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# Education and Occupation in *The Misophonia Podcast*

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## Introduction

Misophonia is a disorder that involves a negative response to specific stimuli, commonly repetitive sounds or movements. It is not in the DSM-5-TR, and in many cases, people with misophonia self-diagnose. They unite over their shared symptoms, such as the intense “anger, distress, disgust, and anxiety” they feel (Remmert et al., 2022, p. 2).

The Misophonia Podcast is one platform where people who identify as having misophonia can share their experiences, providing over a hundred public testimonies from people with a range of backgrounds.

Through these casual interviews, the guests with misophonia reveal details regarding their individual experiences with the disorder, including triggers/activators, coping mechanisms, and the emotions they experience. Little research exists on misophonia and its treatments (Ferrer-Torres et al., 2022, p. 18), leaving people with misophonia on their own to discover what strategies work best for them.

As lifestyle choices may reflect a complex relationship with one’s mental disorder, this study analyzes how education level and occupation type may relate to the social support, coping mechanisms, and attitudes people have regarding their misophonia.

## Hypotheses

### Education level

- People with a graduate education are more likely to have more social support when compared to those with college and high school or lower.
- People with a graduate education are more likely to have a more positive attitude toward their misophonia compared to those with college and high school or lower.
- People with a graduate education are more likely to have a wider array of coping mechanisms compared to those with college and high school or lower.

### Occupation

- People with people-related occupations are more likely to have more social support compared to tech-related, art-related, management-related, and other types of occupations.
- People with people-related occupations are more likely to have a more positive attitude toward their misophonia compared to tech-related, art-related, management-related, and other types of occupations.
- People with occupations that allow more alone time are more likely to have a more positive attitude toward their misophonia.

## Data Collection

Data from 128 testimonies (Female=69.3%; Male=27.6%) of *The Misophonia Podcast* was coded based on information the guests disclosed in the public podcast. As the questions changed depending on the flow of conversation, demographic information was not always prompted, creating gaps in the data. For the variables examined in these tests, 60% of participants provided a response for education level, and 90% of participants provided a response for occupation.

## Data Coding

- Occupation was coded into of five categories: (1) tech-oriented positions, such as software developer or engineer; (2) art-oriented positions, such as graphic designer or musician; (3) people-oriented positions, such as social worker or teacher; (4) administrative or managing positions; or (5) other positions.
- Job alone time was grouped into two categories based on whether the job would stereotypically allow for introverted, independent work (e.g., software engineer or visual artist) or if it involves more regular contact with others (e.g., teacher or manager).
- Education level is split into three categories: (1) high school or less, (2) some college or college degree, and (3) graduate degree.
- Attitude toward misophonia is a scale from 1-5 based on how the participant described their misophonia with 1 being torture and 5 being tolerable.
- Social support is a scale from 1-5 based on how the participant described their overall treatment they received from others regarding their misophonia with 1 suggesting a cruel social environment and 5 suggesting an accommodating environment.
- Identified coping mechanisms were grouped into five categories: avoidance, use of tools (e.g., headphones), mental reframing strategies (e.g., mimicking), self-care, and the seeking of social support.

## Results

### Education level

The hypothesis to examine the impact of educational level on social support was tested using a One Way ANOVA. Results were not significant,  $F(2, 73)=1.72, p>.05$ , indicating not mean differences between educational level for reported social support.

The hypothesis to examine impact of educational level on attitudes toward their misophonia was tested using a One Way ANOVA. Results were not significant,  $F(2, 73)=.49, p>.05$ , indicating not mean differences between educational levels for reported attitudes toward misophonia.

The hypothesis to examine differences on number of coping mechanisms used based on educational level was tested using a One Way ANOVA. Results were not significant,  $F(2, 73)=.05, p>.05$ , indicating not mean differences between educational levels for the reported number of coping mechanisms used.

### Occupation

The hypothesis to examine the impact of occupation type on social support was tested using a One Way ANOVA. Results were not significant,  $F(4, 109)=.51, p>.05$ , indicating no mean differences between occupational type on reported social support.

The hypothesis to examine differences in attitudes toward their misophonia based on occupation type was tested using a One Way ANOVA. Results were not significant,  $F(4, 109)=.60, p>.05$ , indicating no mean differences reported number of coping mechanisms used based on occupation type.

The hypothesis to examine the relationship between reported levels of job alone time and number of coping mechanisms used was tested using a bivariate correlation. Results were significant,  $r(91)=-.27, p<.05$ , indicating the more time spent alone on the job ( $M=1.60, SD=.49$ ) the fewer reported number of coping mechanisms used ( $M=3.32, SD=1.06$ ).

## Discussion

Only one significant correlation was found, between job alone time and number of coping mechanisms. This correlation could be attributed to how participants disclosed their own coping mechanisms instead of identifying their coping mechanisms from a list; participants who have jobs that more readily allow for alone time might only discuss the types of coping mechanisms they use the most frequently, such as avoidance. Participants with jobs that include more alone time may not have the need or ability to regularly use a variety of coping mechanisms, or participants with a narrower variety of coping mechanisms may choose jobs that allow for more alone time.

### Applications

One notable takeaway from this study involves the lack of significant results found. People with misophonia cannot be generalized as fitting a certain group or a certain lifestyle when it comes to coping with their disorder—people with misophonia can work jobs with different levels of socialization and pursue different levels of education yet have similar social support, coping mechanisms, and attitudes toward their misophonia. Educational level, occupation type, and social support do not doom people with misophonia to a life where they cannot manage their disorder—people with misophonia are adaptable, and they can develop similar attitudes and types of coping skills regardless of the careers they may have.

Future research could compare people with misophonia based on occupation and education level in comparison to a control group to examine if participants with misophonia are more likely to hold a certain educational level or a certain type of occupation.

### Limitations

Some of the variables were categorized based on stereotypes rather than the participants’ own responses, such as job alone time. Future research could involve isolating this variable and asking specific questions regarding time spent alone at a job and how homogeneous their work routine is.

Many of this study’s limitations come from how the data was collected, as the study did not involve asking questions that would prompt specific responses—some variables were determined through indirect descriptions, and data might change if the variables were measured in a more straightforward, consistent fashion. Data was at the mercy of the flow of conversation.

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