

HEALTH

# 'I was allergic – to sounds'

Chewing, slurping, clicking would all send *Juliette Wills* into a rage – until she was diagnosed with misophonia

**I**t was the prawn salad that pushed me over the edge. I was eating dinner with my boyfriend's parents in their three-bed semi in suburban Middlesex one balmy evening in the summer of 1989 when I was suddenly overwhelmed. The cacophony of chomping, gulping and lip-smacking as forkfuls of fat, pink king prawns and iceberg lettuce found their way to his mum's mouth competed with the flapping of her cork sandal repeatedly against the sole of her bare foot... And then she turned up the volume on the television. The tumultuous clapping and whooping of the audience on *Catchphrase* was so amplified, it was though the volume had been turned up violently inside my head.

I ran out into the back garden, took several deep breaths of honeysuckle-scented air and put this uncharacteristic wobble down to too much sun.

It turns out that I'd actually experienced the first symptoms of a neurological condition called misophonia, which wouldn't be identified until 12 years later by US scientists Margaret and Pawel Jastreboff.

Misophonia literally translates as "hatred of sound", with the most common triggers being other people chewing, gulping, yawning, sniffing or doing something repeatedly, such as foot-tapping or clicking a pen.

Such triggers initiate an immediate negative emotional response from those with sound sensitivities, releasing adrenalin and the stress hormone cortisone, putting them in "fight or flight" mode. Reactions can range from moderate discomfort to full-on rage and panic. Unfortunately, and never one to do things by halves, I was – and still am – very much in the second category.

Within weeks of prawnage, I stopped going out for meals because I thought people could hear me eat. I couldn't have a snack on a long train journey because people might notice, and at work (I was a PA in an advertising agency), I'd pretend I was too busy to eat in the canteen with

my colleagues and ate alone at my desk instead.

At home at dinner times, I would simmer with anger, hating the sound of my dad's jaw clicking as he chewed (which is officially known as mastication rage). I'd mimic the sound – I later discovered that copying the irritating sound is a classic symptom of misophonia – and dad would retaliate by shouting that I was "mentally ill".

Meanwhile, my poor mum would plead with us both to stop yelling. We decided I'd eat alone, either before or after them. This saddened my mum and angered my dad; if I'm honest, I was also angry with myself. If I didn't understand it why I felt this way, how could I expect anyone else to? I left home a few months later.

Shortly before I went, my mum explained the situation to our GP, who referred me to the Maudsley Hospital in south London.

"Go home, eat dinner at the table with your parents," instructed the therapist, "then come back next week and tell me how you got on. You have to deal with these sounds directly to get better."

Needless to say, I didn't sit at the table with my parents and I didn't go back the following week.

But my medical records show I was diagnosed with an eating disorder – a dangerously inaccurate label for a teenage girl who was clearly neither anorexic nor bulimic, whose issue was not with food per se, but how it sounded.

The cinema soon became a no-go zone. The sound of sweets being unwrapped, popcorn buckets being shaken and drinks being slurped made me so enraged, I almost lashed out on more than one occasion.

In recent years, I realised if I went to see a film on a Monday morning in the last week of its run, the screen would be empty.

I would fret the night before flying about who would be sitting next to me, what they might eat, whether they would have a cough or pull out their laptop. Once in the air, I'd scope the plane for two empty seats together and if the person next to me inadvertently annoyed me, I'd subtly ask to move.

In my late 20s, I spent three weeks



Silence is golden: Juliette Wills admits she suffers 'full-on rage and panic' from common sounds that most of us take for granted

in hospital. The constant noise and always-switched-on strip lighting above my bed was hell on earth. I was put on a ward with elderly patients – two had dementia, one had an oxygen tank, and two snored so loudly, I could have sworn they were clutching klaxons as they slept.

The stench and sound of the infirm using commodes with nothing but a curtain between us sent me completely round the twist.

After two weeks straight with no more than a few hours' sleep (despite being prescribed Diazepam and Zopiclone), I was diagnosed with PTSD and moved to a side room, where I was so relieved I broke down in tears.

My misophonia had reached new heights: it was no longer just the noises associated with eating, but every peripheral, unwanted sound imaginable. Police sirens stop me in my tracks, but so does the jet-engine sound of hand dryers in public lavatories. Public transport brings so much peripheral noise. Train doors

beeping, the hellish screech of the train on the tracks, people yelling down their phones, bashing their keyboard, watching videos on their phones without headphones (why would you do that?). Everyone hears them, but most people can process them, block them out. I can't. It's a relentless attack on my senses.

If you're wondering how I cope with office life, I don't: I work from home, in silence – no radio, no television.

Two years ago, my husband bought me noise-cancelling headphones and they've helped considerably. I wear them on the train, swapping for Isolate titanium earplugs on the Tube as I'm

afraid of getting the headphones snatched from my head. I don't listen to music through them unless the sound is really intrusive, as that tends to make me feel disorientated.

At home, the only issue I have is with the volume of the television. During action films (which I love), I'll yell "Quick, turn it down!" whenever there's a car chase or shoot-out. I relish silence; it wasn't by accident that we bought a detached house in a cul-de-sac rather than a flat in the city centre.

I don't hate all sounds, though – inexplicably I love to listen to animals eating, crows crowing and trains

## WHAT IS MISOPHONIA?

Misophonia is a general intolerance to "everyday" sounds – from loud sirens to other people sniffing – which most of us can filter out, but which causes significant distress to the sufferer. As with hyperacusis (an acute sensitivity to loud noises; nhs.uk/conditions/hyperacusis), misophonia triggers a physiological reaction, such as quickened heart rate and a greater state of alertness, as well as feelings of fear, frustration or even anger. However, unlike

hyperacusis, it isn't yet officially recognised as a disorder by the British Medical Association (BMA). It is therefore not known how many people suffer from it, or whether men or women are more likely to experience it. There are no known "cures" – only remedies to alleviate its effects. Cognitive behavioural therapy (CBT) has been shown to be useful in dealing with sound sensitivities. For more information, go to [allergictosound.com](http://allergictosound.com)

passing by the back of the houses opposite. And, perhaps strangely, I love music.

Living with misophonia is exhausting. In a desperate attempt to "normalise" my life after 30 years of suffering, I underwent hypnotherapy with Trevor Hoskisson, at the Harley Street Hypnotherapy Clinic. I've started incorporating his coping mechanisms: rather than reaching automatically for my headphones and scanning the train carriage for potential "threats" before I've even sat down, I give my brain a chance to assess the situation rationally.

I'll breathe deeply and try to focus on something nice, like a basket of kittens or Tom Hardy in his pants.

I can now go out for dinner, but with no more than two or three people or my senses overload, and never at the weekend. I avoid being seated near children or the bar, where the sound of cutlery or coffee machines sets me off.

When I visit my parents, I can even eat at the table these days, even if I do still find it distressing. I had to find a way to tolerate it or risk ending up estranged from my parents whom I love very much (and, despite everything, still love me).

But should anyone dare bite into an apple, you won't see me for dust.

[harleystreethypnotherapyclinic.com](http://harleystreethypnotherapyclinic.com)

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John Stein, of the Institute for Food, Brain and Behaviour, says our brains contain five grams of DHA, the long-chain omega-3 fat that "oils" the brain for rapid thinking. Another omega-3, EPA, also from fish, helps to reduce inflammation, which can lead to hardening of the arteries, high blood pressure and heart attacks. It also helps relieve mental disorders.

For children, increasing intake of omega-3s can improve reading, and help those with ADHD and autism cope better. In adults, they can reduce anti-social behaviour and violence, because a more rapidly acting brain enables people to control themselves better. (Several studies in young offenders' prisons have shown a 30 per cent drop in violence when inmates consumed a healthy diet including fish oils.) Omega-3 also reduces the chances of high blood pressure, heart attacks and depression.

And that's just fish, and just some of its health benefits. If we ate more fish, a lot of fruit and veg and whole foods, and a little good-quality protein, we'd be doing ourselves and the NHS a big favour. But there's still a long way to go.

Dr Aujla needs the buy-in of doctors or practice nurses, because they are the ones in touch with the patients, who can persuade them to give healthy eating a go. He's quick to admit that our already overstretched GPs are too busy to give personal cooking lessons to patients, or even to spend much time counselling them on diet. But his hope is that, by themselves becoming clued-up about nutrients and proficient in the kitchen, family doctors will be the catalysts for change in their patients' lifestyle.

It seems he is pushing at a half-open door: the Royal College of General Practitioners has already accredited four of his modules for inclusion among the optional courses doctors can take for their continuing professional development (CPD) requirement.

Culinary medicine is a discipline in its infancy in this country, but in the United States, it's far more well-established. The field was pioneered by Dr Tim Harlan at the Goldring Centre for Culinary Medicine at Tulane University, which was founded in 2012. Almost a



The importance of nutrition: Prue Leith with Dr Rupy Aujla, who has designed a course on culinary medicine for health workers

quarter of medical schools now teach culinary medicine courses to trainee doctors in the US, where the 20 accredited modules include education around treating problems such as impaired renal function or congestive heart failure through diet. Dr Aujla is slowly adapting them all for the UK.

He's a long way behind, but the Bristol course is a start. So is the session I witnessed, at which there was no shortage of enthusiasm. Lizzie, one of the participants, will join a Brighton practice in the autumn, working four days a week. She has already identified a community kitchen where, on her spare day, she will organise cookery courses for her patients. Another participant could see the benefit for his diabetic patients and thinks he might persuade the local authority to support courses for them in the local college. A third told me how important this sort of relaxed, enjoyable intervention with food could be for his patients with eating disorders. "It would be like AA," he said, "with patients becoming a mutual support group."

If reaction to this single course is anything to go by, it won't be hard to

convince doctors to embrace culinary medicine as part of their CPD. Arguably, though, to make the biggest difference, the subject must be taught at medical school, as it is in the US, and as Bristol Medical School is trying this year.

With the ever-increasing demands on teaching time, squeezing in another course would be far from easy, even if the gains are obvious. But if doctors don't lead the way on this, then who?

Diet and nutrition could be key to saving our health service – yet there are only 6,000 dietitians and qualified nutritionists in this country. It's a tiny profession, and there are just not enough of them to help the millions of patients who could do with their advice. Besides which, advice on its own seldom works. As Confucius once told us, the best way to learn is by physically doing: "I hear and I forget, I see and might remember, I do and I understand."

*The Doctor's Kitchen* by Dr Rupy Aujla (£14.99, HarperCollins) is available for £12.99 plus p&p. To order, call 0844 871 1514 or visit [books.telegraph.co.uk](http://books.telegraph.co.uk)

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