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## Disgust sensitivity as a mediator of the sex differences in contamination fears <sup>☆</sup>

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### Abstract

Previous research has shown a relationship between disgust sensitivity and OCD-related contamination fear. Review of these findings suggests that females generally report higher levels of contamination fear and disgust sensitivity than males. Using a mediational model, the present study sought to determine if the sex difference in contamination fears could be accounted for by the sex difference in disgust sensitivity in a sample of undergraduate participants ( $N = 259$ ). Strong support for this hypothesis was found. Moreover, holding constant the influences of potential confounds such as trait anxiety, anxiety sensitivity, and biological sex, disgust sensitivity emerged as a potent, independent predictor of contamination fears. The clinical and research implications regarding the relationship between biological sex and the fear of contamination and how they might be related to disgust sensitivity and anxiety symptoms are discussed.

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### 1. Introduction

The fear of contamination has been identified as one of the most common obsessional themes associated with obsessive-compulsive disorder (OCD; Steketee, Grayson, & Foa, 1985),

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accounting for approximately 55% of concerns reported by such patients (Rasmussen & Tsuang, 1986). Ritualistic neutralizing behaviors (i.e., washing and cleaning) associated with contamination fear serve a negatively reinforcing protective function as obsessional beliefs of increased vulnerability to contamination are temporarily alleviated (Rachman, 1994; Riskind, Abreu, Strauss, & Holt, 1997). Related negative appraisals (i.e., “I am filthy”) may also lead to the development of pre-emptive acts, including avoidance of stimuli that elicit obsessional thoughts of contamination, infection, and disease acquisition (Rachman & Shafran, 1998). Contamination obsessions and washing compulsions have been conceptualized as being functionally related to symptoms of anxiety (Farid, 1986). However, recent theory (Power & Dalglish, 1997) and research (Woody & Tolin, 2002) suggest that a propensity toward experiencing disgust may be functional in the aetiology and maintenance of contamination-related obsessions and washing compulsions in OCD.

Systematically examining contamination-related concerns provides a unique avenue by which to study the interaction between fear and disgust (Olatunji, Sawchuk, Lohr, & de Jong, 2004). The association between disgust sensitivity and contamination fear may be expected given that disgust is often described as a basic emotion that serves the adaptive function of protecting organisms from contact with contaminated stimuli (Ekman & Friesen, 1986; Woody & Teachman, 2000). The relationship between disgust and contamination fear may also be better understood in the context of the disease-avoidance model (Matchett & Davey, 1991) which suggests that avoidance of disgusting stimuli promotes sanitation by preventing contact and subsequent contamination and infection (Ware, Jain, Burgess, & Davey, 1994). Recent studies have provided preliminary support for the proposed relationship between disgust sensitivity and contamination fear (e.g., Muris et al., 2000; Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000; Schienle, Start, Walter, & Vaitl, 2003). For instance, Mancini, Gragnani, and D’Olimpio (2001) reported statistically significant, positive correlations between measures of disgust sensitivity and measures of washing compulsions. Thorpe, Patel, and Simonds (2003) found that the frequency of contamination-based washing behaviors was best predicted by disgust sensitivity. Similarly, Olatunji et al. (2004) found that participants high in contamination fear report elevated levels of disgust sensitivity across multiple domains of disgust elicitors (i.e., rotting foods, animals, body products). Woody and Tolin (2002) noted that clinical OCD washers showed significantly higher disgust sensitivity than non-anxious controls, and marginally higher disgust sensitivity than non-washing related OCD subjects.

In order to better understand the phenomenology of contamination fears, some studies have investigated sex differences. Findings suggest that the age of onset in OCD may be earlier in males than in females (Rasmussen & Eisen, 1989). However, studies have shown that females score higher than males on measures of OCD-related contamination fear (Hoekstra, Visser, & Emmelkamp, 1989; Mancini et al., 2001; Mancini, Gragnani, Orazi, & Pietrangeli, 1999; Sanavio, 1988; van Oppen, 1992). For instance, Holzer, Goodman, McDougale, and Baer (1994) found that females reported more contamination obsessions and cleaning compulsions. Epidemiological estimates also indicate that females tend to be more at risk for the development of OCD in general (Weissman et al., 1994), and OCD-related cleaning compulsions in particular (Zohar, 1999; Zohar & Bruno, 1997). A similar pattern of differences between males and females in disgust sensitivity has also been found, with females reporting higher levels of disgust sensitivity than males (e.g., Arrindell, Mulken, Kok, & Vollenbroek, 1999; Haidt, McCauley, & Rozin, 1994; Wronska, 1990).

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