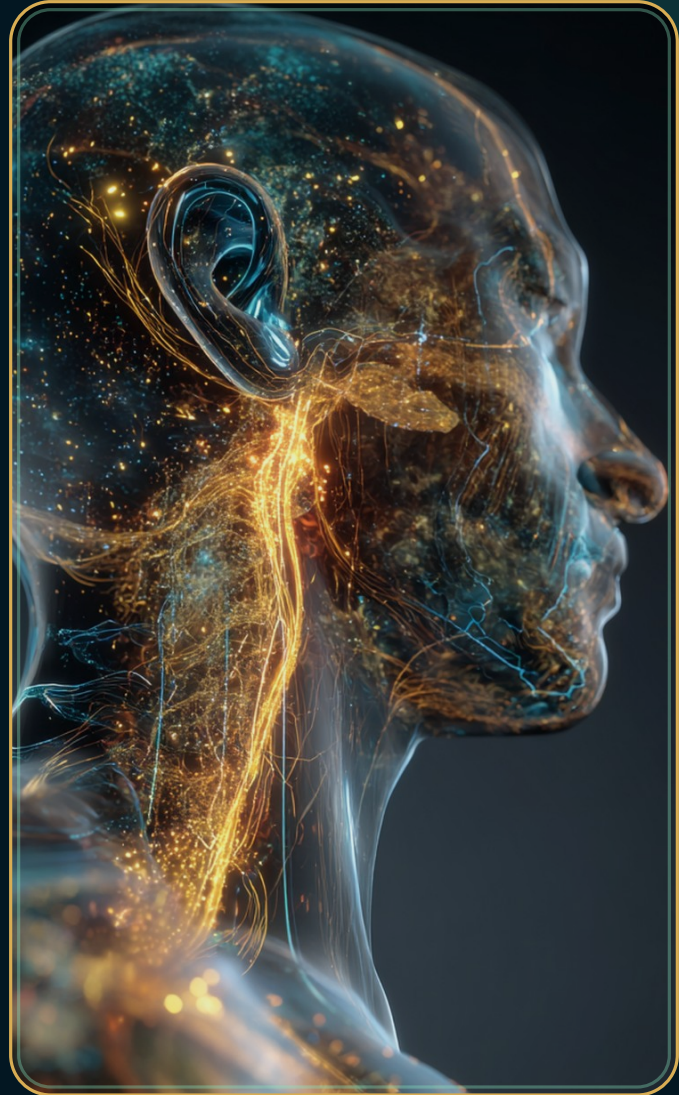


THE CARE BEHIND THE SOUND

**Why BestCareMatch™ Is
Exploring ASMR for
Caregivers, Care Teams,
and Families Who Provide
Care**



One moment. One considered match. Care still comes first.

An evidence-informed, care-centered public introduction · August 2026

Caregiving has moments that ordinary wellness content rarely sees.

Caregiving can be meaningful, skilled, exhausting, interrupted, and safety-critical - sometimes within the same hour. A caregiver may have only the quiet minute after a demanding interaction, the space between completed tasks, the end of a shift, or a shared moment when a loved one welcomes something gentle.

A general instruction to relax can become one more demand. BCM is exploring a smaller question:

Which sensory experience, if any, feels welcome to this person, in this care moment, in this environment?

WHY THIS BELONGS WITH BESTCAREMATCH™

- BCM already works through matching: the person, the need, the setting, and an appropriate next step.
- Care ASMR applies that philosophy to a brief sensory pause within general wellness.
- When a larger need becomes visible, the next step addresses workload, staffing, grief, conflict, exhaustion, or safety.

A care setting asks more of sound.

Care moments call for permission, purpose, and full awareness.

1

ATTENTION

A pause belongs only when supervision and safety-critical tasks remain fully supported.

2

AWARENESS

Headphones may block a resident, alarm, call system, conversation, or warning.

3

INDIVIDUAL RESPONSE

A pleasant cue for one person may feel irritating, painful, or distressing to another.

4

SHARED USE

A resident or loved one deserves permission, low volume, observation, and an immediate stop when the experience is unwelcome.



Conceptual sensory-health artwork for public education.

What is ASMR?

Autonomous sensory meridian response (ASMR) is a term for a sensory-emotional response that some people report with certain sounds or visuals. Experiences vary: a person may notice tingling around the scalp or neck, pleasant feelings, calm, focused attention, or no notable response.



COMMONLY REPORTED CUES

- soft speech

- personal attention

- slow hand movement

- paper or fabric

- tapping or brushing

- careful repetition

BCM begins with the person's preference, the care moment, and a sound or visual experience that feels welcome. The label follows the person's actual response.

Related experiences deserve distinct names.

ASMR

A variable response; tingling may occur, but it is not universal.

BCM POSITION

Use the term carefully and describe the response as individual.

RELAXATION

A subjective state that may occur with many activities.

BCM POSITION

A welcome pause may feel relaxing without being ASMR.

FRISSON / CHILLS

Often linked with music or emotional peaks and may involve goosebumps.

BCM POSITION

Keep frisson or chills distinct unless the person describes an ASMR response.

Clear language protects the person, the evidence, and the credibility of the system.

Pleasant sound and ASMR are distinct experiences.

PLEASANT SOUND

A sound a person likes or tolerates comfortably.

BCM POSITION

A welcome-sound route belongs beside an ASMR-response route.

BCM CALM™

Cinematic, metaphor-led pauses that may include music.

BCM POSITION

Keep separate from the matched, primarily no-talking Care ASMR lane.

THE READER'S RESPONSE REMAINS PERSONAL.

Every response is valid: tingles, calm, another preference, silence, or no noticeable response.

The label follows the experience. The person's experience comes first.

Three valid response routes.

Tingling is one possible route among several.

01

ASMR-RESPONSE ROUTE

The person recognizes a familiar ASMR response, which may include tingling, pleasant affect, or calm.

02

WELCOME-SOUND ROUTE

No tingles are reported, but a natural, object, visual, or quiet moment feels comfortable and welcome.

03

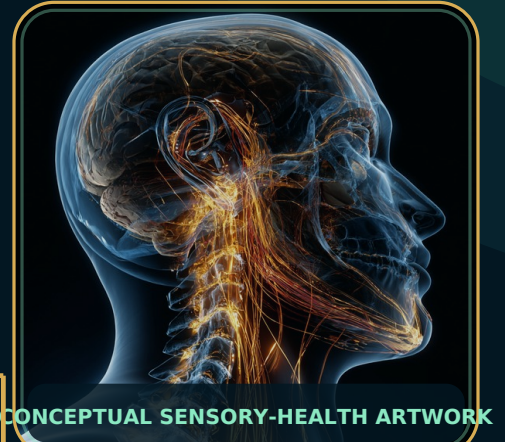
NO-SOUND ROUTE

Sound is unwanted, distracting, or uncomfortable. A visual-led, silence-supported, or no-pause option is respected.

Every response is valid. The system follows the person's preference and freedom to stop.

A complex, mixed physiological pattern.

ASMR VIDEO EXPOSURE
Among self-identified ASMR
experiencers in a controlled study.



CONCEPTUAL SENSORY-HEALTH ARTWORK

↓ Heart rate

A change commonly
interpreted as
relaxation-associated.

↑ Skin conductance

A change commonly interpreted
as activation or
arousal-associated.

COMPLEX, MIXED PHYSIOLOGICAL PATTERN

The two measures moved in different directions. The result is more consistent with a pleasant experience that may be both calming and activating than with simple sedation.

Poerio et al. (2018), PLOS ONE. Group-level association; mechanism and individual prediction remain unestablished.

Evidence-informed observations.

The field is developing. Associations and treatment outcomes are

1

Some participants report ASMR tingles, pleasant affect, calm, or focused attention.



2

Small exploratory physiological and neuroimaging studies have reported associations; a clinical mechanism remains unestablished.

3

Responses differ between people who identify as ASMR responders and non-responders.

4

Expectancy and placebo questions remain unresolved.

Evidence review continues as product development proceeds.

Evidence boundaries keep the promise clear.

The public language remains as careful as the production itself.

1 BCM Care ASMR remains an educational wellness resource; clinical efficacy for health conditions has not been established.

2 Physiology is presented as measured association rather than as a reset, activation pathway, hormone change, or brain retraining.

3 Individual responses vary; tingling, calm, sleep, or any other result is never promised.

4 Medical, audiologic, psychological, workplace, emergency, and caregiving support remain separate and essential when needed.

Every public statement follows the same standard: accurate, bounded, and supported by the available evidence.

One care moment. One considered match.

Online ASMR can ask a tired person to sort through hundreds of triggers, voices, creators, and durations. That creates more decision load, while the care-safety context is often missing.

THE CARE-SPECIFIC LAYER

- who the pause is for
- what care moment is occurring
- whether active care is covered
- what sound is welcome
- what must be avoided
- how much time exists
- which format fits
- when a larger need is visible

ASMR is a general descriptive term. The BCM-developed care-specific framework combines care-moment classification, preference and safety screening, matching, care-specific media, shared-care permission, and a pathway to larger caregiver support.

The pause begins only after immediate care and safety needs are covered.

Safety before sound.

1

Confirm immediate safety

Make sure the care recipient is safe and active supervision is covered when needed.

2

Pause safety-critical tasks

Reserve listening for times free from driving, medication tasks, transfers, cooking, bathing, or other work requiring full attention.

3

Keep the environment audible

Keep alarms, call systems, supervision, communication, and situational awareness available.

4

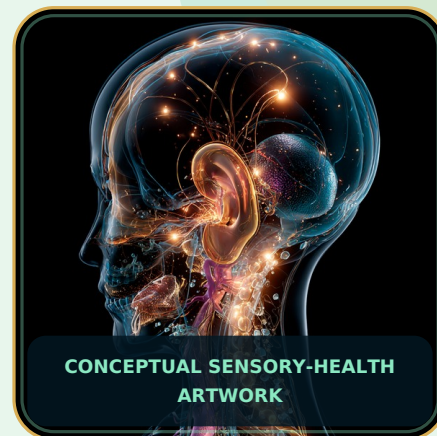
Begin low and stop freely

Start at a comfortable low volume. Stop for discomfort, agitation, dizziness, pain, distress, or any unwanted reaction.

If care needs attention now, the system waits.

Gentle is personal.

The same cue can be soothing, neutral, irritating, or intolerable to different people.



SOUND TEXTURE

Natural or object sound, paper, fabric, water, tapping, brushing, silence - and sounds to avoid.

VOICE

No-talking by default. Soft speech or a true gentle whisper only when clearly preferred.

VOLUME + DEVICE

Comfortable low level; speaker playback first. Loudness, duration, and exposure frequency matter.

SOUND SENSITIVITY

Tinnitus, hyperacusis, misophonia, hearing devices, dizziness, pain, or startle.

TIMING

Before care, between completed tasks, after a demanding moment, at shift end, or during welcomed quiet.

EXIT

Optional, easy to stop, and free from persuasion, pressure, or behavioral control.

How one considered match is formed.

1

WHO · Who is the pause for?

2

WHEN · What care moment is occurring?

3

WHY NOW · Settle, refocus, transition, reconnect, or delight?

4

HOW LONG · 30 seconds, 1, 3, or 5 minutes?

5

FORMAT · Sound-led, visual-led, audiovisual, natural, object, or silence-supported?

ONE SPECIFIC EXPERIENCE

A general-wellness suggestion, distinct from medical care.

A pathway for what the moment actually needs.

- 01** SETTLE · After a demanding interaction, once everyone is safe and immediate needs are covered.
- 02** REFOCUS · Between completed tasks or before documentation, when a brief sensory pause is welcome.
- 03** TRANSITION · Before or after a shift, or while preparing to return home from the caregiving role.
- 04** RECONNECT · A quiet, shared pause with a loved one or resident, guided by consent, comfort, and choice.
- 05** DELIGHT · A brief, light sensory moment that makes room for a smile without demanding one.

The pathway describes the intended use of a pause. Care needs and clinical questions remain on their appropriate pathways.

Matched care moments: settle, refocus, transition.

SETTLE

After a difficult conversation

POSSIBLE FORMAT

60-second soft fabric fold

BOUNDARY

Only after immediate needs are covered.

REFOCUS

Before documentation

POSSIBLE FORMAT

30-second pen-and-paper sequence

BOUNDARY

Reserve for a time when urgent changes are fully attended.

TRANSITION

End of shift

POSSIBLE FORMAT

3-minute coat, keys, and quiet doorway

BOUNDARY

Protected breaks remain separate and essential.

These examples illustrate the matching logic; individual choices remain personal.

Matched care moments: reconnect and delight.

RECONNECT

Shared afternoon quiet

POSSIBLE FORMAT

1-minute visual tea pour with soft room sound

BOUNDARY

Permission, low volume, observe, stop.

DELIGHT

A small ordinary surprise

POSSIBLE FORMAT

30-second paper-flower reveal

BOUNDARY

Invite delight and leave the reaction entirely free.

EXAMPLES SHOW THE MATCHING LOGIC.

The person's preference, care setting, safety, and freedom to stop decide what belongs.

A small library with a clear purpose.

Music-free and primarily no-talking, with natural and object sounds carrying the experience.

5

pathways

4

practical
durations

20

core
audiovisual
experiences

1

match at a
time

ACCESS FORMATS

- Audiovisual core experiences
- Sound-led screen-free companions
- Visual-led or silence-supported loops
- Care Pause Cards with implementation guidance



ASMR & CALM
by BestCareMatch™

SCIENCE-ALIGNED ASMR • CAREGIVER MOMENTS • CALMING PAUSES

Every planned track is reviewed.

Care-ready production includes comfort, context, and practical listening.

1

abrupt transients and
startle risk

2

comfortable loudness and
dynamic range

3

spectral harshness and
excessive high-frequency
energy

4

channel balance and
spatial movement

5

repetition rate and
predictability

6

headphone versus
speaker playback

7

hearing-device listening
considerations

8

tinnitus, hyperacusis, and
misophonia cautions

**Production review is an integral part of
the care design.**

What belongs in a care-ready sound library.

Every sound is reviewed for comfort, context, and individual preference.

1

KEEP CARE SIGNALS DISTINCT

Alarms, call bells, emergency tones, and medication-associated sounds remain reserved for care.

2

COMFORT-CENTERED TEXTURES

Select clear, gentle audio that respects personal preferences and avoids distracting eating-related effects.

3

BALANCED MICROPHONE DISTANCE

Keep proximity natural and comfortable, without forceful close-microphone effects.

4

NATURAL, WELCOME VOICES

Use voice only when preferred, with warm, clear delivery and no startling processing.

Listening-comfort claims will follow appropriate evaluation. New, persistent, or severe auditory symptoms warrant appropriate professional evaluation.

Shared care begins with permission.

1

Obtain permission whenever possible.

2

Begin at a comfortable low volume.

3

Offer one sensory experience at a time.

4

Watch for discomfort, agitation, withdrawal, or attempts to stop.

5

Stop immediately when the experience is unwelcome.

6

Keep the experience within general wellness; care and clinical decisions follow their appropriate pathways.

Invite with permission. Choice remains part of care.

The pause supports care while the real need stays visible.

After any pause, ask: Did this feel welcome? Was the duration appropriate? Would the person use it again? Which sound should be avoided?

LOOK BEYOND THE SOUND

workload

staffing

conflict

grief

exhaustion

unsafe conditions

A sensory pause is separate from respite, protected breaks, adequate staffing, workload correction, clinical assessment, emergency action, and professional support.

THE NEXT SUPPORT PATHWAY

BCM Care ASMR™ offers the brief matched sensory moment. BCM CALM™ offers the cinematic pause. Caregiver Burnout C.U.R.E. System™ addresses workload, roles, communication, and support. Placement and care-navigation services remain available for care-transition decisions.

The next doorway: the Discovery Kit.

This free introduction explains why Care ASMR belongs within BCM. The forthcoming Discovery Kit is designed to help one person apply a small, carefully bounded part of the framework.

THE BCM CARE ASMR DISCOVERY KIT™

Find Your Sound. Match Your Care Moment.

- Care Pause Safety Check plus a Personal Sound Preference and Avoidance Profile
- a personal Care ASMR Match Map™
- five original micro-experiences - one for each pathway
- five Care Pause Cards
- an optional seven-day discovery record

**Every person responds differently.
Discover what feels welcome before you
press play.**

CURRENT STATUS: Quality control and evaluation are underway. Visit the Care ASMR page for release updates.

Evidence review and product development are in progress.

Developed under the direction of Dr. Sophimar Garcia, MLS(ASCP)ⁱ, MD, DPBOHNS. She is a Medical Laboratory Scientist holding the international MLS(ASCP)ⁱ credential from the American Society for Clinical Pathology Board of Certification, and a Diplomate of the Philippine Board of Otolaryngology-Head and Neck Surgery (DPBOHNS). Her medical education and specialty training were completed abroad. Her background guides BCM's approach to listening comfort, sound preference, and sensory design.

ASMR & CALM BY BESTCAREMATCH™



YouTube resource channel for Care ASMR, BCM CALM, caregiver moments, and related public education.

SELECTED PRIMARY RESEARCH AND OFFICIAL SOURCES

- Barratt & Davis (2015): original ASMR survey
- Poerio et al. (2018): affect and physiology studies
- Smith et al. (2017): exploratory resting-state fMRI
- Lohaus et al. (2023): original ASMR video experiment
- Cash et al. (2018): expectancy-effects experiment
- WHO: safe-listening guidance
- CDC: caring for yourself while caring for another
- National Institute on Aging: respite care
- FTC: Health Products Compliance Guidance
- FDA: General Wellness policy for low-risk devices

Educational publishing and systems development. Medical practice in the United States remains outside this publication's scope. Clinical efficacy has not been established. The conceptual integration with Precision Wellness Medicine is in current development.

Care still comes first.

This publication supports education and general wellness. Medical, audiologic, psychological, occupational-health, and emergency services remain separate. Professional care, clinical evaluation, emergency action, protected breaks, adequate supervision, staffing coverage, workplace safety practices, respite, and other support remain essential whenever the situation requires them.

Individual responses vary. Begin at a comfortable low volume and stop any experience that is uncomfortable, distracting, distressing, painful, or unwelcome. Obtain consent for shared use and keep Care ASMR separate from behavioral control. The ™ applies to complete BCM names. ASMR remains a general descriptive term. This publication remains educational and outside a clinician-patient relationship.



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