

Is a misophonia a new mental disorder?

We live in an era in which the major psychiatric classification systems, such as the successive editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, have been steadily expanding in the number of phenomena that are considered to be mental disorders. This has led to a growing concern that commonplace quirks, eccentricities, or problems of living are becoming over-diagnosed as mental disorders. Accordingly, there is good reason to be skeptical when some new psychiatric disorder is proposed. The purpose of a recent article (Taylor, 2017, *Medical Hypotheses*, vol. 103, pp. 109-117) was to critically examine the evidence for a purportedly new mental disorder, *misophonia*, characterized by marked distress from hearing particular sounds. Misophonia is not listed in any of the major psychiatric classification systems and, until recently, has received little attention from psychiatric researchers, having been described almost exclusively in the audiology literature. Misophonia is characterized by intense emotional reactions (e.g., anger, rage, anxiety, disgust) in response to highly specific sounds, particularly sounds of human origin such as oral or nasal noises made by other people (e.g., chewing, sniffing, slurping, lip smacking).

The question of whether misophonia, or some syndrome in which misophonia is a prominent feature, should be classified as a mental disorder is important for several reasons. The recognition of misophonia as a distinct mental disorder, if indeed it is a disorder, could facilitate recognition of the condition to health-care providers, raise public awareness, provide information and validation to sufferers, and could facilitate research and treatment. A disadvantage in classifying misophonia as a mental disorder is the possibility of stigmatizing and over-pathologizing possibly benign eccentricities. Accordingly, it is important to carefully consider whether misophonia meets criteria for a mental disorder, and whether there is sufficient evidence for clearly specifying its essential features and delineating the boundaries of any syndrome of which it might be a part.

Some researchers have argued that misophonia should be regarded as a new mental disorder, falling within the spectrum of obsessive-compulsive related disorders. Other researchers have disputed this claim. The clinical and research literature on misophonia was examined by Taylor (2017) and considered in the context of the broader literature on what constitutes a mental disorder. The available evidence suggests that (a) misophonia meets many of the general criteria for a mental disorder and has some evidence of clinical usefulness as a diagnostic construct, but (b) the nature and boundaries of the syndrome are unclear; for example, in some cases misophonia might be simply one feature of a broader pattern of sensory intolerance, and (c) considerably more research is required, particularly work concerning diagnostic validity, before misophonia, defined as either as a disorder or as a key feature of some broader syndrome of sensory intolerance, should be considered for inclusion in DSM-5. Before adding yet another putative disorder to the ever-growing list of psychiatric diagnoses, it is important to carefully consider whether such an addition is warranted.

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