Examining Emotion Regulation Strategies in Individuals with and without Misophonia

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Introduction:

- Misophonia is a condition characterized by increased sensitivity and heightened affective responses towards common sounds (e.g., chewing), which leads to impairment (Swedo et al., 2022).
- Due to the increased emotional responses to certain stimuli, cognitive emotion regulation may be one coping mechanism to investigate.
- Emotion regulation (ER) strategies can be defined as coping strategies used to modify emotional reactions and the circumstances they occur in (Gross, 2002).
- The use of ER strategies has not been studied among a community sample of individuals with misophonia, and this study aims to better understand the associations, which may information our understanding of maladaptive processes contributing to misophonia.
- Hypothesis: Participants with misophonia will show more engagement in maladaptive ER strategies and less engagement in adaptive ER strategies than participants without misophonia.

Methods:

- Individuals with (n = 81) and without misophonia (n = 46) were recruited from the local community.
- The sample predominantly identified as female (71.4%), White (70.7%), and had a mean age of 29.22 years (*SD* = 11.98).
- Participants completed self-report measures of demographics, misophonia (Misophonia Questionnaire [MQ]; Wu et al., 2014), and emotion regulation strategies (Cognitive Emotion Regulation Questionnaire [CERQ]; Garnefski et al., 2002) as part of a larger study.



Individuals with misophonia (vs. without) engage in greater self-blame and rumination (- ER Strategies), but also greater acceptance and perspective taking (+ ER Strategies).

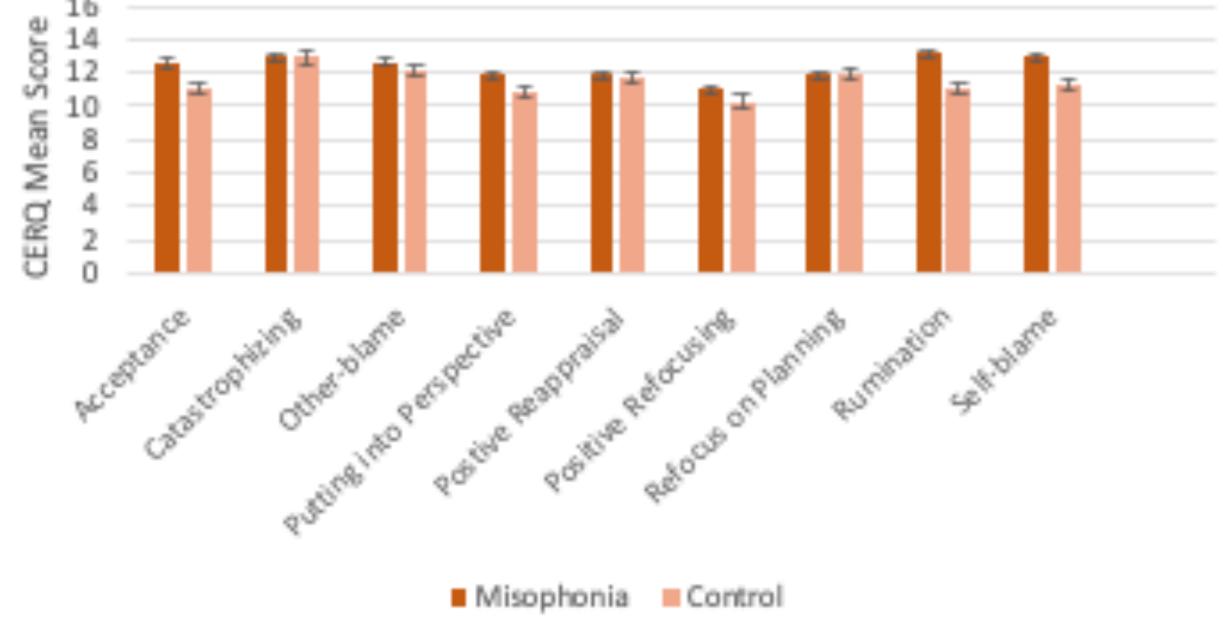






Figure 1

Cognitive ER Strategies in Misophonia vs Control



Results:

- A series of independent samples *t*-tests were conducted to compare individuals with vs. without misophonia on ER Strategies. See Figure 1.
- Overall, participants with misophonia reported significantly lower use of cognitive emotion regulation strategies on four of the nine subscales, including two putatively maladaptive ER strategies (self-blame, rumination) and two adaptive ER strategies (acceptance, putting into perspective).
- Thus, there was only some evidence to partially support the hypothesis.

Discussion and Implications:

- Findings indicate that there are some differences in cognitive emotion regulation strategies between individuals with and without misophonia. Specifically, individuals with misophonia are more likely to engage in regulation strategies of selfblame, rumination, acceptance, and perspective taking; however, there were no differences across the other subscales. These finding indicates that individuals with misophonia may have some effective ER strategies for managing their misophonia symptoms. Alternatively, some disorders use maladaptive strategies or use adaptive strategies in maladaptive ways, such as with overuse or inappropriate amounts of use (D'Avanzato et al., 2013).
 - Future studies should further examine the function of ER strategies among individuals with misophonia.