



Misophonia Severity in Relation to Age, Anxiety/Depression Symptoms, and Life Satisfaction

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ABSTRACT

Age, anxiety/depression symptoms, and life satisfaction were assessed to investigate the relationship with misophonia severity. Current age, age of onset, and life satisfaction were all negatively correlated with misophonia severity. Anxiety/depression symptoms were positively correlated with misophonia severity.

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INTRODUCTION

Misophonia is a condition in which specific sounds bring about negative emotional and/or physical reactions. These sounds are usually ones that other people do not pay attention to or at most, may find annoying. There is a wide range of reported triggers and symptoms. The condition is not yet recognized as a psychological or as a hearing disorder.

Misophonia research is limited. Some general findings:

- Participants had similar patterns of symptoms in which an auditory stimulus triggered an immediate aversive physical reaction with anger, disgust, and impulsive aggression. The symptoms were not classified in the DSM-V.³
- Misophonia symptoms were associated with impairment across work, school, social, and family domains.⁴
- Increased prosociality for some days was associated with a higher life satisfaction rating for each of those days.⁵

Three hypotheses were developed for the present study:

1. There will be a positive correlation between severity of misophonia and age.
2. There will be a positive correlation between severity of misophonia and level of anxiety/depression.
3. There will be a negative correlation between severity of misophonia and life satisfaction.

METHODS AND MATERIALS

A Qualtrics survey was posted in several Facebook misophonia support groups. The questionnaire included:

- Demographic questions
- The Misophonia Assessment Questionnaire (Johnson & Dozier)
- The Anxiety and Depression Questionnaire (Fajkowska, Domaradzka & Wytowska)
- The Satisfaction with Life Scale (Sato, Jordan & Funk)

PARTICIPANTS

Participants were recruited through several Facebook Misophonia support groups.

- 464 total participants
 - 461 indicated that they have misophonia
 - Average age 39.8 (Range 19-74)
- Gender
 - 427 females, 33 males, 3 other, 1 missing
- Race
 - 428 White, 5 Black or African American, 9 Hispanic or Latino, 3 Native American or American Indian, 4 other, 11 preferred not to answer, and 4 missing.
- One-question personal perception of misophonia severity scale
 - 3 extremely mild, 20 mild, 167 moderate, 222 severe, 50 extremely severe, 2 missing



RESULTS

Person correlation results:

- There is a significant negative correlation between severity of misophonia and current age ($r(445) = -.26, p=.000$)
- There is a significant negative correlation between severity of misophonia and age of onset ($r(438) = -.10, p=.034$)
- There is a significant negative correlation between severity of misophonia and life satisfaction ($r(442) = -.35, p=.000$)
- There is a significant positive correlation between severity of misophonia and anxiety/depression symptoms ($r(431) = .43, p=.000$)

DISCUSSION

There was a significant correlation found between misophonia severity and all three of the variables studied. These results have important implications.

A high level of severity is related to younger age, a high level of anxiety/depression symptoms, and a low level of life satisfaction. The current study did not include a diagnosis for anxiety/depression, but future studies should look at clinically diagnosed conditions with misophonia.

Future studies should also further investigate the age variable. The findings show that older ages are correlated with lower severity of misophonia. The reason for this is unknown, but it is possible that overall anxiety/ depression symptoms decrease with age, resulting in lower levels of misophonia, but this idea needs further research.

One limitation of this study is that the MAQ is not a validated measure. Since there is no diagnosis criteria for misophonia, a validated scale cannot be created until a diagnosis is available and the condition is recognized as a disorder.

Another limitation of this study is that unbalance of gender; further studies should examine a male population, since this study consisted of primarily a female population, so that the results can be more generalized to the population.

CONCLUSIONS

This study is an extension on past research and it filled in some of the gaps in past research. The significant correlations of misophonia with age, anxiety/depression symptoms, and life satisfaction signal importance for future recognition of the disorder. The broader goal of current study is to work towards a better understanding of the condition and to pave the way towards a diagnostic criteria as well as possible treatments.