

## Essay

### More than a little sound



To say it feels like a blade twisted between two ribs is to say nothing. It is a pain, real and tangible, the burn scar of a hot stove on a hand—felt simultaneously throughout the entire body. It is the scratching static of a radio turned up to full blast, throwing my mind off any frequency that can coherently be comprehended. Ask someone to define misophonia, also known as selective sound sensitivity syndrome, and you might be told it is a condition in which a person is overly sensitive to certain sounds.

The notion of the condition, only recently defined, might be shrugged off by some; not all in the scientific community are accepting of its clinical significance. What is the problem in a piece of gum tossed between a chewer's teeth, the smacking of lips while munching on a burger, the tapping of a foot on a tiled floor? But to us with misophonia that wet-squish sound of chewing gum, the sound a mouth makes when biting into a burger, the tapping of a foot on the floor—they feel like a threat to our survival. Such sounds set off a continuous alarming that shrieks inside our bodies like a siren, the sensation of a metal vice around our lungs clamped so tight that all the breath is trapped outside our bodies, such anger that it turns into a honed edge of hostility. We fight to gain a grip on how we are feeling, knowing that applying a knockout punch to the assailant's mouth is not an acceptable response to what many people perceive as everyday sounds. Sometimes, we sit through it, forcing ourselves to breathe through every painful moment. Or we leave where we are—running from the middle of a classroom lecture or an office meeting, as the judging gazes of colleagues follow us to the door—and search for shelter in a quiet space.

Get over it—this is the advice I am given often. Try that with someone who has clinical depression and get back to me with the results. I keep a pair of ear plugs handy like someone with type 1 diabetes keeps insulin close at hand. Both are essential for survival. I'll be surprised if you aren't close to rolling your eyes at that seemingly absurd statement. But let me tell you more. One evening, I escaped into an apartment hallway in pyjamas because a neighbour's deep bass noise was blasting through the floor; better to sleep in a hallway than to lie in bed with that sound drilling through my body. Back in high school, the overwhelming racket on a school bus sometimes meant long afternoons of running home just for a quiet hour. And my college experience was not like most others; it meant driving nearly 2 hours to campus every day, going to class, and then driving home those same 2 hours just to avoid a dorm where a roommate might like chewing gum. This is misophonia. When certain sounds feel like a gun pressed against one's head, the natural reaction is often to try to flee, even at great personal cost.

Misophonia follows my footsteps into the hospital like the shadows tethered to my feet, touching my life in ways that may seem unbelievable. In medical school, I hurried into the operating room on my first day of the surgery clerkship, and I was so eager to learn. I thought of the excitement of those medical students who grew up yearning to be surgeons; for them, this would be the moment they had eagerly awaited for so long. But the moment of anticipation was shattered, like a sledgehammer smashing into glass. I stood, shaking, with shards of my excitement scattered all around my feet as I heard loud music. A tradition in all operating rooms, I was told. The music is selected by the lead surgeon. Is bluegrass music not quite my taste? I murmured "Oh, no, it's all right", and after the operation, I stood in the hallway outside and thought of the other medical students with misophonia who wanted to be surgeons. Did they stumble out of the operating room after their first experience to sit and cry with the feeling of sharp splinters in their hands? Who would have thought career choices can hinge on misophonia? But this is the reality of placement in an environment of constant sound, one that most people have no choice in. I wonder whether many future surgeons have left their career dreams on the floor outside an operating room in a hallway that smells of disinfectant. Just because they're bothered by a little sound.

This is my story, but the struggle of those with misophonia can be found in many professions outside of medicine. A cashier might scan a customer's grocery purchases, but her entire body is honed on the tapping sound a colleague makes on the cash register keys when entering coupon information. And a worker in a cubicle knows the threat of an enclosed space and people breathing all around them—then lunchtime comes, and the lip-smack sounds of people eating add to the daily challenges of office work. A college professor instructs a classroom, and she does her best to continue teaching despite the typing on dozens of laptops, the crunching of snacks, the constant shuffle of papers moved around on desks.

Within medicine, the experience of misophonia extends beyond the operating room; as medical students, we have no power to stop our residents from chewing gum, and as residents we tremble to ask such a thing of our attendings. And so, such sounds follow us on rounds and shout over attempts at learning. They follow us, too, into the classroom and the workroom: the sound of fingers typing on keyboards or the small, repetitive motion of someone tapping a foot during a lecture. This is an apology, perhaps, on behalf of all the times when someone stepped out early from a lunch lecture with no apparent explanation as to

why. Maybe they were trembling at a certain sound but were afraid that others would not try to understand.

I have whispered in secret with others like me, and we all have our unique forms of torment. For some, it is the drip-by-drip water torture of a leaky tap. Others, trying to test in school, cannot hear their own thoughts above the clock tick-tock-ticking on the wall. For yet others, the clicking of someone playing with a pen is a needle, and each click leaves a prick of pain on screaming nerve endings. A woman, dating, might find love through the screen of her phone, but will tremble when her boyfriend breathes, instantly shaking with a rage she struggles to control. A man, married, might have to learn to count down from ten whenever his daughter yawns and to eat his meals alone in his room, living in constant strain because his wife cannot understand why the sound of her chewing is of such concern. Each sound leaves tender bruises that might heal on their own, but punch a bruise often enough and it will deepen to a wound that scars. Ours is a loud world. We are, constantly, living in a place where every slight brush with sound leaves us shaking.

I write this without knowing who these words will find, or who will find them; I write because someone two seats over in the workroom just waved off my request to chew just a little bit more quietly because “sorry, but I like to pop my gum this way”, refusing to believe such a seemingly small sound is like a weapon threatening my survival and that this is not an exaggeration. I write because, perhaps, you may brush this off as a mental illness as if that somehow makes it less significant, but if these words help lend perspective to the unspoken struggles of your peers—kept silent from stigma, from fear of judgment, from the certainty these concerns will be dismissed—then think of me in any way you wish.

I am only here to say you decorate yourself with song and sound. But a quiet moment looks good on you too, you know. When we beg you: please, could you spit out the gum? Know that you are lowering a gun. And you have helped us survive another night.

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