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Change in disgust reactions following cognitive-behavioral therapy for childhood anxiety disorders



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Study

Abstract Disgust, in addition to fear, is a prominent emotional state associated with avoidance of distressing stimuli. While most of the research in disgust has been conducted in relation to Obsessive-Compulsive Disorder (OCD), recent data has also implicated disgust in the etiology of anxiety disorders in general. Studies have shown that decreases in disgust are key to symptom reduction in individuals with OCD. However, there has been little empirical work exploring whether these interventions are efficacious for childhood anxiety disorders that present with prominent disgust components. This study examined how disgust propensity in children with anxiety disorders responds to cognitive-behavioral therapy (CBT) with an emphasis on exposure. Forty-one children, ages 7 to 17, with anxiety disorders were evaluated for disgust propensity and were treated with intensive, weekly, CBT. It was found that disgust levels decreased following treatment across all anxiety disorder diagnoses, where children with primary OCD exhibited significantly greater reductions. Clinical implications and suggestions for further research of the treatment of disgust in relation to childhood anxiety disorders are discussed.

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PALABRAS CLAVE

Asco;
Ansiedad infantil;
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TOC;
Estudio cuasi
experimental

Resumen La asco, además del miedo, es un estado emocional prominente asociado con la evitación de estímulos perturbadores. Aunque la mayoría de la investigación se ha llevado a cabo en relación con el trastorno obsesivo-compulsivo (TOC), datos recientes han implicado la asco en la etiología de trastornos de ansiedad en general. Se ha demostrado que la disminución de la asco es clave para la reducción de los síntomas en personas con TOC. Sin embargo, son escasos los trabajos que exploren si estas intervenciones son eficaces en trastornos de ansiedad en la infancia con componentes prominentes de asco. Este estudio examinó cómo la propensión a la asco en niños con trastornos de ansiedad responde a la terapia

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cognitivo-conductual (TCC) con énfasis en la exposición. Cuarenta y un niños de 7 a 17 años, con trastornos de ansiedad, fueron evaluados en la propensión a la asco y tratados semanalmente con TCC intensiva. Se encontró que los niveles de asco disminuyeron tras el tratamiento en todos los diagnósticos de trastorno de ansiedad, siendo los niños con TOC primario los que mostraron reducciones significativamente mayores. Se discuten las implicaciones clínicas y sugerencias para futuras investigaciones sobre el tratamiento de la asco en relación con los trastornos de ansiedad infantil.

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Anxiety disorders are marked by excessive fears, nervous affect, and avoidance of a wide range of specific objects and situations. Mechanisms considered critical in the development and maintenance of anxiety disorders are fear arousal that becomes associated with the presence of the particular stimuli, and corresponding relief of anxiety when these situations are avoided (Taylor, Cox, & Asmundson, 2009). Theoretical and empirical evidence supporting the role of fear associations in anxiety disorders has informed the development of exposure therapy, one of the most widely utilized empirically-supported treatments for anxiety disorders (Abramowitz, Deacon, & Whiteside, 2011). Exposure reduces anxiety by creating novel learning experiences with previously feared stimuli in which anticipated negative consequences do not occur. This treatment has been shown to reduce symptoms of anxiety disorders with large effect sizes across numerous diagnoses (Olatunji, Cisler, & Deacon, 2010).

While fear is a potent motivator for avoidance in anxiety disorders, it is not the only emotion that prompts this behavioral pattern. Disgust is another prominent emotional state associated with avoidance of distressing stimuli. Disgust is an emotion that evolved to protect humans from ingesting potentially harmful substances (Miller, 1997). In recent years, disgust has been increasingly recognized as a complex emotion that consists of several higher-order components, including reactions specific to violations of the body envelope that remind humans of their mortality or animalistic nature (animal-reminder disgust), moral transgressions (moral disgust), and contamination disgust—the propensity of one disgusting object to transmit disgusting properties to another object (Kelly, 2011; McKay & Tsao, 2005). Contamination disgust may encompass a range of situations that may or may not involve actual physical contact with a disgusting object, such as: objects that are neutral but come into incidental contact with a disgusting object (“law of contagion”), objects that are neutral but otherwise resemble a disgusting object (“law of similarity”), and objects that are removed from a disgusting object by several points of contact (“sympathetic magic”; Rozin & Fallon, 1987).

Research has shown that disgust plays an important role in the etiology of anxious psychopathology (Olatunji & McKay, 2007, 2009). First, at an observational level, the disgust-based concern related to contracting illness and experiencing overt physical harm is reflected in the symptoms of various phobias (Davey, Bickerstaffe, & MacDonald,

2006). The behavioral avoidance characteristic of many anxiety disorders also may be related to disgust, as data shows that many individuals exhibiting anxious avoidance are highly responsive to disgust-based information in the general environment (e.g., Woody & Tolin, 2002). Other evidence has even speculated that the experience of disgust predisposes individuals to negative interpretation bias, therefore contributing to the emergence of anxiety disorders on a general level (Matchett & Davey, 1991).

Data has also implicated disgust in specific anxiety disorders, with the bulk of this work conducted in relation to obsessive-compulsive disorder (OCD; e.g., Olatunji, Tart, Ciesielski, McGrath, & Smiths, 2011). Within the OCD literature, research has suggested that disgust is particularly salient for individuals who experience contamination-related obsessions and compulsions. For example, one study showed that individuals with elevated contamination fears tended to avoid behavioral tasks associated with stimuli that were perceived as disgusting but not actually physically harmful (e.g., drinking from a cup of fresh water with a label affixed reading “saliva sample”), as well as animals that may transmit germs or disease (e.g., holding a live earthworm). Other research has shown that the “sympathetic magic” aspect of contamination disgust is present in individuals with contamination-based OCD symptoms. Compared with non-anxious control subjects, these individuals were more fearful and avoidant of a potentially contaminated object even when it was many steps removed from the contamination source in behavioral avoidance tests using a pencil that touches a contaminant, which in turn touches another pencil, then touches a different pencil, and so on (Tolin, Worhunsky, & Maltby, 2004). Similar evidence was also found in an undergraduate sample, in which students with elevated contamination fears exhibited more avoidance of behavioral tasks involving “sympathetic magic” than individuals with elevated trait anxiety (Tsao & McKay, 2004).

Further tests of the specificity of disgust in contamination-based OCD symptoms have shown this direct link to exist independent from the effects of anxiety (Moretz & McKay, 2008). Other studies have replicated this unique and significant relation between disgust and contamination fear after controlling for negative affect (Olatunji, Moretz et al., 2010). Finally, higher levels of disgust sensitivity have been associated with more stable and persistent contamination fears in growth curve analyses (Olatunji, Moretz et al., 2010).

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