

Phonophobia

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Phonophobia

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1. Core Definition

Phonophobia, also known by the terms ligyrophobia or sonophobia, is characterized as an **irrational and intense fear of loud sounds**. This condition is formally classified as a specific anxiety disorder, a category within mental health where anxiety or fear is consistently provoked by a specific object or situation. Distinct from general sound sensitivities or discomfort, phonophobia primarily involves a disproportionate emotional and somatic response to sound intensity, often leading to significant impairment in daily functioning and quality of life.

Individuals experiencing phonophobia do not merely dislike loud sounds; rather, they exhibit a profound, overwhelming, and often uncontrollable fear response. This reaction is typically out of proportion to the actual danger posed by the sound, indicating a cognitive distortion where certain auditory stimuli are perceived as inherently dangerous, threatening, or harmful. The fear can be triggered by a wide spectrum of high-volume noises, ranging from sudden, sharp sounds like fireworks, balloons popping, or thunder, to more commonplace but equally impactful sounds such as sirens, loud music, or even the unexpected clatter of dropped objects, particularly if they are sudden and unpredictable. A defining characteristic of phonophobia is the presence of anticipatory anxiety, where the mere expectation of a loud sound can induce distress, followed by an immediate and severe reaction upon its perception.

The impact of phonophobia extends significantly beyond momentary discomfort, profoundly affecting an individual's daily life and overall well-being. The compelling desire to avoid situations where loud sounds might occur can lead to extensive avoidance behaviors, resulting in social isolation, difficulties in professional or academic settings, and a persistent state of hypervigilance. The distress experienced is not simply an aversion but a complex interplay of cognitive, emotional, and physiological symptoms that define a genuine phobic response, underscoring the necessity for clinical attention and targeted interventions for effective management.

2. Etymology and Historical Development

The term "phonophobia" is a compound derived from two distinct ancient Greek linguistic roots: "phono" (φων?), which translates to **sound** or voice, and "phobos" (φ?βος), meaning **fear**. This etymological construction precisely defines the condition as a fear of sound and places phonophobia within the broader diagnostic category of specific phobias, all of which utilize the "-phobia" suffix to denote an irrational or excessive fear of a particular object, situation, or stimulus.

While the constituent Greek terms have ancient origins, the formal recognition and systematic

study of phonophobia as a distinct clinical entity have evolved predominantly within the modern fields of psychiatry and psychology. Historically, extreme sensitivity to sound or fearful reactions to noise might have been vaguely described under broader diagnostic labels such as nervousness, hysteria, or general anxiety. However, with the progressive refinement of diagnostic criteria, particularly through the development of standardized diagnostic manuals, specific phobias like phonophobia have gained clearer definitions. This evolution has facilitated more precise diagnosis and the development of targeted therapeutic interventions. A crucial aspect of this historical development has been the careful distinction drawn between phonophobia and other auditory sensitivities, most notably hyperacusis, emphasizing phonophobia's primary classification as a psychological condition rather than a purely audiological processing disorder.

The ongoing refinement in the understanding of conditions such as phonophobia mirrors a broader paradigm shift in mental health. This shift has progressed from general symptomatic observations to a more nuanced appreciation of specific anxiety presentations, enabling more accurate categorization and treatment. This advancement has been significantly supported by progress in neurobiology, cognitive psychology, and the international standardization of diagnostic manuals, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association. These manuals provide a consistent framework for classifying and understanding a wide array of phobias and anxiety-related conditions. Although specific historical records detailing the initial coinage or widespread clinical recognition of phonophobia are not extensively documented, its conceptualization as a distinct phobia aligns squarely with the principles guiding the clinical categorization of other specific phobias.

3. Key Characteristics and Symptomatology

Phonophobia manifests through a complex interplay of severe psychological and physiological symptoms that are acutely triggered by, or anticipated in response to, loud sounds. These symptoms collectively define the profoundly distressing experience for individuals living with the condition, often leading to significant disruptions in their ability to function effectively in daily life.

Intense Desire to Flee: A cardinal symptom, upon hearing a loud sound or even in its mere anticipation, is an overwhelming and often irresistible urge to escape the perceived threatening situation. This "fight-or-flight" response is a fundamental component of anxiety disorders, but in phonophobia, it is specifically and intensely tied to auditory stimuli, compelling the individual to seek immediate refuge from the perceived source of danger.

Excessive Sweating (Diaphoresis): The body's autonomic nervous system reacts with heightened intensity, resulting in profuse or excessive sweating. This physiological response is a common and observable indicator of elevated anxiety and acute stress, reflecting the body's involuntary preparation for a perceived emergency or threat.

Irregular Heartbeat (Palpitations): The heart rate typically accelerates dramatically, often

accompanied by palpitations, a sensation of the heart pounding forcefully, or an irregular rhythm. This tachycardia is another prominent manifestation of sympathetic nervous system activation, contributing significantly to the subjective feeling of panic, acute distress, and a sense of impending doom.

Dizziness and Lightheadedness: Individuals frequently report feelings of disorientation, lightheadedness, or overt dizziness. These sensations can be attributed to various physiological responses to acute stress, including hyperventilation, rapid changes in blood flow, or a generalized feeling of being overwhelmed, which further exacerbates the individual's sense of vulnerability and impending panic.

Panic Attack: Exposure to or the anticipation of loud sounds can frequently culminate in a full-blown panic attack. These episodes are characterized by a sudden and intense surge of extreme fear or discomfort, typically reaching a peak within minutes. Associated symptoms often include shortness of breath, sensations of choking, chest pain or discomfort, nausea or abdominal distress, trembling or shaking, chills or hot flashes, and a pervasive fear of losing control, "going crazy," or even dying.

Extreme Mood Swings: Following an exposure to loud sounds, individuals with phonophobia may experience profound and abrupt shifts in their emotional state. These mood swings can range from intense irritability, agitation, and anger to deep sadness, withdrawal, or prolonged states of anxiety, reflecting the significant psychological aftermath and emotional dysregulation triggered by a highly stressful and traumatic auditory event.

Anticipatory Anxiety: A significant and often debilitating characteristic of phonophobia is the constant apprehension and pervasive worry about potentially encountering loud sounds. This anticipatory anxiety can be as incapacitating as the actual phobic reaction, leading to chronic worry, heightened vigilance, and extensive avoidance behaviors that severely restrict daily activities, social engagement, and overall personal freedom.

These symptoms, taken together, represent more than mere discomfort; they signify a profound and often debilitating psychological and physiological distress. The subjective experience is frequently described as one of profound terror, helplessness, and an overwhelming impetus to avoid all potential triggers, which inevitably leads to a highly restricted and often isolated lifestyle.

4. Differential Diagnosis and Related Conditions

Accurately differentiating phonophobia from other conditions involving adverse reactions to sound is a critical step in clinical practice, ensuring precise diagnosis and the implementation of effective, tailored treatment strategies. While a number of conditions can present with sensitivity to sound, their underlying mechanisms and primary symptom presentations differ significantly from the core features of phonophobia.

Hyperacusis: This condition is defined by an **oversensitivity to sound** where ordinary

environmental sounds are perceived as uncomfortably loud, annoying, physically painful, or even intolerable. Crucially, unlike phonophobia, which is primarily a mental condition characterized by an irrational fear, hyperacusis is considered an audiological disorder rooted in a decreased tolerance for sound, often associated with dysfunction or damage within the auditory system. The distress in hyperacusis stems from the physical discomfort or pain directly caused by the intensity of sound, whereas in phonophobia, the predominant feature is the psychological fear response.

Misophonia: This condition is characterized by a strong, often disproportionate negative emotional or physiological reaction to specific, usually repetitive, sounds. These trigger sounds are often ordinary environmental noises such as chewing, breathing, tapping, or pen clicking. The emotional response in misophonia is typically anger, disgust, irritation, or rage, rather than the primary fear and panic observed in phonophobia. Misophonia is more about an aversion to particular patterns or qualities of sound, rather than just loudness.

Tinnitus: Tinnitus is the perception of sound in the absence of an external auditory source, commonly described as ringing, buzzing, hissing, or clicking noises. While tinnitus can be profoundly distressing and may sometimes lead to an increased sensitivity to external sounds or exacerbate anxiety, it is fundamentally a perception of internal sound. It is not an external phobia. Nevertheless, chronic tinnitus can frequently co-occur with anxiety or depression, potentially increasing an individual's general sensitivity to loud noises.

Autism Spectrum Disorder (ASD): Many individuals diagnosed with ASD exhibit significant sensory processing differences, which frequently include heightened sensitivity to auditory stimuli. This can manifest as distress, discomfort, or even pain in response to loud, unexpected, or certain frequencies of noise. While their reactions to sounds might superficially resemble phonophobia, the underlying cause in ASD is a neurological difference in how sensory information is processed, rather than an isolated specific phobic response.

Post-Traumatic Stress Disorder (PTSD): Individuals who have experienced a traumatic event involving loud noises (e.g., combat veterans exposed to explosions, victims of violent crime involving gunshots) may develop a powerful fear response to similar sounds. While this shares characteristics with phonophobia, the fear in PTSD is directly and integrally linked to a past traumatic experience, with the sounds acting as potent triggers for re-experiencing the trauma, often accompanied by other core PTSD symptoms like flashbacks, nightmares, and avoidance behaviors. Phonophobia, in contrast, does not necessarily originate from a specific traumatic sound event.

A meticulous clinical assessment is therefore indispensable to accurately distinguish phonophobia from these related conditions. This careful differentiation is crucial because the most effective treatment approaches can vary substantially depending on the primary underlying pathology and the specific mechanisms driving the individual's adverse reaction to sound.

5. Causes and Risk Factors

The precise etiology of phonophobia, much like that of many other specific phobias, is understood to be complex and often multifactorial. It typically involves an intricate interplay of genetic predispositions, environmental influences, learned behaviors, and underlying neurological factors.

Traumatic Experiences: A significant proportion of specific phobias can be directly attributed to a specific traumatic event. In the case of phonophobia, this could involve a profoundly frightening or distressing experience directly associated with a loud sound. Examples might include being involved in a severe car accident with screeching tires and a collision, experiencing an explosion or a sudden, intensely loud and unexpected noise that caused extreme distress, physical injury, or a sense of helplessness. This type of single-incident learning can lead to a powerful conditioned fear response, where the sound itself becomes a potent predictor of danger and harm.

Observational Learning (Vicarious Conditioning): Individuals, particularly during formative childhood years, may develop a phobia by observing the fearful and intense reactions of others, such as parents, caregivers, or significant peers, to loud sounds. If a child consistently witnesses a parent reacting with extreme anxiety, panic, or avoidance to thunder, for instance, they may learn to associate thunder with inherent danger and subsequently develop a similar phobic response through vicarious conditioning.

Genetic Predisposition and Family History: Emerging research in the field of mental health suggests a discernible genetic component to anxiety disorders and specific phobias. Individuals with a family history of anxiety disorders, panic disorder, or other specific phobias may exhibit an increased genetic vulnerability or temperamental susceptibility to developing phonophobia. This indicates that hereditary factors can influence an individual's innate temperament, stress response systems, and fear circuitry.

Co-occurring Mental Health Conditions: Phonophobia frequently co-occurs with other recognized anxiety disorders, significantly complicating its presentation and management. These include Generalized Anxiety Disorder (GAD), Social Anxiety Disorder, Panic Disorder, or Obsessive-Compulsive Disorder (OCD). It can also be associated with depression. The presence of these other conditions can substantially heighten an individual's baseline anxiety levels and overall emotional vulnerability, thereby increasing their susceptibility to developing and maintaining specific phobias like phonophobia.

Sensory Processing Issues: While phonophobia is distinct from hyperacusis, individuals with underlying sensory processing sensitivities, even if not meeting the full diagnostic criteria for hyperacusis, may have a lower threshold for discomfort or distress when exposed to loud sounds. This inherent sensory sensitivity could potentially increase their vulnerability to developing a learned or conditioned phobic response to noise.

Neurological Factors: Advanced brain imaging studies conducted on individuals with anxiety disorders have consistently demonstrated the involvement of specific brain regions, most notably the amygdala. The amygdala is a crucial limbic structure known for its central role in processing

fear, emotional memories, and initiating the "fight-or-flight" response. Dysregulation or hyperactivity within these fear-processing circuits may significantly contribute to an exaggerated and persistent fear response to specific stimuli, such as loud sounds, in individuals with phonophobia.

A comprehensive understanding of these potential causes and contributing risk factors is essential for developing robust, individualized diagnostic and therapeutic strategies that are tailored to the unique presentation and personal history of each affected individual.

6. Diagnosis and Treatment

The diagnosis of phonophobia is primarily clinical, relying heavily on a thorough and systematic assessment of the individual's reported symptoms, their complete medical and psychological history, and the degree of functional impairment experienced. Effective treatment typically involves a combination of psychotherapy, and in some cases, pharmacological interventions, complemented by strategic lifestyle adjustments.

Diagnosis:

Clinical Interview: A qualified mental health professional, such as a psychiatrist or clinical psychologist, conducts a detailed and comprehensive interview. This interview aims to gain a deep understanding of the nature, duration, intensity, and variability of the individual's fear response to loud sounds. Key areas of inquiry include the specific triggers, the resulting anxiety and panic symptoms experienced, and critically, the extent to which the phobia interferes with the individual's daily life, relationships, and overall well-being.

Diagnostic Criteria: The formal diagnosis of phonophobia is guided by the established criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). For a specific phobia, these criteria typically stipulate:

A marked and persistent fear or anxiety about a specific object or situation (e.g., loud sounds).

The phobic object or situation almost invariably provokes immediate fear or anxiety upon exposure.

The phobic object or situation is actively avoided or is endured with intense fear or anxiety.

The fear or anxiety experienced is significantly out of proportion to the actual danger posed by the specific object or situation, considering the relevant sociocultural context.

The fear, anxiety, or avoidance is persistent, typically enduring for a period of 6 months or more.

The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The disturbance is not better explained by the symptoms of another mental disorder, such as obsessive-compulsive disorder, post-traumatic stress disorder, or a social anxiety disorder.

Ruling out other conditions: As highlighted in the differential diagnosis section, it is paramount to meticulously differentiate phonophobia from other conditions presenting with sound sensitivity,

such as hyperacusis, misophonia, or sensory processing disorders, to ensure that the chosen treatment strategy is precisely aligned with the underlying pathology.

Treatment Approaches:

The effective management of phonophobia often necessitates a multifaceted approach, with psychotherapy consistently regarded as the cornerstone of intervention.

Cognitive Behavioral Therapy (CBT): This is unequivocally one of the most effective and evidence-based treatments for specific phobias. CBT empowers individuals to identify, challenge, and ultimately restructure the irrational thoughts and maladaptive beliefs that are associated with loud sounds. Concurrently, it equips them with a repertoire of practical coping mechanisms and strategies to effectively manage and reduce their anxiety symptoms. A particularly crucial component of CBT for phobias is exposure therapy.

Exposure Therapy (Desensitization): Considered the gold standard for specific phobias, this highly effective technique involves the gradual and systematic exposure of individuals to the feared stimulus in a meticulously controlled and safe environment. For individuals with phonophobia, this might entail a carefully designed hierarchy of exposures, starting with listening to progressively louder sounds (e.g., through headphones, speakers, or simulated environments) while simultaneously employing relaxation techniques. The overarching goal is to achieve habituation, thereby reducing the intensity and frequency of the fear response over time as the individual learns that the sound is not inherently dangerous.

Relaxation Techniques: Learning and consistent practice of various relaxation strategies are vital for managing the physiological symptoms of anxiety when confronted with loud sounds. These techniques include deep diaphragmatic breathing exercises, progressive muscle relaxation, mindfulness meditation, and guided imagery, all of which aim to activate the parasympathetic nervous system and induce a state of calm.

Medication: While pharmacological interventions are not typically the first-line treatment for specific phobias, they may be utilized judiciously in conjunction with psychotherapy, particularly if the phobia is severe, debilitating, or if there are significant co-occurring anxiety disorders or depression.

Beta-blockers: Medications such as beta-blockers can be effective in mitigating the physical manifestations of anxiety, including rapid heart rate, trembling, and sweating, especially when taken preventatively in anticipation of exposure to a feared situation.

Benzodiazepines: These anxiolytic medications may be prescribed for short-term, acute relief of severe panic attacks or extreme anxiety episodes. However, their use is generally limited due to the inherent risks of dependence, tolerance, and withdrawal symptoms.

Antidepressants (SSRIs/SNRIs): Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) can be effective for managing underlying generalized

anxiety disorder, panic disorder, or depression that may exacerbate phonophobia, and are often considered for longer-term management of severe anxiety.

Sound Therapy/Auditory Integration Training: Although primarily employed for conditions like hyperacusis, certain forms of sound therapy that involve listening to broadband noise at carefully controlled and gradually increasing levels might assist some individuals in improving their overall sound tolerance and reducing general auditory sensitivity. This can indirectly contribute to managing phonophobia by making the auditory environment less threatening.

Lifestyle Adjustments: Holistic lifestyle modifications play a supportive role in enhancing an individual's resilience to anxiety and phobic responses. These adjustments include consistently reducing overall stress levels, ensuring adequate and restorative sleep, engaging in regular physical exercise, and minimizing or avoiding stimulants such as caffeine and nicotine.

The optimal choice of treatment is highly individualized, depending on the severity and specific presentation of phonophobia, the presence of any co-occurring mental health conditions, and the individual's personal preferences and circumstances. A personalized treatment plan, collaboratively developed with experienced mental health professionals, is paramount for achieving successful outcomes and significantly improving quality of life.

7. Significance and Impact

Phonophobia exerts a profound and far-reaching impact on an individual's quality of life, extending considerably beyond the immediate discomfort or fear triggered by loud sounds. Its significance lies in its powerful capacity to severely restrict personal freedom, impede social engagement, and constrain occupational or educational opportunities, fundamentally altering an individual's life trajectory.

Individuals afflicted with phonophobia invariably develop extensive **avoidance behaviors**. They may meticulously plan their daily routines and activities to systematically circumvent any environment where loud sounds are anticipated or might unexpectedly occur. This often involves abstaining from public transportation, avoiding crowded places such as shopping malls, concerts, sporting events, cinemas, or even social gatherings where unpredictable loud noises (e.g., sudden laughter, applause, or music) are likely. This pervasive and constant vigilance, coupled with the necessity for avoidance, can lead to significant social isolation, severely impairing relationships with family and friends and contributing substantially to feelings of loneliness, sadness, and clinical depression.

In professional and academic spheres, phonophobia can present formidable and often insurmountable challenges. Workplaces or educational institutions that inherently involve unpredictable or high-volume sounds, such as construction sites, factories, open-plan offices, or busy classrooms, can become intolerable environments. This often severely limits career choices

or educational pursuits, forcing individuals to abandon aspirations or settle for less fulfilling roles. Moreover, the chronic stress and heightened state of apprehension stemming from the constant anticipation of a trigger can profoundly diminish concentration, memory, and overall productivity, potentially leading to underperformance, academic difficulties, or even job loss. Children experiencing phonophobia may struggle immensely in school settings, particularly during noisy activities, assemblies, or emergency drills, adversely affecting their learning, social integration, and overall developmental trajectory.

The psychological toll of living with phonophobia is undeniably substantial. The persistent and omnipresent threat of encountering a feared sound can lead to chronic anxiety, a state of hypervigilance, and a pervasive reduction in one's sense of safety and security within the world. This enduring state of apprehension and fear can, in turn, precipitate the development or exacerbation of other severe mental health issues, including generalized anxiety disorder, panic disorder, and major depressive disorder. Furthermore, the intense feelings of shame, embarrassment, or perceived inadequacy associated with their uncontrollable and intense reactions can often prevent individuals from openly discussing their condition or seeking professional help, thereby further deepening their isolation and hindering access to vital support and treatment.

Ultimately, the broad and debilitating impact of phonophobia unequivocally underscores the critical need for increased public and clinical recognition, empathetic understanding, and the diligent implementation of effective, evidence-based interventions. By severely limiting an individual's ability to navigate and interact comfortably within the auditory world, phonophobia significantly diminishes their overall well-being and their capacity for meaningful participation in society, thus highlighting the paramount importance of tailored therapeutic strategies aimed at restoring functionality, fostering resilience, and substantially improving the individual's quality of life.

8. Debates and Criticisms

While phonophobia is unequivocally recognized as a specific phobia within the established frameworks of clinical psychology and psychiatry, certain aspects related to its precise classification, accurate differentiation from other conditions, and broader conceptual understanding continue to be subjects of ongoing discussion, refinement, and occasional debate within the professional community.

One primary area of robust discussion revolves around achieving a clear and unambiguous distinction between phonophobia and other related forms of sound sensitivity. Although the DSM-5-TR explicitly classifies phonophobia as a specific phobia of the situational type, clinical presentations often reveal considerable symptomatic overlap or frequent co-occurrence with conditions such as hyperacusis and misophonia. The enduring clinical challenge lies in accurately

discerning whether the primary source of distress is an irrational fear of the sound itself (phonophobia), the direct physical discomfort or pain induced by the sound (hyperacusis), or an intensely negative emotional reaction, such as anger or disgust, to specific qualitative patterns of sound (misophonia). Some clinicians and researchers advocate for a more nuanced, spectrum-based approach to understanding sound sensitivities, acknowledging that these conditions may share common underlying neurological pathways or frequently present synergistically, which can render discrete diagnostic categorization challenging in many cases. This potential for overlap profoundly influences treatment selection; for instance, a patient primarily experiencing physical pain from loud sounds (hyperacusis) might benefit more significantly from audiological interventions complemented by psychological support, whereas a patient whose primary distress is fear (phonophobia) would typically prioritize exposure therapy and cognitive restructuring.

Another pertinent point of discussion pertains to the precise specificity of the fear component. Is phonophobia exclusively a generalized fear of *any* loud sound, or can its presentation be more nuanced, manifesting as a specific fear of *unexpected* loud sounds, or perhaps loud sounds of a particular qualitative type (e.g., sharp bangs versus sustained loud music)? This level of granularity in specificity can significantly influence diagnostic precision and the meticulous tailoring of exposure therapy protocols. Some theoretical perspectives suggest that the element of unexpectedness of a loud sound, rather than its sheer volume alone, might serve as a more potent trigger for the phobic response in certain individuals, thereby linking the condition more closely to exaggerated startle responses or prior traumatic experiences. Such a perspective might necessitate different therapeutic approaches that emphasize predictability, control, and emotional regulation rather than solely focusing on volume tolerance or desensitization to sound intensity.

Furthermore, the high comorbidity of phonophobia with other pervasive anxiety disorders, Post-Traumatic Stress Disorder (PTSD), and sensory processing differences observed in conditions like Autism Spectrum Disorder (ASD), raises important questions regarding its primary or secondary nature. When phonophobia presents concurrently with PTSD, for example, the auditory stimuli often function as powerful trauma triggers that elicit re-experiencing symptoms. In such complex cases, effectively treating the underlying PTSD is frequently observed to alleviate or significantly ameliorate the associated sound phobia. This inherent complexity underscores the critical imperative for a holistic and comprehensive clinical assessment that meticulously considers an individual's entire mental health profile, developmental history, and lived experiences, rather than isolating phonophobia as a standalone, decontextualized issue.

Finally, while exposure therapy is widely and justifiably regarded as the gold standard intervention for most specific phobias, its practical application for phonophobia can be uniquely challenging. This difficulty stems from the pervasive and often uncontrollable nature of sound in real-world environments and the inherent complexities in precisely controlling exposure to auditory stimuli. Consequently, debates frequently arise concerning the optimal pace, methodology, and format of

exposure, particularly for individuals who exhibit profoundly severe reactions. Discussions also center on the effective integration of advanced therapeutic modalities, such as virtual reality (VR) exposure therapy or other technologically controlled auditory environments, to facilitate therapeutic progress in a safe and manageable manner. These ongoing discussions and refinements continually inform best clinical practices and highlight the persistent need for continued research into the development of the most effective, accessible, and individualized interventions for this often severely debilitating condition.

Further Reading

[Phonophobia - Wikipedia](#)

[Anxiety disorder - Wikipedia](#)

[Ligyrophobia - Wikipedia](#)

[Sonophobia - Wikipedia](#)

[Psychiatry - Wikipedia](#)

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[Misophonia - Wikipedia](#)

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[Social Anxiety Disorder - Wikipedia](#)

[Obsessive-Compulsive Disorder - Wikipedia](#)

[Depression - Wikipedia](#)

[Amygdala - Wikipedia](#)

[Cognitive Behavioral Therapy \(CBT\) - Wikipedia](#)

[Exposure Therapy - Wikipedia](#)