

## When a sniffle is torture

“To me it seemed like minutes, but it was only seconds. I started grabbing my hair, shaky, my head was overwhelmed. By the next action of the foil being pulled back and the next carrot crunch, BANG, there was no more I could do to keep calm. My body and mind had taken over and I had started roaring at her, swearing and had no control”.

This is part of the description of a 41 year old woman’s reaction to her daughter unwrapping and eating carrots. It describes an intensely distressing response known as Misophonia-literally hatred of sound. It is a phenomenon previously known to audiologists but more recently has captured the interest of psychology and psychiatry. More than the annoyance of chalk squeaking on a blackboard, sounds, especially chewing sounds or other guttural sounds, induce feelings of rage. Interestingly , sounds produced by significant others, are frequently those that engender the most intense response. More than just a cause of distress, misophonia can cause avoidance and secondary disability , as sufferers eschew situations likely to cause the distressing response-including the family dinner table.

Misophonia is likely to be under-recognized and possibly quite common. It is not clear whether it represents a discrete condition or a condition on a spectrum of sound sensitivity.

Parallels have been drawn between Misophonia and other forms of altered perceptual appreciation-such as synaesthesia-with Misophonia being seen as a heightened connectivity between the hearing [auditory] part of the brain and the emotional[limbic] parts of the brain. Parallels have also been drawn between anxiety disorders and misophonia, specifically obsessive compulsive disorder with similarities in the experience of an unwanted feeling and attempts to avoid it.

Misophonia is associated with autistic spectrum disorders-probably as part of a more general perceptual hypersensitivity and may possibly be a triggering factor in the onset of some eating disorders.

Treatments for misophonia are being developed with some success reported for cognitive behavioural approaches. These involve a gradually increasing exposure to aspects of the troubling stimulus coupled with strategies to change the thoughts associated with the feelings-for example-“I hate this person” Collaborative approaches between hearing and mental health professionals may be most effective.

Awareness of Misophonia is broadening with online support groups proliferating.

It would appear to be a condition associated with considerable distress and possibly unrecognized disability and something worthy of greater attention.

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## **Publication**

['Mastication rage': a review of misophonia - an under-recognised symptom of psychiatric relevance?](#)

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