IT” IS TRIGGERING BECAUSE RESEARCH—LIKE DR. MITCHELL’S—SHOWS EXPOSURE DOESN’T LESSEN THE EFFECT, IT INCREASES IT.

DOCTOR MITCHELL CHANGED HIS APPROACH TO ACCOMMODATE… TEACHING PATIENTS HOW TO BLOCK OUT THE NOISE RATHER THAN WEATHER IT.

(take sot Mitchell :36)
<table>
<thead>
<tr>
<th>Louisville, Kentucky</th>
<th>“I very much think misophonia is a learned condition.”</th>
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<tbody>
<tr>
<td>CU misophonia painting</td>
<td>“Oh the brain did that reflexively but now I can pay attention to how beautiful that lamp is or I can shift my attention. I’m in control of that.”</td>
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<tr>
<td>CG: Cavern, Pupo, 2018</td>
<td>“Your brain’s job is to protect you, which is good, but it’s focusing too much on that sound and so I would teach you how to focus your attention on everything else. There’s a world out there beyond that sound but your brain hyperfocuses on the sound and doesn’t allow you to experience the rest of the world.”</td>
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<tr>
<td>CU misophonia painting</td>
<td>(take image :03)</td>
</tr>
<tr>
<td>CG: Blending In, Pupo, 2018</td>
<td>(take sot Bidler :34)</td>
</tr>
<tr>
<td>CG: Minneapolis, MS</td>
<td>“My name is Sarah Bidler. And I'm a licensed Marriage and Family Therapist as soon to be Somatic Experiencing practitioner as well. And I have had misophonia, since the age of 12, and saw a number of different mental health therapists in my young adulthood, trying</td>
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to understand why, you know, some sounds were such a problem for me and how to better deal with it, and was repeatedly met with bewilderment and or told it was some form of anxiety or some other mental health disorder.”

IT WAS JUST TEN YEARS AGO BIDLER DISCOVERED THERE WAS NAME FOR HER DISORDER.

(\textit{take sot Bidler :31})

“Years later, when I was kind of in the planning stages to start my own private mental health therapy practice, I was back at that clinic just kind of for a checkup and said, you know, I was thinking about specializing in misophonia. And they were delighted that I was thinking about doing that, because there's so few mental health therapists to refer to that actually get it. So with their encouragement, that's what I did when I started my private practice about a year and a half ago, here in Minneapolis.”
BIDLER’S APPROACH TO TREATING MISOPHONIA IS A TECHNIQUE CALLED SOMATIC EXPERIENCING.

(\textit{take sot Bidler :41})

“Somatic Experiencing is a method for releasing, you know, trauma and stress from the body, it's body based. So it's really focused on the nervous system, and helping people learn how to, you know, kind of turn more inwards, you know, be aware of what's happening in their body and being with their body in a way that allows the body to release, maybe a threat, you know, response that never got completed.”

UP FRONT… BIDLER TELLS PATIENTS THIS IS NOT A CURE. BUT SHE CAN HELP PATIENTS WEAKEN THEIR CURRENT TRIGGERS AND MINIMIZE FORMING NEW ONES.

(\textit{take sot Bidler 1:03})
“You know, what are kind of the coping strategies we can put in place so that maybe you're coming to dinner, you know, you do some things to ground your body first. Maybe at dinner, you're, you're doing different things that help your body stay in more of a parasympathetic, you know, rest and digest state, whether it's, you know, having some weight on the body with a weighted vest, or using like a hand gripper, to kind of squeeze to release some of the, you know, adrenalin, you know, that's getting released into the body. positioning yourself different ways at the table, you know, eating outside as much as possible white noise, all those things, you know, so we can, you know, feel as safe as possible and the body in the presence of the trigger, but then also just like how to, you know, best, you know, well, looking at ways to become, again, the operator of your nervous system, so that when stress happens in your life,
you're, you're able to kind of move through that in a healthier way and release that versus, you know, falling into those construction patterns.”

BIDLER… AS A SUFFERER HERSELF… UNDERSTANDS THE EXTENT TO WHICH MISOPHONIA HARMS A PERSON… SHE SAYS SHE WANTS TO SEE MORE PROFESSIONALS TAKE ON THE TASK OF TREATING MISOPHONIA. (take sot Bidler :10)

“First and foremost, I think, you know, we just need more awareness on behalf of physicians, and mental health professionals.”

OVER SEAS… A RESEARCHER AT OXFORD SHARES THE SAME VISION.

(take image :03)

CG: Oxford, England
CG: Jane Gregory
Researcher, University of Oxford

( take sot Gregory 1:01)

“Like many people, I grew up with this sort of hatred and anger towards specific
sounds. And I remember really early on being really upset by the sound of pigeons outside my window that the rest of my family couldn't understand why I was getting so bothered by it… And it wasn't until many, many, many years later, when I was trained as a clinical psychologist and heard nothing of it. I'd never heard about it from patients still thought it was just me. And then, like many people, I read the New York Times article that mentioned it nearly 10 years ago now… And then a few years later, I was specializing in obsessive compulsive disorder. And I started to just notice some similarities about some of the things that I did with regard to sounds that some of my patients we're dealing with, with obsessive compulsive disorder… I knew the impact it was having on people couldn't understand why no one was working on it and then realized, well, I'm a clinical psychologist, I could be working on it.”
GREGORY HAS A GRANT FROM THE UNIVERSITY OF OXFORD TO RESEARCH MISOPHONIA. “So at the core of misophonia, is this sensory phenomenon, the idea of not being able to ignore certain sounds, and that could be a functional thing, that that's probably a neurodevelopmental thing that some people have, and that some of us are meant to have to sort of help protect the group. But for some people, it's either worse, or their early experiences make it worse for them. Or maybe their environment makes it worse for them.”

GREGORY AND HER RESEARCH PARTNER SILIA VITORATOU (Vitara-too) HAVE DEVELOPED A MISOPHONIA SURVEY… MEASURING PARTICIPANTS IN FIVE CATEGORIES— EXTERNALIZING… INTERNALIZING… IMPACT… OUTBURST… AND THREAT. (take sot Gregory :10)
WS Ashton’s misophonia graph

“What had been hundreds of items got down to 25 items that statistically and conceptually best captured misophonia.”

AS SOMEONE WITH MISOPHONIA MYSELF... SHE LET ME FILL IT OUT AS WELL.

(take sot  Gregory :40)

“And Ashton, are you ready to have a look at your results? Yes. Do you have any theories about what yours might look like? Um, I kind of do. I don't know, your highest one. Ah, my guess is probably threat. But my second guess would be externalizing? Probably. Okay, let's have a look. So here's your results, Ashton, we've got threat is basically the maximum score. So you're really experiencing that real sense of threat in those moments that if you couldn't get away from sounds something really bad would happen.”

BUT HOW EXCLUSIVE IS THAT ANSWER? ISN’T EVERYONE
ANNOYED BY LOUD CHEWING AND GUM SMACKING?

(take sot  Gregory  :53)

“When you talk about misophonia, and try and explain to people what it is, because lots of people haven't heard of it. People often just say, Well, everyone gets annoyed by the sound of loud chewing. That's, that's just normal to be annoyed by that. And so one of the things that we wanted to do in our study at King's College was to actually answer that question to find out is that true? Does everyone feel annoyed at the sound of people chewing so what we asked is that so the other half of the S5 questionnaire is a trigger questionnaire, which is a list of triggers. And then we ask, what emotion does this trigger make you feel? And what's the intensity of that emotion and so within those emotions are some of the ones that we had people with misophonia describe, so irritation, distress, anger,
CU image of distress
CU image of anger
CU image of disgust
CU image of panic
CG: 85% of people in the general population had a negative reaction to the sound of chewing

CG: 88% of people in the general population had a negative reaction to the sound of chewing

CG: 99% of people in the misophonia group had a negative reaction to the sound of chewing
Main reactions: anger and panic
disgust, panic, and we also had an option for no feeling or for positive feeling or other feeling.”

(take animation :05)
IN THE GENERAL POPULATION… 85 PERCENT SAID THEY HAD A NEGATIVE REACTION TO CHEWING.
(take animation :05)
AND 88 TO THE SOUND OF CHEWING GUM… SPECIFICALLY IRRITATION AND DISGUST.
(take animation :08)
IN THE MISOPHONIA GROUP, 99 PERCENT SAID LOUD CHEWING CAUSED A NEGATIVE REACTION… BUT THE MAIN REACTIONS WERE ANGER AND PANIC.
(take sot Gregory :18)
“There's an experience that goes with having misophonia that is more than just your emotions, and those are the parts of
| MS Misophonia Show | it, that we want to try and target in therapy that we want to try and target in research to understand what those differences are and how we might be able to change that for people.”  
AND CHANGE IS COMING FROM MANY DIRECTIONS.  
ADEEL AHMED ISN’T A PHYSICIAN BUT HE’S FOUND ANOTHER WAY TO HELP MISOPHONIA SUFFERERS—BY CREATING EXPOSURE.  
HE’S THE FOUNDER OF THE “MISOPHONIA PODCAST.” |
| Ashton | (take animation :02) (take sot Ahmad :19) “Welcome to the Misophonia Podcast.  
This is the sixth episode of season three.  
My name is Adeel Ahmad and I have misophonia. This week, I’m talking to Ashton, a television journalist based in Kentucky. You may have seen her requests for interviews.” |
<table>
<thead>
<tr>
<th>CG: Adeel Ahmad</th>
<th>MS Misophonia Show waveform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misophonia Podcast Founder</td>
<td>Ashton</td>
</tr>
<tr>
<td>“I’ve been doing it for—I guess it hasn’t even been a year, but I’ve already had almost 50 conversations. Yeah, a lot of similarities as I’m sure you can imagine, but then also some unique situations too. We’re kind of the underdog condition, so just trying to A, get the word out, and B, make people feel like they’re not super weird. I went to my second annual misophonia convention last October, I guess it was, and, you know, reconnect with people I’ve met at the first one… There didn’t seem to be a place where people could really just talk like we do at these conventions one-on-one and kind of dig into backgrounds and kind of have natural pauses in the conversation to kind of let things sink in and just be this organic conversation I wanted to recreate.”</td>
<td></td>
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<tr>
<td>WS computer</td>
<td>WS Misophonia Podcast</td>
</tr>
<tr>
<td>“The best part is like people coming on and insane the feedback I get from people...”</td>
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on the podcast but and then also people who haven't come on but I've kind of like just sent me messages saying how much this is actually like hearing other people's story has really helped them … having people come on. And while I'm talking to them, they're like, this is the first time I've actually talked about this out loud with anybody. Because maybe they're living in events, people come on from Europe to living in, in Greece, or the Czech Republic, where this is like, you know, if you think this is not, there's no awareness here. Like there's no awareness in some countries around the world.”

(take animation :03)

(take sot Kinshasa 2:26)

“The problem is that most medicals have never heard about it. So there's kind of zero way of them being in any way helpful with my problem. But I went online and looked for groups because their own Facebook as a group for everything
| WS computer | for everyone. So I found a group and it's so good to just vent you know, to just be able to say, Okay, this person is trying really loud, and annoying me. And everyone is like, yeah, you're right. I understand you and nobody's looking at you strange or be like, what's wrong with you? It's just good to have a place where people don't think you're weird. I just had an incident with my partner where I was so triggered by anything that I had like a complete meltdown. That was the first time he realized how bad it is and that's something that actually has a physical strain on me that impacts me physically, and it was just really hard. It was a week ago almost and now we’re taking time apart because it was just so much. It's that you have no way of escaping, there's no treatment. So far, there's coping strategies, but they don't work for everyone. It's just so wake everything. And that's hard for me because it means that I don't go to |
| MS misophonia painting | |
| CG: We Are Other Worlds, Pupo, 2018 | |
| CU misophonia painting | |
| CG: Rainbow Tongue, Pupo, 2018 | |
| WS crowd | |

29
| MS misophonia painting | certain places or go to certain events, or that I go somewhere and come back, I'm completely dead and exhausted that I have meltdowns. And that's the hardest thing for me to basically, I'm missing on some things. My heart starts beating really fast and that's what's happening and also I get so irritated to the point where my muscles harden and the back and consequence to that I get headaches like if it's something that's continuous everything like tightens up and I get a headache. But I think I’m very privileged with my triggers because some people can’t even hear other people breath and I feel very sorry because it must be so hard because what do you do about that? You know what I mean?” |
| CG: Sticky Tongue, Pupo, 2018 | (take animation :03) |
| WS computer | (take sot Byrne 1:40) |
| CG: Birmingham, England | “I’m a freelancer or self-employed creative. I do a lot of brand and web design and then I’m also an artist. So again, that’s another instance of I think |
| CG: Daniel Byrne | |
Loud noises
CU computer
CU misophonia painting
CG: Blending In, Pupo, 2018

I’ve designed my life around it where I just kind of like to be alone. So yeah, I often find that unless someone one is a sufferer or particularly sensitive person, it typically gets brushed off… I would say, or I often describe it as the one thing that I would give away 90% of everything I own to get rid of it. Like, it's, it's just a curse in my eyes, it doesn't have any, you know, a lot of time, I also have ADHD. So, I always feel like ADHD, while it has its negatives, it also has its positives, and it's, you know, it can be a blessing and a curse, whereas I just feel like misophonia is, is just a curse. I'll often say, and I've always said, in any relationship, that I'm very, very, very aware that this is my problem. And it's like, you know, you're just existing. Like, it just so happens to some of the noises that come from your existence, or any it's not even personally, anyone's trigger this horrific fight or flight response to me. But like, again, I know,
it's my problem. I'm really sorry. But this injects this, like, awkward dynamic into our relationship. I wish it didn't happen.

There is an escape, but the escape option is to pick up your stuff and leave. In a sense, you don’t really want to have to leave.”

“I did not know, I did not know of this condition. Until I don't even know if it was six months ago, I didn't know that it had a name. I didn't even know it was a thing. I often wonder sometimes, like, for me, I don't know, if I see something that I find unacceptable. And the noise just amplifies that, you know, but I'm looking back in my life. I can see, like, when I was in school, if there was a kid who was, you know, like, a lot of kids nervously tap their foot, like, twitch their foot. And it would it, it would like, I wouldn't freak out, I wouldn't act out. But I would have
to like, consciously, you know, like, look away. I used to be I was a high school teacher, which now looking back on it. I'm like, I don't even know how I managed that. But I just I looked at him and I said, you know that thing that you're doing with the pen if you don't do that, I'm probably gonna knock you out of your chair… they looked at me like I was a homicidal maniac, but I mean, it. I could not concentrate on anything else besides what he was doing. It's always fight. It's, it's always lately, because of the situation that I'm in with my mom, you know, it's very, very trying. She’s a very intelligent woman, but she's, she has very, very little common sense. And she's very clumsy. And so throughout my whole life, there have been issues between she and I, we just kind of rub each other the wrong way sometimes. And now that she's told her some of those things will become, you know, more exaggerated… so I, a few
months ago, I realized that I was just losing my temper way too much with her. And so I decided to go to therapy.”

“I am a retired air force veteran i was a pilot and very successful in that career i'm an introvert by nature but throughout my career both in aviation and just as a as an officer I've interacted with a lot of people in a lot of different settings and was able to do so successfully. I sure wish that society would just be aware of that and that people would be aware of that your trigger with popcorn that okay, people you know, may still eat popcorn, but at the very least you don't have to do it chopping with your mouth open to amplify the sound. Yes, people drink liquids and yes, there may be a little bit of a sound but for the love of God, you don't have to put it on a TV commercial and amplify that sound to highlight highlight that to the
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<td>WS misophonia painting</td>
<td>world that doesn't really do anybody any good. And all that really does is missile phones like us, it just sends us berserk. It's that anxiety that the thing that the frustration level of em and i can go from zero to nine in an instant. We're often not not taken seriously. And so when we mentioned something being a trigger, and even if we try to describe how that makes us feel, often it's interpreted by the other person as being Oh, so you're telling me that's annoying? … no, nope, nope, nope, that's not annoying. I know what annoying is, and a misophonia trigger as you know, just being so much more being way beyond just being annoying, or being offensive of something to being so much more being a visceral reaction. And so I'd I wish that people could really understand.”</td>
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<td>CG: Cavern, Pupo, 2018</td>
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“It's really hard to describe it in a way that makes people really understand the level to which like, it's, it's just an uncontrollable, sort of, you know, sort of from the depths of your soul, kind of, you know, kind of emotional reaction. One of my earliest, most like, visceral reactions, where I realized Whoa, this is actually something that's like, way beyond what I thought it was. I remember being on an airplane alone and sitting next to a man I didn't know who was chewing gum, and I couldn't bring myself to ask him to stop because it was something that bothered me because I felt so disrespectful and so I sat and I endured it and I cried, I cried on the plane the whole way because I was like, had this bubbling of like anger and overwhelming aggravation and like just these like absolutely like from the gut feelings that I couldn't control and i and i something clicked in my mind was like this is not normal. This is not like a
normal reaction to have. When I discovered what misophonia was, and I started looking up, you know, it's, you know, things, like resources there were for people with misophonia, and what you could do about it, and, you know, because it's kind of so so, you know, recently come into the awareness of a lot of people and into the medical field, you know, support groups are really huge. And it has been immensely helpful, like, getting to, it's very validating, being able to see other people experienced the same kinds of things that I'm feeling and not feel like, it's that, like, I'm alone in it. We're constantly giving away little parts of ourselves and little parts of our bodies, to appease others and to, for the comfort of others. And so not to make it difficult for others, when in reality, it's making it more difficult on ourselves. And that really, really resonated with me in this way. And
I and I realized that I didn't necessarily have to just sit and let it happen, especially with people who I know and trusted have talked to about it, I can bring it up, I can step out of the room for a little bit, and they will understand and you know, even if they don't, it's not, it's not my fault, it's not their fault, I need to do what's best for myself.”

(“On October 8th, 2020, I decided to check myself into a psychiatric facility. I was there for about eight days, got put on new medication, and I’ve talked a lot with psychiatrists and therapists and social workers and nurses and occupational therapists about the misophonias and the rage that it caused me. I’m currently working on being more open and vulnerable with that, which has been very hard for me. But I’ve realized there are a lot of people, especially on Facebook—")
didn’t even realize there were these groups—that have a lot of—relate to a lot of what I have to say and just never wanted to talk about it because they felt isolated. They didn’t think anyone would believe them or relate to them at all or understand or know what they’re going through or even just general respect, so I’m glad to be talking about this more.”

(take animation :16)
REFERENCES


