MISOPHONIA CLUB

A short guide for families.

Understanding misophonia — and how to make home, and the dinner table, a little easier.

FREE TO SHARE

This is not medical advice. See the last page for sources.

@MISOPHONIACLUB

BEFORE WE START

A note for the people who love someone with misophonia.

If you're reading this, someone you love hears the world a little louder than you do. That can be confusing. It can also feel personal, even when it isn't.

This guide is a starting point. It's written in plain language, with a few things that actually help at home. It is not a diagnosis, and it is not medical advice. If life at home, school, or work is getting hard, a qualified clinician can help you go further.

You're not a bad parent, partner, or sibling for not knowing this sooner. A lot of people don't have a name for it yet. Having a name doesn't fix everything — but it does make the next conversation a little kinder.

You're allowed to take this slowly. A little good faith goes a long way.

WHAT IT IS

Misophonia is not an attitude.

Misophonia is a disorder of decreased tolerance to specific sounds, or to things connected to those sounds — like watching someone chew. Experts call those sounds "triggers." They can bring on strong emotional, body, and behavioral reactions that most other people don't have to the same sounds.

The reaction is usually not about how loud the sound is. It's about the pattern, and what that pattern means to that person's brain.

In 2022, a committee of researchers and clinicians published a consensus definition of misophonia so the field would have a shared starting point. Duke University's Center for Misophonia and Emotion Regulation was part of that work. (Swedo et al., Frontiers in Neuroscience, 2022.)

A few things it is not

- It is not a choice, and it is not someone being dramatic on purpose.
- It is not the same as simply disliking a noise, or being "a little sensitive."
- It is not listed in the DSM-5. That does not mean it isn't real. Cleveland Clinic and Duke both describe it as a recognized phenomenon with a formal research definition.

How common is it?

Estimates vary depending on how it's measured. Duke's Center cites a 2023 figure of about 4.6 percent — not rare. Other summaries, including Cleveland Clinic's 2023 review, have pointed to higher lifetime estimates. The useful part for families: many people live with this, and a lot of them spent years thinking they were the only one. Symptoms are typically first noticed in childhood or early adolescence.

COMMON TRIGGERS

Everyone's list is a little different.

These come up often, according to Cleveland Clinic and the 2022 consensus definition:

Eating and drinking	Chewing, smacking, crunching, slurping, swallowing, gum.
Breathing and nose	Sniffing, snoring, heavy breathing, nose blowing.
Mouth and throat	Throat clearing, coughing.
Movement and objects	Tapping, pen clicking, keyboards, utensils, a clock ticking, rustling packaging.
Sometimes visual	Watching someone eat, a jiggling leg, or the sight that usually comes with a sound.

A few things that help to know

- Your own sounds usually don't trigger you in the same way.
- Who made the sound, and whether someone feels trapped, can change how intense the reaction is.
- Some people also react to the anticipation of a sound, not just the sound itself.
- Triggers can change, or multiply, over time.

These points come from the 2022 consensus definition and from Duke's Center for Misophonia and Emotion Regulation.

WHAT IT FEELS LIKE

It can feel like an alarm going off in the body.

Cleveland Clinic describes the reactions as fight-or-flight. They can show up as feelings, as body sensations, and as things a person does next.

Feelings

Irritation that can jump quickly to anger, anxiety, disgust, or fear. Some people feel rage. Duke's Center notes that "hatred of sound" is a misleading translation: anger isn't the only feeling, and some people have visual triggers with no sound at all.

In the body

A tight chest, a faster heart rate, muscle tension, sweating, goosebumps. The body is treating an ordinary sound as if something is wrong.

What they might do

Leave the room. Put in headphones. Ask the sound to stop. Or — especially in children, and less often in adults — snap in a way they later regret. The 2022 consensus says some people already know the reaction looks "too big." That awareness does not make it easier to shut off.

From the outside, it can look like overreacting, being picky, or being rude. From the inside, the person is often trying hard to stay, and feeling ashamed when they can't.

AT HOME AND AT MEALS

What helps, and what usually doesn't.

What usually doesn't help

- "Just ignore it." or "It's not that loud."
- Making the sound on purpose, as a joke or to "prove a point."
- Forcing someone to stay at the table once they're already flooded.
- Taking a mid-meal exit as a personal rejection.
- A long talk about it while the sound is still happening.

What often helps

- Believe them the first time.
- Soft background sound at meals — music, a fan, a show at low volume — so the brain has something else to hold.
- An aisle seat: the end of the table, or a little more space.
- Permission to step out and come back, no speech required.
- Headphones or one earbud, without calling it rude. Cleveland Clinic also lists earplugs and noise-canceling headphones as common supports.
- Talk later, when everyone is calm.

Duke's Center notes there is no single proven cure. Coping skills — and, for some people, approaches used in cognitive behavioral therapy — can still reduce distress and ease tension at home. For a child who is struggling at school, seating changes, short breaks, and a quieter testing space can be reasonable things to ask about, with help from a clinician or the school team.

HOW TO TALK ABOUT IT

Wait until the room is quiet.

The worst time to explain misophonia is in the middle of it. Wait until nobody is mid-trigger, and keep it short.

Things that help to say

"I believe you. I want to understand what helps."

"If you need to step out, that's okay. You can come back when you're ready."

"Is there a seat, or a sound, that would make dinner easier?"

Things that usually sting

"You're overreacting."

"Why can't you just eat with us like a normal person?"

"I'm not walking on eggshells in my own house."

A fair middle: the person with misophonia is not asking the whole house to freeze. They're asking for a little room, and a little good faith. Family members also get to have needs. The goal is a plan, not a silent standoff.

If you're the person with misophonia, a short script can help:

"I'm not mad at you. My brain hears that sound like an alarm. I'm going to step out for a minute."

A SIMPLE PLAN

Family agreements you can actually keep.

Keep what fits. Leave the rest. This is a work in progress, not a contract.

01 We don't tease people about their triggers, and we don't make the sound on purpose.

02 Leaving the table is allowed. Coming back is welcome.

03 Headphones, earbuds, or background noise are tools, not rudeness.

04 We talk about hard moments later, not in the middle of them.

05 We pick one or two meal changes that are actually doable — seating, music, gum stays in another room.

06 Nobody has to explain themselves every time.

07 If a plan isn't working, we adjust it.

A tiny plan before a gathering helps: who's sitting where, what's playing in the background, and who the "safe person" is if someone needs an exit.

HELP, SOURCES, AND A CAVEAT

When to get more help.

Consider professional help if meals, school, work, sleep, or friendships are regularly falling apart around sound; if the person is avoiding more and more situations, or feeling hopeless or ashamed; if anger or shutdowns are getting harder to recover from; or if a child is struggling in class and may need school supports.

There is no single treatment that works for everyone. A good first step is a clinician who takes misophonia seriously — often a psychologist familiar with cognitive behavioral approaches, and sometimes an audiologist or occupational therapist as part of a team. Duke's Center and Cleveland Clinic both note that therapy can help with coping, even if it is not a cure.

If someone is in crisis or having thoughts of self-harm, get help right away. In the United States, you can call or text 988.

This guide is not medical advice

It is for education and family support only. It is not a substitute for care from a qualified professional, and it does not diagnose misophonia.

Where to learn more

- Duke Center for Misophonia and Emotion Regulation — psychiatry.duke.edu/duke-center-misophonia-and-emotion-regulation
- Cleveland Clinic, "Misophonia" (reviewed June 20, 2023) — my.clevelandclinic.org/health/diseases/24460-misophonia
- Swedo et al., "Consensus Definition of Misophonia: A Delphi Study," Frontiers in Neuroscience, 2022. doi.org/10.3389/fnins.2022.841816
- soQuiet Misophonia Advocacy — soquiet.org
- Dixon et al., 2023, is the prevalence study cited by Duke (4.6%).

MISOPHONIA CLUB · @MISOPHONIACLUB · FREE TO SHARE WITH FAMILIES