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The relationship between disgust sensitivity, anxiety and obsessions

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Abstract

Three hundred participants, including volunteers from an obsessional support group, filled in questionnaires relating to disgust sensitivity, health anxiety, anxiety, fear of death, fear of contamination and obsessionalism as part of an investigation into the involvement of disgust sensitivity in types of obsessions. Overall, the data supported the hypothesis that a relationship does exist between disgust sensitivity and the targeted variables. A significant predictive relationship was found between disgust sensitivity and total scores on the obsessive compulsive inventory (OCI; Psychological Assessment 10 (1998) 206) for both frequency and distress of symptomatology. Disgust sensitivity scores were significantly related to health anxiety scores and general anxiety scores and to all the obsessional subscales, with the exception of hoarding. Additionally, multiple regression analyses revealed that disgust sensitivity may be more specifically related to washing compulsions: frequency of washing behaviour was best predicted by disgust sensitivity scores. Washing distress scores were best predicted by health anxiety scores, though disgust sensitivity entered in the second model. It is suggested that further research on the relationship between disgust sensitivity and obsessionalism could be helpful in refining the theoretical understanding of obsessions.

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1. Introduction

In his 1994 paper entitled ‘Pollution of the mind’, Rachman issued several challenges to researchers into the emotion of disgust (Rachman, 1994). Amongst these were questions about the nature of the relationship between disgust sensitivity, obsessionality, compulsivity, contamination fear and fear of illness. This paper sets out to explore these issues.

Much has been claimed for the importance of disgust in a range of clinical syndromes, including a central role in the aetiology of specific phobias, particularly spider phobia (Watts, 1986; Matchett & Davey, 1991; Davey, Forster, and Mayhew, 1993; Davey, 1994a, 1994b; Mulkens, de Jong & Merckelbach, 1996; Davey, McDonald, Hirisave, Prabhu, Iwawaki, Jim et al., 1998; Muris, Merckelbach, Schmidt, & Tierney, 1999; Woody & Teachman, 2000; Arrindell, 2000) and blood–injection–injury phobia (Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000; Sawchuk, Lohr, Westendorf, Meunier, & Tolin, 2002). Matchett and Davey (1991) for example proposed that disgust sensitivity enhances vulnerability to fear of particular kinds of stimuli which are categorised as fear-relevant but not actually physically harmful. De Jong and Muris (2002) have produced compelling evidence to support the hypothesis that the essence of spider phobia lies in a fear of contact with a disgusting stimulus, though Thorpe and Salkovskis (1998), have urged caution in putting disgust at the centre of spider phobia in particular and showed that the kind of disgust which spider phobics feel for spiders is quite different in several important ways from the more global emotion of disgust which is uncontaminated by phobic revulsion. This is also supported by Sawchuk, Lohr, Tolin, Lee and Kleinknecht (2000) who although finding evidence for elevated levels of disgust sensitivity in specific phobics compared to nonphobics, found that blood–injection–injury phobics scored higher than spider phobics on a measure of contamination fear, and that this was correlated with the blood phobia measure, but not with the spider phobia measure. Again, more recently, Vernon and Berenbaum (2002) report that the kind of disgust evoked by spiders is specific to those creatures and is not part of a general disgust response.

There is some evidence that there is a gender bias in disgust sensitivity (Templer, King, Brooner, & Corgiat, 1984; Davey, 1994a; Haidt, McCauley, & Rozin, 1994; Druschel & Sherman, 1999) and this has been suggested (Davey, 1994a), as part of the explanation as to why there is a higher incidence of specific phobias in females than males though Arrindell, Mulkens, Kok and Wollenbroek (1999) failed to find evidence for this.

More recently, research studies have made claims for the role of disgust in a range of disorders including those based on shame guilt and embarrassment such as eating disorders (Davey, Buckland, Tantow, & Dallos, 1998; Troop, Murphy, Bramon, & Treasure, 2000) obsessive compulsive personality types (Quigley, Sherman, & Sherman, 1997) and obsessive compulsive disorder (Straus, 1948; Rachman, 1994; Sprengelmeyer, Young, Pundt, Sprengelmeyer, Calder, Berrios, et al., 1997; Muris, Merckelbach, Nederkoorn, Rassin, Candel and Horselenberg, 2000; Phillips, Marks, Senior, Lythgoe, O’Dwyer, Meehan et al., 2000; Mancini, Gagnani and D’Olimpio, 2001). Sprengelmeyer et al. (1997) showed that participants with OCD—and those with Gilles de la Tourette’s syndrome (GTS) plus obsessive compulsive symptoms—were impaired in their ability to recognise the facial expression of disgust compared to people suffering from panic disorder, generalized anxiety disorder and GTS without obsessive compulsive symptoms. They suggest that an abnormal experience of the emotion of disgust may be implicated in the aetiology of OCD. Muris et al. (2000) examined the relationship of Disgust sensitivity to measures of fear, OCD (as

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