Misophonia Institute

Clinician Notice - Misophonia: A Common Conditioned Aversive Reflex Disorder
by Misophonia Institute, January 9, 2018

Misophonia is a common (but widely unknown) condition where a person has strong negative emotional and physical responses to otherwise innocuous stimuli. Misophonia is viewed as a discrete disorder which cannot be properly classified using the DSM-5 or ICD-10[1]. The term *misophonia* is derived from *miso* (hate or dislike) and *phonia* (sound). Misophonic stimuli are referred to as triggers because they elicit the involuntary response. Auditory and visual triggers are widely reported, but triggers can be in any sensory modality[2]. Common triggers include eating and other mouth sounds, breathing related sounds, and visual stimuli associated with eating[3]. Virtually any repeating stimulus can become a misophonic trigger. Common emotional responses include anger, anxiety, desire for escape, and disgust[4].

Severity of misophonia ranges from annoying to debilitating, based upon the severity of the response to triggers, their pervasiveness, and one's ability to cope effectively. Misophonia sufferers will avoid triggers or endure them with distress. Trigger stimuli cause dysregulation of thoughts and emotions, and sufferers often report thoughts of verbal and physical aggression. Physical and verbal aggression is common for children[5], which may present as an irrational or compulsive behavior problem.

Clinician awareness of misophonia is important because its prevalence exceeds 15% in adults[6]. Therefore, it is likely that an active clinician will have one or more patients at any time who have misophonia. Onset can occur at any age with median age in late childhood (i.e. 7-12 years)[7]. Symptoms generally persist for life and increase in severity of response to triggers, number of triggers, and sources/settings for the triggers. It is common to develop misophonia to a single, in-home stimulus, such as open mouth chewing of a family member. Real-life exposure to triggers can cause the response to strengthen[8] and other trigger stimuli to develop, so the individual may develop misophonic responses to a variety of stimuli of family, friends, and classmates.

The Misophonia Institute is a nonprofit organization that seeks to provide reliable information to individuals and families who are impacted by misophonia. The primary goals of the Misophonia Institute are to increase awareness among individuals and professionals, to facilitate the collaboration among and training of professionals on misophonia treatment, and to promote, conduct, and support misophonia research.

More information about misophonia can be found at MisophoniaInstitute.org, including training opportunities for clinicians. Our proposed diagnostic criteria for misophonia are available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694628/ and include extensive references.

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[1] Schröder, A., Vulink, N., and Denys, D. (2013). Misophonia: diagnostic criteria for a new psychiatric disorder. *PloS ONE* 8:e54706. doi: 10.1371/journal.pone.0054706

[2] Dozier, T. H., Lopez, M., & Pearson, C. (2017). Proposed Diagnostic Criteria for Misophonia: A Multisensory Conditioned Aversive Reflex Disorder. *Frontiers in Psychology, 8*, 1975. doi: 10.3389/fpsyg.2017.01975

[3] Dozier, T. H. (2017). *Understanding and overcoming misophonia: A conditioned aversive reflex disorder* (2nd ed). Livermore, CA: Misophonia Treatment Institute.

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[4] Dozier, T. H., and Morrison, K. L. (2017). Phenomenology of misophonia: Initial physical and emotional responses. *American Journal of Psychology*, *130*(4), 431-438. doi: 10.5406/amerjpsyc.130.4.0431

[5] Johnson, P. L., Webber, T. A., Wu, M. S., Lewin, A. B., Murphy, T. K., & Storch, E. A. (2013). When selective audiovisual stimuli become unbearable: A case series on pediatric misophonia. Neuropsychiatry, 3(6), 569-575. doi:10.2217/npy.13.70

[6] Wu, M. S., Lewin, A. B., Murphy, T. K. and Storch, E. A. (2014). Misophonia: Incidence, phenomenology, and clinical correlates in an undergraduate student sample. *J Clin Psychol, 70*(10),1-14. doi: 10.1002/jclp.22098

[7] Rouw, R., & Erfanian, M. (2017). A Large-Scale Study of Misophonia. *Journal of Clinical Psychology*. DOI: 10.1002/jclp.22500

[8] Schröder, A. E., Vulink, N. C., van Loon, A. J., and Denys, D. A. (2017). Cognitive behavioral therapy is effective in misophonia: An open trial. *J Affect Disorders.* https://doi.org/10.1016/j.jad.2017.04.017