

Misophonology with Dr. Jane Gregory

Ologies Podcast

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Oh hi, it's the librarian with the green hair and the knuckle tattoos, Alie Ward. Welcome to a special and a very chill episode of *Ologies*. First things first, we're going to be talking about some unpleasant sounds, but we will not be providing audio examples of those unpleasant sounds. This is the trigger-free zone, folks. This episode is all about how unpleasant those sounds are to some people who will definitely be listening. I'm sure you can imagine them. We're also doing limited little sound drops and asides because, again, a lot of folks are going to be forwarding this episode to their loved ones who are noise-sensitive, and that just feels like a real dick move to put too much extra stuff in there. Also, if I'm being completely honest with you, I'm feeling very tired and very lazy this week, so that's perfect for me.

Now, this ologist, what a gem, introduced to me by another gem, Helen Zaltzman, of the podcast *The Allusionist*, who you remember as our guest from the Etymology episode. Helen hooked us up. I've wanted to chat with this expert since last year, but pneumonia bested me; things were delayed, but finally, here we are. So, this guest is not only a researcher in this field but also a clinical psychologist who got their bachelor's in psychology, a doctorate in clinical psychology, and a doctoral research fellowship in a little place called Oxford. They have been an absolute leader and a champion in the field of misophonia and in therapies for it, and they wrote the book *Sounds Like Misophonia: How to Stop Small Noises from Causing Extreme Reactions*. Now, the back cover of this book, it reads like an oasis for misophonic folks. It starts:

Are you often infuriated by ticking clocks, noisy eating, loud breathing, or any other small sounds? Do you wish you could sometimes put the world on mute? Sounds Like Misophonia is the first dedicated guide to help you make sense of the condition and design a treatment plan that works for you.

So, we shall get into all of that in just a minute.

But first, thank you so much to patrons at Patreon.com/Ologies for supporting the show, which you can do for as little as a dollar a month, and we may read your questions in the episode. Thank you to everyone out there in *Ologies* merch from OlogiesMerch.com. I don't know if I ever announced this, but we have some field guide shirts that I absolutely love. I wear mine out and about, and I hope that no one asks why my name is on my shirt, I just think it's quite stylin'. So, those are up at OlogiesMerch.com. Also, thanks to everyone who has ever left a review for us, because I do read them all. Thank you, especially this week, to high school science teacher Gabby Rocks, who said:

These episodes capture all the best things about science, the curiosity, the humor, the people, its ever-presence. Sometimes it's easy to take those things for granted. Thank you, Alie and Ologies for making sure we don't.

Thank you all for being here. I love this job.

Okay, first thing, misophonology. Now, the term 'misophonia' was coined in 2001, relatively recently, since this has probably existed for, like, tens of thousands of years. In this episode, we'll go over what it feels like to have it, how many people experience it, the most common sounds that trigger it, what your brain thinks is happening, why certain people or situations may be worse than others, how to be helpful to people with misophonia, headphones, earplugs, exposure therapies,

cognitive behavioral therapy, experimenting on oneself, age and misophonia, and where zombies fit into it with clinical psychologist, researcher, author, and misophonologist, Dr. Jane Gregory.

Jane: I'm Jane Gregory and I use she/her pronouns.

Alie: And can you define, for people who have never heard the term, what exactly misophonia or misphonia [phonetic]? Is it pronounced differently in different countries?

Jane: There's no shared agreement on how it should be pronounced. I used to say misso-ponia, [ph] but then I came up with the wordplay, "It's not you, it's me-sophonia, [ph]" [*Alie laughs*] and so now I pronounce it a little bit more misophonia, just for the sake of the joke. [*"Nice."*]

Alie: Can you define it for someone who's unfamiliar?

Jane: Misophonia is a decreased tolerance to *specific* sounds and often brings up an intense sort of emotional or physiological or even behavioral reaction. So, it could be, like, aggression or shouting at someone. And the reason I say "specific sounds" is because it's not just a general intolerance of sound overall. It's sort of like your brain is attached to specific sounds being a problem. For some people, that can be one sound that one person makes, and that's the only sound that causes problems. For other people, it could be one sound, but whoever makes it, it causes a problem. And for some people, it's a bit more general; it could be lots of different sounds. That's different from the sort of overstimulation that you see, maybe in ADHD or autism, where people react to lots of different sounds, or if there are too many sounds, that becomes a problem. Whereas this is about specific sounds that the brain kind of latches onto and can't ignore and then ends up causing this kind of fight or flight sort of reaction.

Alie: Can you give me a rundown of some of the most common ones? My husband has ADHD and I didn't know until probably 10 years into knowing him how much he hates the sound of forks on teeth and forks on a plate. I've had so many meals with this man... I had no idea. [*laughs*]

Jane: I'm relating very hard to your husband right now. That sound drives me crazy. And especially on the teeth, it's like... It's like I can feel their fork on my teeth. [*Alie giggles*] It makes me so uncomfortable. And then that squeaking sound of cutlery on plates as well, it's just really, really jarring. That's a good example of a sound where the acoustic properties of the sound really contribute to the impact that it has on people. So, that's similar to nails on a chalkboard or sirens or alarms, sounds that the brain isn't supposed to ignore, that means that our brain is not supposed to ignore them. Whereas with misophonia, it is often sounds that other people might find a little bit annoying, but they can tune them out if they need to. So, it could be sounds like eating, that's the most common one.

Aside: hilariously, as if to demonstrate just how wired our brains are to pick up certain sounds, an ambulance wailed past her Brooklyn sublet.

Jane: The term misophonia often gets talked about as if it is rage in response to chewing sounds, [*siren wails in background*] but it could be any sounds related to eating, so sort of slurping, that sort of sound that people make when they're sucking their teeth. I don't know how else to explain it and I'm not going to make the sound because people who are listening, who have misophonia, will hate me for it. So yeah, there's sort of the eating category of sounds, and then there's more, like, nose and throat kind of category of sounds that's like repetitive sniffing, coughing, clearing your throat, that kind of thing.

And then there's a more general environmental category, and that could be sounds still made by people, it could be, like, cracking your knuckles or something, or sounds that are made by things

that people do, like being on mobile phones, being on speakerphone, or the tapping on notifications from mobile phones. Or it can just be sounds in the environment, like an appliance kind of sound, especially if it's a really repetitive sound. That would include things like rustling packets and... I'm going to stop there.

Alie: I feel like there's just the iconic sound of a lozenge in a quiet theater...

Jane: Oh my goodness, yes.

Alie: That's one of those very accepted, "You can't do that, that's very annoying." But a lot of these sounds and sonic triggers are really personal to people, right? I imagine a lot of people sort of suffer in silence trying to contain their feelings about it. We all know that nails on a chalkboard is a no-go and the lozenge at play.

Jane: One of my favorite notes from the copy editor for my book was just a little side comment that she'd added in response to a comment from one of my editors. And she said, "No, no, no, I agree with Jane, pasta should be eaten quietly. And so, if it's loud, you would want to decapitate them." [*Of course.*] [*both laugh*] And that was in the section where I was talking specifically about how in the zombie apocalypse, we will be the ones to survive because we will be tuned in to these sounds that the zombies make. [*Alie laughs*] It needs the context to understand the comment, but it was my favorite. If someone's eating pasta too loudly, you would want to decapitate them.

Aside: Misophonia. It's serious business, people, especially if you happen to be an undead corpse, eating linguine or brains, loudly.

Alie: Specifically, if they're infected with the zombie virus, it makes... So gloopy. It's very wet.

Jane: Yeah, there's no way they can eat that quietly.

Alie: No. And we did an episode on disgust and I'm wondering how many of these sounds are alarm and how many of them just signal, "Watch out, something might infect you with something," speaking of zombies.

Jane: Yes, that's a really great point. So, there are a lot of sounds where there is an inherent disgust element to it, particularly that category of nose and throat sounds. It makes sense that for human survival, some of the group would be tuned into those sounds. We've just experienced or are experiencing a global pandemic and one of the first signs that we were told to listen out for was a repetitive cough. And I was like, "I've got this. I have been tuning into repetitive coughing my entire life. I will not tune that sound out." So, if you think about group survival, that makes sense that some of the group would be more tuned into those potential threats. It's not an immediate danger, particularly with contamination, where the threat isn't immediate, the contamination comes later. That's one of the reasons, sort of, theoretically why disgust doesn't really respond very well to exposure therapy because we're supposed to stay tuned in for longer because the contamination doesn't happen immediately.

With things like eating sounds and especially, like, open mouth, what we would consider rude eating, what I would consider rude eating sounds — and of course, there are lots of cultural differences in terms of what's considered rude or not — so, if someone's eating with their mouth open, then they're more likely to be having spit flying out of their mouth, which then could contain pathogens. But I think it's more likely to be a social contamination. So, you are not following the rules that we've all agreed that we eat with our mouths closed.

But I think there's something really interesting about the idea of manners because I used to think that I was just really uptight about manners. And it was a big thing in my family that you ate with your mouth closed and it was a time for sharing and talking. It was sort of like a really respectful

space so, if someone was eating loudly, it was really obvious to me and I'd been told to eat quietly my whole life. So, it made sense that I would react more when people didn't do that.

But then I thought about it more and I realized that when there are other things where it's a similar crime, so to speak, like, if someone's got their feet on the seat on public transport, I think that's as rude as eating loudly on public transport but my reaction to eating loudly is really intense and immediate and anger. Whereas with someone with their feet on the seats, I'm like, "Oh, come on," like, that's annoying but I can kind of ignore it, like even when it directly affects me. So, like today, it was a full subway and someone was turned sideways with their feet on the seat so they were taking up two seats, and I was like, "Oh, that's annoying, but I can deal with it." If that person had been eating a bag of chips, I would have been enraged. So, I realized that while the context does matter, actually, I think my interpretation of how bad the behavior is was influenced by how bad it made me feel. If I feel really bad, then you must be doing something really wrong.

Alie: Right.

Aside: And that is what your brain is saying when you have misophonia, if you do. So, who does?

Alie: What percentage of people have misophonia? In your research, have you been able to figure out what the demographics are, or how many people struggle with this?

Jane: In our research, which is UK-based, we did a general population sample and it was representative and we found that 18% of people fit the category of, "Yep, these sounds cause a big problem for me and if I couldn't get away from these sounds, it would cause a really strong reaction." It recently got defined that we should consider it a disorder because there are some people who suffer so badly from it that they would need therapy, accommodations, or some kind of support. So, we should be considering it a disorder where it's causing distress and impairment on a day-to-day basis. And there's no way that 18% of the population is severely affected by this every day. So, these would be people who, if they were stuck in a room with it, it would cause a really strong reaction but on a day-to-day basis, maybe they manage their lives in a way that it doesn't affect them too badly. And then there's, we think, a much smaller percentage who say, "Yes, it causes a significant effect day-to-day."

Aside: So, while Jane notes research showing that 85% of people in the UK are grossed out or bothered by the sound of loud chewing, roughly 18% of people surveyed are bothered by particular sounds at even lower volumes, enough to be severely affected daily. And then a smaller percentage, perhaps 5%, according to some US studies, are thought to be on the scale of having a disorder. Misophonia isn't widely understood by the general population or even by many people who have it, which you might be listening to this being like, "There's a name for it?... That's me."

Jane: Like for me, I didn't talk about it for a really long time because I thought I was just being uptight or a bit of a bitch [*Alie laughs*] and so I didn't say anything. I would just remove myself from the situation or discreetly put my fingers in my ears, and I didn't want other people to know that I was affected by these sounds. I think that's true for a lot of people. That's another thing that came out of our research is that misophonia isn't just the reaction to the sounds, but it also includes how you feel about yourself because of the way you react to sounds. So, feeling like you're a bad person or like you must be sort of an angry person inside because this anger comes to the surface so quickly.

Alie: Like you have auditory bitch disorder.

Jane: [*laughs*] Yeah, exactly.

Alie: So, a lot of people get down on themselves because of it?

Jane: Yeah, absolutely, and therefore don't talk about it. Don't ask people to change anything because they feel like this is my problem. And then there are people who are sort of at the opposite end where they say, "This is a you problem. You need to stop making this sound to make me more comfortable." And I think there's probably a comfortable middle ground in there somewhere.

Alie: Well, what about when you started to accept that this is something that you were experiencing or struggling with, how did you take your research in that direction? At what point were you able to make a job out of something that probably mystified you for a long time?

Jane: That's an excellent question because I became interested— Once I heard that it had a name, that got me, I was like, "Okay, great. I'm not just crazy." Like, I sort of just sort of started to follow some of the support groups and just learn a bit more about misophonia in general, and then I joined some of the support groups and saw how much some people were suffering and realized my immense privilege that I had that I was able to make choices in my life about how I lived that meant that I didn't have to encounter the sounds as much as other people.

So, I could choose where I lived, I could work in jobs where it was okay to put earplugs in to do my job. There are lots of people who didn't have that option or who people around them weren't respectful. So, my husband knew that if he was going to eat a packet of chips, he would go into the other room because he knows that I don't want to listen to it. But there are lots of people out there who don't have that sort of respect from other people around them and therefore are having to face it more regularly and loaded with a lot more emotion because it's not just the sound that is a problem, but "You are doing this to me knowing that it upsets me."

So, I started to think about it more from a psychological perspective than just the sort of auditory features of it. At the time I was working as a clinical psychologist in a highly specialized service for obsessive-compulsive disorder and I started to think, I wonder if there are some similarities there, particularly in terms of trying to neutralize things. So, in obsessive-compulsive disorder, people who get violent images, for example, they might then try and do something to neutralize that image and I realized that I'd done a version of that. If I was sitting opposite someone making a horrible eating noise, I would get an image of myself leaping across the table and stabbing them with their own fork. That was just one that stuck in my head. And noticing that my instinct was "I have to suppress that image in some way or I might do it. What's wrong with me that I'm thinking that? And therefore I might act on it," which is really, really similar to what people with OCD experience. And so, I started thinking about it from that kind of perspective.

We now know from research that it's a really distinct disorder, it's not directly related to OCD, but there are some similarities in terms of those mechanisms of what we try to do to compensate for our reactions.

Aside: But at the time, as a side quest to her regular job at that OCD clinic, Jane partnered with another researcher on a questionnaire to capture the complexities of misophonia. This is called the S5 and it includes 25 statements to gauge a person's reactions to various sounds and the emotional effect that it has on them. Statements you'd rate would be things like, "If I cannot avoid certain sounds, I feel helpless," or "My job opportunities are limited because of my reaction to certain noises." So, this S5, as explained on her website, SoundsLikeMisophonia.com, is the world's first valid and reliable questionnaire to capture that complexity of the experience, which is so exciting.

Jane: At this stage, I wasn't getting paid to do any of this. I was applying for research grants and not getting any of them because no one cared about this weird phenomenon. But once we'd published the questionnaire and got a bit more traction, then I got a research fellowship to Oxford, which is

kind of amazing that I went from rejection after rejection after rejection to Oxford University, like, one of the top universities in the world. *[laughs]* It was very, very validating for me.

Aside: Jane had mentioned comorbidities and I wondered what role generalized anxiety or OCD or ADHD or autism or other neurodivergence may play in misophonia. Many neurodivergent folks report differences in auditory processing, which can manifest sometimes as difficulties figuring out the direction that a sound is coming from or understanding language when there's a lot of background noise. My house has the subtitles on everything we watch. I get it. Also, it might be hard to follow long, spoken directions. So, they might prefer quieter rooms or lowered volumes or just clearer speech. Auditory processing disorder is more common in neurodivergent people but what about misophonia rates in those groups?... *[softly]* A lot of us wanted to know.

Jane: There is some evidence that it is more common in people with neurodevelopmental conditions, specifically ADHD and autism are two that have been looked at. There's a study that was published recently from a team at the University of Sussex who theorized that sensory sensitivity, so just sort of general over-responsivity to sensory information or noticing sensory things that other people don't notice, that that could be the common thread. Then you're more likely to develop misophonia. People with autism and ADHD both are more likely to be generally sensitive and therefore would be more likely to develop misophonia. But you can also experience misophonia in the absence of either of those so it's not a direct link. People with ADHD or autistic people are more likely to develop misophonia but people with misophonia aren't more likely to have autism or ADHD, they're just more likely to be generally sensitive to sensory stuff.

We've got some unpublished data on that as well that one of the master students I was working with has looked at and sort of loosely found something similar, that the association between misophonia and autism disappears once you account for general sensory sensitivity.

Alie: Do you find that peoples' scores on that questionnaire go up or down over time? Or would you say that your response to things has changed, gotten more sensitive, since you've been studying it? Or does it fluctuate with stressors in your life or is it pretty baseline?

Jane: It definitely fluctuates depending on mood, and fatigue, and stress, and things like that. And that could be over a period of more stress, I'd probably be more bothered by sounds, or even if it's just like "I'm stressed in this exact moment," then any other sounds that I hear are going to annoy me more. From day to day, you might get variations, but across years it's fairly consistent. We've actually found in our big general population studies that it gets less severe with age, which was surprising because lots of people in the support groups say it's gotten worse over time. And then what we realized is that if you're in a support group and you're older, you're probably there because it's continued to be a problem whereas the people who have gotten better over time are less likely to be part of those support groups. So, we don't know.

Alie: Yeah. Can I ask you some questions from listeners?

Jane: Please do, yes!

Alie: Oh my gosh, we have so many good ones.

Oh, I also was going to say we donate to a cause of the ologist's choosing for every episode. So, if you have a cause, a related cause that you think deserves to have a spotlight and some money, then please let us know.

Jane: Yes, definitely. I have one ready to go. There's a charity called soQuiet and they do amazing things for misophonia advocacy. They've made these little cards that they send out for free that say, "I have misophonia. It's not your fault, but the sound that you're making is causing a fight or flight

reaction.” And so, it's something that you can just hand to people if you're struggling in the moment. It's so beautiful and they've got lots of information. They're a wonderful charity that are doing amazing things to increase awareness and to actually help people with misophonia.

Alie: Oh, that's wonderful.

Aside: More info about them is linked in the show notes and that donation was made possible by sponsors of the show. Thank you very much.

Also, just a side note for this week, I'll be doing a livestream with our Saurology guest, a lizard scientist, Dr. Earyn McGee of Find That Lizard. And we're doing it on Friday, this coming Friday, August 16th at 11:30 AM Pacific time on Instagram. We're @Ologies on Instagram, Dr. McGee is at @Afro_Herper and we'll be raising some scholarship money for Earyn's Future Herpers Fund for girls, women, and gender non-conforming people who want to pursue herpetology with a special focus on those who identify as Black or as a person of color. So, we'll be live streaming Friday, August 16th, 11:00 AM. Please just come join, watch, hang out. And there's a link in our show notes to more info on Dr. Earyn McGee's World Lizard Day Happenings. Those are in the show notes. Okay. Thank you, sponsors.

[Ad Break]

All right. Let's hear quietly and non-moistly your questions. Elsie Kay [phonetic], first-time question-asker, wrote in all caps: OH MY GOD I HAVE THIS! And asked about why a distant sound can make them writhe and cry. And along those lines...

Alie: Okay, Heather Horton Whedon asked:

“I've noticed that my misophonia strikes when an unexpected sound is heard versus something I'm prepared for. For example, at a concert, I'm expecting loud sounds, but I'm prepared for it, so my anxiety is much less. Have there been any observations as to the situation surrounding the sounds as much as the sounds themselves that triggers people more than others?”

If you're expecting a sound, is it less bad?

Jane: That's such a great question, Heather, Oh my goodness. I'm so glad you asked it. [Heather: “Thank you very much.”] So, firstly, there is increasing evidence that context *definitely* matters. That can be, like, if you think the sound is something else that is less offensive, your reaction will be less, even if the acoustics are the same. So, there are some really cool studies where they'll use the exact same sound of somebody eating, but they'll pair it with a video of something else that could create that sound. So, I think one of the examples was, like, smacking lips from eating or splashing in a muddy puddle. And the reaction when someone thought it was smacking lips was more intense than when they thought it was someone splashing in a puddle. So, we know it's not just the sound itself, we know that context really does make a difference.

There's also some research that suggests that the reaction intensifies once you've identified what the sound is. It's like, “Oh, that's somebody eating,” boom, the reaction. Whereas if it's not clear what the sound is, it might not be as bad. Although, I will say for some people, if they don't know what the sound is, they'll become fixated on it until they can figure out what the sound is. [laughs] I had a really great example of that, someone that there was this tapping sound and they couldn't let it go. It's like, “I have to know what that is.” And then they discovered a leak [Alie laughs] and so they actually saved their apartment because they discovered this leak that they would not have discovered if they hadn't been so fixated on finding this sound. So, that's a really... I mean, sort of

questionable, this idea of like superpowers in neurodivergence and things like that but that's a really good example of where it becomes a superpower.

Aside: And if you're wondering how something that you or others might consider a disability can be looked at as a superpower, for better and for very annoyingly worse, we have an entire episode on Disability Sociology that we just put up for Disability Pride Month in July. And yes, we will link that in the show notes.

Jane: And then the other part of Heather's question was about if you're expecting it, does it make a difference? And yes. Actually, sometimes that makes it really difficult in terms of treatment because part of the treatment, if they agree to it, we will try and create new associations with the sound so that when you hear them in other contexts, it'll feel less harmful. It's showing the brain that this is no more harmful than any other annoying sound. But sometimes what they say is that, "If I'm making the sound, I know I'm going to make it, I know that I don't have bad intentions," and they don't get the same reaction.

Aside: So, in an experimental situation, the brain processes in a microsecond that the noise is intentional, and it's anticipated. So, the usual fight-or-flight reaction isn't as triggered. Also, Jane says that the subjects in the experiments are told ahead of time they're in great hands, and if they just say the word, the experiment will pause or it will stop. So, that research can be tricky because the element of something being completely out of your control is taken away, which is not the case in real life.

Jane: The third part is that context in terms of whether the sound belongs there. So, at a concert, yes, you expect loud noise, that sound belongs there. A big one for me at the moment is people watching things on speakerphone, on public transport which, to me, doesn't belong there, [*both chuckle*] that's not where we should be having video sounds or music sounds. And so, it feels out of context, even though increasingly it's becoming just a thing that people do. So, I wonder if that will change over time because it will become more acceptable. But I really, really hope that it doesn't become more acceptable.

Aside: So, if you are listening to this episode on a speakerphone, on a bus, or a train, you have a right to do whatever you want. But I just want to say to all the people overhearing this, hi! Hi, how are you guys? I'm so sorry that you're listening to me. If this is triggering misophonia for you, what can you do? I asked an expert for you and for patrons, Caro Young, Lizzy Carr, Jessica Jarecki, and Aimee Ford, who wanted to know: Is there exposure therapy (or ERP), which is exposure and response prevention therapy? Aimee asks: Is there a way to desensitize myself?

Alie: A lot of people want to know about treatment. Lizzz asked: Is ERP used in treatment for this? Is an exposure helpful? Is a controlled exposure helpful?

Jane: So, it is used, but I would say unwisely. It's really important to distinguish what exposure therapy is. In OCD, exposure and response prevention, so that's ERP, the general principle is that your anxiety will habituate; if you're in a situation and nothing dangerous actually happens, your anxiety will come down eventually, and then over time, you'll react less and less and less until you no longer experience anxiety in that situation.

Aside: However, misophonia is not OCD.

Jane: But because misophonia is about a *potential* threat, it's not necessarily an immediate threat, it's like "This person is doing this thing wrong and therefore I don't know if they're going to break other rules and do something else." So, it's not necessarily an anxiety response so if you just force somebody to keep listening to the sound, what often happens instead of desensitization, you get sensitization where it just gets worse and worse and worse, especially when anger is involved. It's

really established in research that anger sensitizes over time. If you keep a person in a situation that makes them angry, they will just get more and more angry. It doesn't come down.

Alie: Oh wow.

Jane: So, often people have had exposure based on that premise that it's like a phobia. For a lot of people that just doesn't work. There's also this sensory processing aspect of it that we don't really understand yet. For me, that is that I just can't really ignore the sound once I've noticed it and that doesn't really go away. I've done a lot of therapy on myself to try and work through this and that part of it is still there. So, I no longer get this really intense reaction, but I still can't concentrate if I can hear a clock ticking, I still will feel unsettled if someone is eating loudly near me. I don't get really angry anymore, I don't feel anxious anymore, but I don't like it and I don't think that that's ever going to change. I think that if it was going to change, it would have by now because I have done a *lot* of work on this.

Aside: Okay, so exposure therapy doesn't really work on misophonia. So, what does? Asked patrons Nathan Marion, Twenty-Three Skidoo, Maya Silver, CameliaBee, Evan Davis, SalmonLikeTheFish, King Donna, Anna Dylan, Sydonie S, Catherine B, Brianna L, Rebecca Fitzgibbon, Kimberly, Cobalt Finch, Megan Gruber, Char Harrison, Lizzy Martinez, and first-timers, Linden Thomas and Julie.

Jane: So, what we do in therapy at our clinic in Oxford is we try and create new experiences with the sounds so that the brain can learn that this sound is annoying, but it's not harmful. So, it's about trying to create new associations with the sound. We do it in short bursts where you create a new experience with the sound and then over time, if you do that enough, your brain starts to learn, "Oh okay, this sound isn't harmful. It's annoying, but it's no more harmful than any other annoying sound." I think most people can relate to the idea that there are other sounds that they don't like or that are distracting, but don't cause that sort of intense reaction. So, it's the intensity that we're trying to bring down. The way we do that is to create any— The options are limitless so we could just create any new experience with the sound.

So, some of the examples that I've done for myself was the sound of somebody really loudly yawning used to really bother me. So, what I started to do is that whenever someone was doing that repeatedly, I would imagine that it was Chewbacca from *Star Wars* [Alie laughs] trying to communicate with me and getting more and more frustrated and yawning more and more aggressively because they weren't being understood because I don't speak Wookiee. And so, once I started to create that association, it took the sting out of what was happening. I still think no one needs to yawn that loudly, that theatrically. It's like, "We get it, you're tired. Okay." But it doesn't cause that same sort of intense, anxious, angry response that it used to create because now I've got this image in my mind that "Oh, this poor Wookiee is trying to communicate and no one's listening."

Alie: That's the sweetest. That's such a good reframe.

Aside: And while tons of you are probably stoked to hear that there is someone who gets it and they're really hard at work figuring out therapy, other folks had questions on how that research happens, such as Kaden Grace, first-time question-asker, long-time listener, who is excited about Dr. Gregory's research. And...

Alie: Rachel Guthrie, first-time question-asker, wanted to know: How would you ethically perform research on this topic? I imagine that it would be hard for volunteers with misophonia to participate so how would the researcher get reliable data without causing discomfort? But is part of the research also, you may get some clinical tips on how to deal with it.

Jane: That's a great question. So far, all of my research has been survey-based, so it hasn't involved listening to sounds, but I'm about to start doing a couple of different experimental studies where it will involve listening to sounds. The way to do that ethically is to involve people with misophonia in the design of the study and actually ask them: What would you be willing to do? What would you need for this to feel like it's a useful thing to be taking part in? How would you need to be compensated to be able to take part in this? And what would make you feel looked after if you were taking part in this research study? Amazingly, people with misophonia are really, really generous with their time and information because they're so grateful that the research is being done.

Alie: It must be exciting having dealt with this condition also as someone who loves the psychology of it and wants to find sources. I think that's just great that it's so close to you as well, you know?

Jane: It's so exciting, the personal gain that I get from it. [Alie laughs] If I want to know something, I can just design a research study to find that out. But also, all of the questions are still to be answered. It's really rare that you get to take part in research that is brand new. When I started this, there were maybe 30 papers published on misophonia and there's been probably triple that, more, I would say, published since then. Most of the research in misophonia has been in the last two years.

Alie: Wow!

Jane: And so, *everything* is still to be discovered, which is also really, really exciting, especially for someone who likes new things. I just get so excited and I've just got all these questions that I want to answer and actually finishing my work is the bigger problem, [Alie laughs] hence why I'm locked in an apartment during the day trying to finish my research paper.

Aside: I feel this very hard. If I weren't supposed to publish an episode every Tuesday, I would never publish an episode. I'd still be tinkering around on episode number one, Volcanology from seven years ago... Just working on it, just trying to get it right and perfect so no one on planet Earth is mad at me or bored, doing my best until I cry blood. [nervous chuckle] But Tuesdays are go time so here we are.

Now, speaking of hearing, some people wanted to ask about doing less of it, specifically about headphones or earplugs. There are a few options out, kind of recently, for people with auditory processing issues. Like, there are Loop earbuds that have a few different models to take decibel levels down a notch; they're just kind of like earplugs that have a little loop that you can pop them in and out of, but they still allow enough sound to come through where you can hold a conversation and be present in your surroundings. I was looking at reviews for Loop and one user wrote:

These were invented by the patron god of autistic people. I cannot praise these enough. I'm autistic and these have made a huge difference. I'm really easily overstimulated by noise and I can't go to parades, parties, concerts, ball games, fireworks, displays, or any other loud event without having a panic attack. Today, I put these in and walked in a pride parade without a hint of panic.

Now, other people have found success with a product called Flare, which is smaller but allows in more sound. I understand that they're good for working environments that have a lot of chatter. One user of Flare said that these little ear inserts may be saving marriages. Now, what about headphones and earbuds and earplugs, et cetera, for misophonia? Asked Lizzz, Pluffy, Jenna Congdon, Beverly Sobelman, DrWitr, who writes that they need to leave the room while their dog is working on a Kong because of the wet licking and sucking sounds, Cynthia Mwenja, Caitlin Tyndale, Andrea Marie Squirrel Tree Roggero, and Katie Bauer, who says that they've been trying

Loop and Flare earplugs for misophonia, but haven't noticed a convincing improvement. Same with...

Alie: Moni W-S, Alice Rubin, and Betsy Hoffmeister wanted to know if there are some sound-dampening earplugs or earbuds that are effective.

Jane: This is something that is a really individual choice and takes experimentation. Audiologists recommend not having something blocking sounds all day and night because that can actually increase your ears' sensitivity so that once you take them out, your ears think you haven't been able to detect sound and therefore your brain overcompensates and can make you more sensitive to sounds. [*Alie gasps*] So, the general recommendation is not to use it all the time.

Aside: However...

Jane: My personal clinical recommendation is that if it helps you to get things done, then absolutely use what works, but try and find some space and somewhere in your life where you can go where you're not bothered by sounds so that you don't have to use these things all the time. In terms of which individual devices work, it's really down to the individual. Some people can concentrate with music playing, and so they can easily use headphones, and that will allow them to get things done. That can be disconnecting if you're in a social situation, you need to be able to hear the conversation or at least be able to know when somebody wants your attention. And that's where something like the Flare audio or Loops can be helpful because they let some sounds in and sort of soften or mute other sounds. But some people find that the types of sounds that come through might also be a trigger. So, it depends on your individual sort of sound profile.

Aside: Jane held up the squishy standard earplugs, the ones that expand in your ear, not fancy or new technology, just the old standby.

Jane: I've got a pair right here. I really love my classic, orange foam earplugs. [*Alie laughs*] I keep them under my pillow so that if I wake up to a sound—I don't put them in before I go to sleep, but if I wake up to a sound, I'll just pop them in so that I can go back to sleep really quickly. I carry them with me on public transport because if somebody's eating, I can just put that in and then I don't have to listen to it anymore.

There's sort of a thing in cognitive behavior therapy that if you're doing something to prevent disaster that is never going to happen, then using that thing can actually make you fear more and more that that bad thing is going to happen. So, if you're using earplugs because you think "I'm going to snap and create havoc on the train," and actually, generally you're pretty good with your emotions and you have never been aggressive or acted out, then continually using earplugs might reinforce that idea that, like, deep down you're this angry person who could lose control at any time. And so, if that's the case, we'd sort of, in therapy, suggest gently just testing out that theory. And then once you get to the stage where it's like, "I'm not doing it to prevent disaster. I'm just doing it because it's more comfortable and I'd rather just read my book than have to listen to this guy eating a burrito on the train." [*both chuckle*]

Aside: But it might backfire, she says.

Jane: The other thing with earplugs and anything that sort of blocks sounds is that sometimes if you put them in and you can still hear the sound, that can actually make you more angry than if you were just listening to it without. This is an experiment that I did with a patient where they put their earplugs in and noticed that the anger increased because they could still hear it and they shouldn't be able to still hear it. So, the earplugs aren't working and this means I'll never be able to escape the sound.

And so then, we tried a different way of dealing with that, and this was like sound through the walls. I think we had some assistant psychologists banging on the wall from the other side to mimic, sort of, a neighbor noise. So, what I got them to do instead was to stand up, put their ear to the wall, put their hands and feel the vibrations of the sound, and actually engage with the sound a little bit. What that did was it showed their brain that even though they were interacting with the sound, it didn't get any worse. But when they were trying to block the sound out, it made them more angry.

It's completely down to the individual. Someone else might do the exact same experiment and come up with completely different results. So, in social anxiety, for example, we know that when people are using strategies to try and hide how nervous they are, they often appear more nervous than if they don't try and hide it. [*Yeah. Yeah, that's me.*] We get fairly consistent results with that experiment. But with misophonia, we could do the exact same thing. So, someone might think, "I look completely repulsed and I'm going to offend people with how disgusted I am." And one person, it might be completely true, they *do* look repulsed and they *do* need to do something to hide the reaction. And for someone else, it could be the exact opposite, and actually, when they try and hide the reaction, their face tenses up and they look angry whereas when they just let the emotions be there, their face looks a lot calmer and you can't even notice that they're bothered by something.

Alie: Wow.

Aside: What about other therapies like EMDR? This is eye movement, desensitization, and reprocessing. So, EMDR has been around for a few decades and according to EMDR.com, it involves retelling or re-experiencing these emotionally-charged or traumatic events, while also following your therapist directing your back-and-forth eye movements or other stimuli, which can be like hand-tapping, or audio stimulation, or buzzers in two different hands. The hypothesis is that the bilateral stimulation helps access a traumatic memory network and the client can reprocess those memories and experiences so that they don't trigger heightened emotional responses the next time you think about them. Would this modality help with the biochemical rage and revulsion next time your aunt smacks scalloped potatoes near you?

Alie: A lot of people asked about some different types of therapies. Christine Wenzel wanted to know: Are there any ideas on why EMDR (a trauma-focused therapy) might improve misophonia? Have there been any studies on it? Nadja Jackson asked about vestibular physical therapy or somatic experiencing therapy. Grace Robisheaux wanted to know about specific therapies that assist with decreasing emotional dysregulation. Have there been anything kind of somatic or using other senses that have helped?

Jane: So, I'll start with the EMDR question. Actually, all of those therapies, the sort of joint thing there is that we sort of store these memories in our body and they come to the surface as emotions when something reminds us of them. So, all of those therapies that you've just described are all related to that general concept that it's stored in the body and reminders of it will bring that to the surface and we might not even know the direct connection. So, working at a really physical level and bringing those things back to the surface and reprocessing them can help us to not get that same reaction when we're reminded of them.

So, the example for that that I use in misophonia is if, for example, you've got a kid who — and I say a kid, I mean me. [*Alie laughs*] If you've got me, who generally is a bit sort of overwhelmed by sounds and more tuned into sounds but maybe doesn't have these intense reactions, and then you've got a day, one day in particular, you've had a really stressful day for other reasons that's just been really overwhelming and all you need is for things to be quiet so that you can reset your

nervous system, and you come home, and you have to sit at the table where your brother is chewing really, really loudly next to you, your needs aren't being met in that moment because you needed things to be calm and quiet so that you could reset. Instead, you're getting more stimulation and you're getting more agitated. So, then you get really angry and so now the sound of your brother eating, which may have previously been a bit annoying, now your brain has associated that with not having your needs met, with being overwhelmed, with getting angry.

If you then add to that a parent saying, "What's wrong with you for getting angry at your brother? All he's doing is eating. He's not doing anything wrong. What's wrong with you?" Then that sound gets paired with anger, overwhelm, shame, embarrassment, and being told off and so that's another need that's not being met because your feelings aren't being heard and attended to by the people who are supposed to hear and attend to your emotions. So, if that then gets stuck in the body, then when you hear the sound of eating again in the future, all of that comes back to the surface and you might not even realize why, and because you don't realize why, then it adds another layer, which is "What's wrong with me that I reacted this way?" So, it's really loaded.

EMDR helps to go direct to those sources of what made the reaction so intense in the first place. We do something really similar in our clinic in Oxford where we basically get the person to bring a recent experience to the surface, remember it in really clear detail until they get some of the feelings again, and then we ask them to just float their mind back and think about when was the earliest time they can remember feeling that way. It almost always takes them to a specific memory or a specific time in their life where there was either a situation like that which I just described where they really clearly remember the first time they were really bothered by something and maybe the people around them didn't know what was going on, or didn't react very well, or maybe they kept it to themselves and didn't tell anyone and so it sort of got stuck there. Or it could be there was other conflict going on and that conflict for some reason got associated with the sound so it could be that there was tension at the dinner table because there was lots of fighting in the family and so the sound of eating is now associated with tension and conflict.

Alie: Oh wow!

Jane: So, we do that as a pretty routine part of therapy, particularly in adults who have had this experience for a really long time and it often takes them back to a childhood experience and it's not always obvious, like, they probably wouldn't have thought of that memory if they hadn't traveled there through the emotion. So, that's the idea of, like, traveling there through the experience that you're having in your body.

So, then what you do is you bring that emotion, that memory to the surface and you think about what was missing at the time? That inner child that is still reacting that way, what did they need at the time that wasn't met? And then you imagine those needs being met so that it sort of reconsolidates that memory and puts it back, stored in a way that isn't going to come to the surface quite as intensely, and then in a current misophonia situation you might be able to remind yourself, "Okay, well it's different now. My partner does understand and my needs are being met and so that's an old feeling and I can let go of that old feeling," which again can just bring down the intensity of the reaction.

Or you could find that that need is still not being met. So, if you've got a family member for example who is making these sounds deliberately or a co-worker who does it deliberately to annoy you, "Well that's why that feels so awful because that same thing happened to me when I was a child and helpless and didn't have any say over how I lived my life. The difference now is I can walk away from that person, I can set limits and if they don't do something different then I can leave the

situation in a way that I wasn't able to when I was a child." So, it's sort of just repairing that experience that you had as a child and meeting the needs that that inner child of yours had.

So, EMDR is basically that process as well. It's sort of going back to memories stored in the body and updating them, and then helping them to be stored in a way that isn't so immediately reactive.

Aside: This upcoming question was a *great* one. It was so good I wouldn't have even known to ask it and it was asked by patrons Beverly Sobelman, Joyologist, Allie Brown, Susan Gottlieb, Sara Boilen, Hope Madeline, Sara in Montana, Anna Dylan, Jessica Randolph, and first-time question-askers, Paige Moreth and Aimee Ford's friend.

Alie: You know this was a question that surprised me that so many listeners had and it definitely dovetails from your story about EMDR and about some stored trauma. Allyson Lance asked: Why do sounds made by loved ones seem to be so much more triggering than sounds made by strangers? Hope Madeline says that: I have a friend with it and they can only see her for a few minutes at a time. Amie Allen says: I've suffered my whole life, it's literally ruined relationships. A lot of people say that the noises from some people trigger them more than the noises from other people. Dave Cannon said: How did my wife give me misophonia? *[laughs]* And Eric Gidseg said: Why does my wife chew so goddamn loudly? Erin Gill says: The reaction is specific to only my husband eating, is it misophonia or just marriage? So, do those sounds made by people that we love, do they trigger us faster because of that emotional element?

Jane: Again, it really, really comes down to the individual. There are lots of different theories on this and it hasn't been explored in the research in any kind of systematic way, so this is all theoretical. One of the theories is that those people are just around them more often so this idea is that it gets worse because of the accumulation of memories of the sound then you'll be more likely to be bothered by the sounds of the people who you see the most often so it could be a frequency and memory thing. It could also be, in the same way that if your partner repeatedly puts an empty milk carton back in the fridge once you've noticed that they do that you're just going to get more and more angry every time they do that. *[laughs]* But if you had someone coming to stay that was visiting for example and they put an empty milk carton back in the fridge— Do we even have milk cartons anymore? Milk bottles.

Alie: *[laughs]* We have coffee creamer. I've put a sip of coffee creamer back in because I thought "Maybe he'll want that."

Jane: "Someone might use it." Yeah, and so those little niggly things can just be like "Please I've asked you not to do this and you're still doing it," and so it sort of almost feels like a refusal to do something that you want so it feels like more of a personal attack.

Another one, and one of the reasons why for kids with misophonia potentially parents are more likely to be the source of the trigger. And this one I find really, really interesting. So, it could also be for those other two reasons but also when you get to a certain age in adolescence, you are meant to find the sounds your parents make more annoying and the sounds that your peers make more appealing. That's a developmental stage that we all go through so that we will detach a little bit from the immediate family unit, and join more closely with peers so that we can slowly start independent life and rely on other people, other than our family.

Alie: Wow.

Jane: So, that's a really normal developmental phase to find your parents' voice grating or to find the little noises that they make annoying. *[Alie laughs softly]* If you also have misophonia then that's going to be compounded, and then because it's the person that you care about the most, *because* it's the person that you depend on the most, it's the person that you most need to not trigger you, it

makes it even worse in that same way of, like, if you try not to think about a colorful snail your brain goes “Oh, what’s a colorful snail look like?” So, if you’re saying, “Don’t get annoyed by the people that you need to be around,” you might be more likely to tune into it because of that paradox in our brain that when you try to suppress something, it actually intensifies it. There are more reasons I could probably keep talking about that forever but those are some of the theories.

Aside: The next question was also asked by Lindsay Mayer and Storm who wrote: Is there a way to make sure I’m not making the noises that trigger other people (for example eating loudly which apparently I do but I can’t hear it).

Alie: And you know, on that note, many people first-time question askers Sam Bergen, Mariana Alvarez, Danni Green, Cynthia Mwenja, a few folks wanted to know how they can support a loved one. Sam Bergen asked: How can I support a partner who has misophonia other than not making the noises that trigger them, since I’m rather fond of things like breathing and eating? Mariana said that they: Have a loved one who hates the sound of the dogs’ chewing and there’s not a lot you can communicate to the dogs to ask them not to do it. But essentially, like, Ellen asked: How do I help my lovely friends with misophonia feel more comfortable?

Jane: First of all, even asking that question, you’re already doing much better than most loved ones with misophonia because you actually care about doing something to help make their experience more comfortable. Like, my husband and I joke that misophonia loosely translates to “I hate the sound of you keeping yourself alive” [*Alie laughs*] because it’s eating and breathing which you literally need to do to survive. [*“Those are my two favorite things.”*]

Alie: Oh, it’s so hard for everyone!

Jane: It’s so hard! There are a couple of things so the first thing I would say is to have a conversation about it when the person isn’t being triggered by a sound. So, plan in a time in an environment where they’re less likely to be bothered by sounds to have a conversation about it, learn about it. Are there particular sounds, are there particular contexts where it’s a problem? Is there anything small that you could do that would make a huge difference? So, that’s the big thing is if there’s something small even if you don’t understand it and it’s easy for you to put into place just do it, even if you don’t get it. That could just be as simple as like we just put music on when we’re having a meal together, that’s a really easy thing to do.

The problem is when what the person with misophonia needs to feel comfortable imposes on somebody else’s needs and you could also say imposes on someone else’s rights. So, everyone has the right to their own autonomy over their own body and they have the right to breathe and have the right to eat how they want but if you can make a small change that makes a big difference to a person with misophonia, then do it.

But for the people with misophonia, I also remind them that it’s really, really hard to change habits, especially things that you’ve just done the way you’ve always done them, to suddenly have to think to do them is really, really hard work. So, if you’ve asked somebody once to do something and they keep doing it, it might not be because they don’t care and they don’t want to change it could just be that it’s really, really hard to change the way you eat, for example. Or it could just be about like “You don’t have to change what you’re doing but sometimes I might just leave the room because it’s going to be hard for me and it’s not about you it’s about me and I’m just going to need to do that sometimes,” you’re going to need to take little breaks.

Alie: But trying to ask what support someone needs is a good gesture to start?

Jane: Yeah, asking what sort of support, believing what they tell you. That’s the other thing is that often people don’t believe that it’s really a problem, or they see you not bothered by it in one situation

and bothered by it in a different situation, like, “Oh, you're just choosing when you get annoyed by it.” So, actually just understanding that it might not make sense to see from the outside but if the person is telling you that they're distressed by it then just believe them, which I think is a good rule in general. If someone is telling you they're distressed, the harm that can be caused by not believing people when they say they're distressed is much greater than the harm that can be caused by letting people get away with pretending to be distressed.

Alie: That's a great way to put it.

Aside: I really, really sincerely hope this episode has helped people on both sides of the noises to understand each other more and how it happens and why because maybe if you thought it was just an exaggeration or pickiness there's a little bit more empathy there because...

Alie: A lot of people who have this want to know if they can stop it if they can ever get over it? Will it ever go away? Is there a cure for it? RedToque, Heather Dykes, Renee vanden Hoven, Eric Masterson, Hester Dingle, Hope Madeline want to know: Is there a cure? What kind of hope might someone have? Because I'm assuming absolutely no one wants to have misophonia, like, probably not. But in terms of treatment, what is sort of the hope? What kind of quality of life can people have in terms of getting some relief from it?

Jane: I think it's a combination of things. If we think about the sensory, over-responsive brain to sounds, and then we think about the intense emotional reaction to sounds, the second part is the part that I think we can change. I think what a lot of people will be left with is like “Oh, I can't ignore certain sounds and they bother me more than other people,” but where we want to get to is it doesn't cause this fight-or-flight reaction, it doesn't make me feel like I'm in danger or like I'm being harmed anymore, it just feels like that's annoying and maybe I can't concentrate.

The third part is then what can you do with what's left over and how can you make adjustments in your life so that it doesn't bother you so much. So, that would be then, when do I use earplugs? When do I ask people to change what they're doing around me? Where do I live that makes me feel more relaxed and comfortable? And choosing those based on what helps you to participate most in life, what helps you to feel most connected to other people, rather than basing them entirely on what makes me feel less upset because actually, we need to be connected, we need to participate in life to feel well overall. So, even if sometimes that means we might encounter situations that are more stressful if in general on balance it means that we're participating more and we're feeling more connected then the net effect of that is going to be positive.

So, I don't think there's a complete cure, and everything that I do with patients, everything that is in my book, I have tried on myself. Some of them I will never do again, some of them I use on a really routine basis. I am now at the stage where if I'm really stressed or tired, I can still get really upset by things and that's from deliberately doing lots of practice in those sorts of exercises where I sort of create new experiences with sound, I try and do different things when I'm listening to these sounds. So, that has really changed for me and that's what we aim to do with our patients in therapy, and what I hope people will get from the book as well. You can do things that change your relationship with the sounds but ultimately, there's probably still, for most people, a sensory processing difference that means that you might need to carry earplugs with you so that you can concentrate when you need to, or relax when you need to. What we want is that it doesn't cause that intense distress sort of reaction anymore.

Alie: You mentioned that some things you would never do again. [*laughs*] I was going to ask you what's the worst thing about your job and I'm imagining trying some of these things that do not work for

you particularly... *[both laugh]* Do you want to share what that was or do you want to tell me what the worst part of studying something that is a condition that you are intimately familiar with?

Jane: There are two that jumped to mind. One is something we call 'leaning in.' So, sometimes if your brain is telling you that something is dangerous if you literally move closer to it and nothing bad happens then sometimes your brain just catches up and goes "Oh okay, it's not dangerous," but for me it was like, I just leaned in, the sound became louder I was like "Oh, nope. That doesn't work."

Alie: Oh no!

Jane: *[laughs]* And I tried it a few different ways. The only way I could make it work is if I leaned in and did the opposite of what I wanted to do. So, if my instinct was to, like, glare at the person— Unfortunately, my poor husband has been subjected to being part of most of my experiments so instead of glaring at him I gazed adoringly at him and leaned in. So, when I changed what I was doing that was the only thing that actually showed my brain that this is not harmful it's like "If I'm acting like he's not trying to hurt me then I will believe that he's not trying to hurt me," and that then reduced the intensity of the reaction. Just leaning in did not work for me, but I have worked with patients who said that that really made a huge difference to them. As soon as they started leaning into the sound, turning the volume up on the sound, it actually did change the way they experienced the sound. So, for some people it does work so I still put it out there as a possible strategy, but for me it didn't work.

Aside: Okay, so that was not effective. But another fix for her that was also not a fix...

Jane: The other one was a type of earplug that has a hole in it that's meant to sort of change the way sounds go through the ear canal. So, I got my kids to eat some corn chips while I was wearing these earplugs and it did indeed change the way the sound went into my ear canals but it just made it nice and clear and crisp every single bite of these corn chips. *[laughs]* So, those definitely did not work.

Alie: Oh god! Oh no! Is that the hardest thing about your job, do you think?

Jane: I wouldn't say it's the hardest thing because actually doing that helps me feel more connected to what I'm doing; I'm always interested in the results even if I don't like what it does, I'm always interested in what it does to me.

I think the hardest part for me is because we don't know enough about it to know that these things are really likely to make a difference. It's really, really experimental. So, for people where we're trying lots of different things and it takes a long time for it to make a difference, that is really difficult, especially if the person has people in their life that don't want to help or support that process and are deliberately antagonizing the other person. So, having to help people where it's like... It's heartbreaking to hear how they've been treated sometimes or are continuing to be treated and not being able to do anything about it because you just can't control what the other person does. You can sort of empower people with, like, problem-solving and boundary setting and communication but the reality is some people just have horrible people in their life, or people who don't understand and therefore do horrible things even if they're not ordinarily a horrible person. So, that, for me, is the hardest part, just not being able to have any answers to that problem and not knowing enough yet as a whole about misophonia to be able to get quickly to the solution.

Alie: It's interesting because you said that there's been more research in the last few years and I feel like it is not a coincidence that with your book and with your research and a lot of the outreach you've done, that more people are able to put a name to this and understand that there are different types or explain that they're not just afflicted with auditory bitch disorder. *[laughs]* It's actually, you're not a bitch, you're actually just sensitive to certain sounds. You know, I imagine that's got to be so

gratifying. But in terms of all of the work you get to do between clinical and crunching the numbers and writing and getting letters from people, like, what's your favorite part of the job?

Jane: Okay, this is a little embarrassing but...

Alie: No! There's no embarrassment here.

Jane: *[laughs]* So, one of my favorite things is... So, my husband is a stand-up comedian, like, professional comedian. He has started talking about misophonia in his act and he now gets people who come up to him afterward and say, "Is your wife Jane Gregory?" because they've heard me on a podcast or on the radio or they've read my book, or he did a gig with someone and another comedian on the bill was in the middle of reading my book. *[Alie laughs]* So, to me, that is the most exciting thing and not that I'm like trying to trump my husband's success in comedy that he has to deal with fans of me coming up to him afterward *[Alie laughs]* but when he first started talking about it publicly he had to really explain what it was. Now he gets people who already know what it is and know who I am because of the work that I've done to try and spread information and spread awareness about misophonia so that's like... Yeah.

Alie: I feel like every meal, every bag of chips, that all should be a write-off, all should be a write-off because you're...

Jane: *[laughs]* It's all research, absolutely, research.

Aside: And just like last week's episode on the science of fun, when you make something your life you should at least be able to expense some of it. I think it's legit but I'm not your accountant. But speaking of making my job my life I mentioned to Jane that I read all the reviews and that's how years ago I found out about misophonia. I remember we had to quickly edit and then re-upload an episode that involved a honey-tasting on mic. Some listeners did not enjoy that, I would never do that again. But also every episode we put up behind the scenes Jake and Mercedes and Jarrett are working to cut any mouth noises or clicks or breathing or anything to make every *Ologies* episode as easy of a listen as we can. So, we have QC going on through several people's ears to make sure that these are just smooth listening. We do our best. Jane, likewise, shared an entertainment nightmare.

Jane: I was watching a stand-up show the other night and the comedian, into the microphone, was chewing gum and I was just, "I can't enjoy what you're saying because all I can hear is this chewing noise." So, thank you for taking the care to do that.

Alie: Doing our best. Do you ever accidentally scroll past ASMR videos and want to throw your phone in a river?

Jane: I do get ASMR videos on my feed because I often use ASMR videos as part of the process of, like, how can we interact with this sound in a different way? Often it's ASMR videos that produce the sounds that we need and so now, yes, they do show up on my feed. But I also always just have my phone on silent so if I'm scrolling if I want to watch a video I will turn the sound on to listen to it but by default, all the sound is off.

Alie: You're on an opt-in basis when it comes to audio, right? *[laughs]*

Jane: Yeah, which I think, personally, I think should be the default position of all phones, that you opt-in to listen to the sound when you want to and then you turn it off again when you're done, especially in public.

Alie: I feel like this episode will make a lot of people chew with their mouths closed.

Jane: *[laughs]* If I contribute nothing else to this to the world... More people chewing with their mouths closed.

Alie: This has been so fun! I was... *[clears throat]* As I'm clearing my throat...

Jane: See, five years ago that would have caused an intense reaction, and look at me I'm calm. This is what I call my resting listening face. *[laughs]*

So, ask quite brilliant people quiet questions about important topics because as you can see it's pretty good to hear those answers. You can find Dr. Jane Gregory's book *Sounds Like Misophonia: How to Stop Small Noises from Causing Extreme Reactions* wherever books are sold, we linked them in the show notes. Her website is SoundsLikeMisophonia.com, and her social media links are also in the show notes. Thank you so much, Jane, for coming on, that was such a fun talk.

We are @Ologies on X and Instagram, I'm @AlieWard on both. We also have *Smologies*, those are shorter, classroom-friendly episodes, they're kid-safe. As of a few months ago, they have their own show feed. So, you can find *Smologies* wherever you get podcasts; the new logo is green with some new drawings on it and the link to subscribe to *Smologies* is in the show notes as well. *Ologies* merch is available at OlogiesMerch.com and to become a patron of the show you can sign up for about a dollar a month at Patreon.com/Ologies. Erin Talbert admins the *Ologies* Podcast Facebook group, Aveline Malek makes our professional transcripts. Kelly R Dwyer does the website, scheduling producer is Noel Dilworth. Jake Chaffee edits out smacks and ums so wonderfully, Susan Hale is our managing director of everything. And lead editor of things both oral and oral is Mercedes Maitland of Maitland Audio. Nick Thorburn made the theme music.

And if you stick around till the end of the episode I tell you a secret and this week, it's that I have a walking pad under my desk and I try to walk when I work when I can because it's good for my brain, I find that I'm happier when I do that. Even though it doesn't seem like it would make you happy in the short term, chemically I'm like "Yes, this does work." And I was really annoyed because I have a ring that tracks my fitness, I have an Oura ring I've had for years which I really love. But anytime I tried to use my walking desk it wouldn't record any of the steps because my arm wasn't swinging, same thing with like a Fitbit. Then I decided, "Wait one second," and I got a strap for my Fitbit and I put it on my ankle and now I wear it there and it catches all my steps which has made me want to gamify and use my walking pad more.

So, in the month since I put this Fitbit on my ankle I've been running and I've been walking a lot more. Absolutely, 10 out of 10. The only drawback is that I've been asked twice now if it's a house arrest anklet, you know, it's summer I'm not out there wearing socks every day. That means that for the couple people that have asked me that, there's hundreds, probably, that have thought that. So, I'm not on house arrest, not that there's anything wrong with that. I had a roommate who was on house arrest once and he was always there to get packages and do the dishes and that was helpful. But yeah, you got a walking desk? You've got to slap that thing on a foot or something good luck with that. I hope you like this thanks for listening. Berbye!

Transcribed by Aveline Malek at TheWordary.com

Links to things we discussed:

[Hyperacusis](#) – first journal reference

[Component of Decreased Sound Tolerance: Hyperacusis, Misophonia, Phonophobia. ITHS News Letter 2 \(Summer 2001: \)](#)

[Public awareness of Misophonia in U.S. adults: a Population-based study](#)

[Examining emotional functioning in misophonia: the role of affective instability and difficulties with emotion regulation](#)

[The neurophysiological approach to misophonia: Theory and treatment](#)

[Listen and learn: Profile of Margaret M. Jastreboff, PhD, Pawel J. Jastreboff, PhD, ScD](#)

[What Was the Original Theory of Misophonia?](#)

[Psychometric validation of a brief self-report measure of misophonia symptoms and functional impairment: The Duke-Vanderbilt misophonia screening questionnaire](#)

[Nearly 1 in 5 Adults May Have Misophonia, Experiencing Significant Negative Responses to Sounds - Neuroscience News](#)

[Misophonia: Phenomenology, comorbidity and demographics in a large sample - PMC](#)

[Misophonia: A Systematic Review of Current and Future Trends in This Emerging Clinical Field](#)

[The Prevalence of Misophonia and Its Relationship with Obsessive-compulsive Disorder, Anxiety, and Depression in Undergraduate Students of Shiraz University of Medical Sciences: A Cross-Sectional Study](#)

[Misophonia Research Takes Another Leap Forward | Psychology Today](#)

[An Automated Online Measure for Misophonia: The Sussex Misophonia Scale for Adults](#)

[Poorer Well-Being in Children With Misophonia: Evidence From the Sussex Misophonia Scale for Adolescents](#)

[Calmer – Flare Audio Ltd](#)

[Misophonia Earplugs - Loop United States](#)

[Are there any good earplugs for misophonia?](#)

[A systematic review of treatments for misophonia - PMC](#)

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