Specificity of emotional maintenance processes among contamination fears and blood–injection–injury fears

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Abstract

Research evidence consistently demonstrates a relation between disgust and anxiety-related pathology. Despite ample evidence implicating a functional role of disgust in anxiety, limited research has focused on the process by which disgust influences anxiety. Recent evidence indicates that fear of responding with disgust predicts contamination fears, thus elucidating a process by which disgust contributes to contamination fears. In the current study, we tested whether fear of responding with disgust is specific to contamination fears or generalizes to blood–injection–injury (BII) fears. Undergraduate psychology students (N = 259) completed measures of anxiety sensitivity (AS), trait anxiety, disgust, contamination fears, and BII fears. Data analysis revealed main effects of both AS and disgust in predicting both contamination and BII fears. The interaction between AS and disgust (i.e., being fearful of responding with disgust), however, predicted only contamination fears and not BII fears. The results suggest that fear of responding with disgust is a unique maintenance process specific to contamination fears. Theoretical and clinical implications for both contamination and BII fears are discussed.

Keywords: Disgust; Anxiety; Contamination fears; Blood–injection–injury; Anxiety sensitivity

1. Introduction

Anxiety disorders are commonly theorized to occur as a function of two emotions, fear and anxiety (Barlow, 2002, 2000). A wealth of data also implicates the emotion of disgust in anxiety-related pathology (Olatunji & Sawchuk, 2005; Woody & Teachman, 2000). Most research has focused on the role of disgust in spider phobia (e.g., Mulkens, de Jong, & Merckelbach, 1996; Olatunji, Cisler, Deacon, Connolly, & Lohr, 2007), blood–injection–injury phobia (BII; e.g., Page, 1994; Schienle, Schafer, Walter, Stark, & Vaitl, 2005), and contamination fears (a subtype of obsessive-compulsive disorder; e.g., Cisler, Reardon, Williams, & Lohr, 2007; Olatunji, Lohr, Sawchuk, & Tolin, 2007).

Researchers investigating the relation between disgust and anxiety have not yet elucidated whether disgust is causal in producing anxiety-related pathology or is merely epiphenomenal to heightened fear (Edwards & Salkovsisk, 2006; Thorpe & Salkovskis, 2003).
Moreover, there has been limited empirical or theoretical consideration of the process by which disgust influences anxiety-related pathology. Matchett and Davey (1991) argue that disgust serves an adaptive function by facilitating avoidance of disease. This proposition, however, does not explain how the adaptive pattern of disgust develops into maladaptive patterns of anxiety disorders. Davey, Bickerstaffe, and MacDonald (2006) demonstrated that disgust induces a negative interpretation bias, and negative interpretation biases have been found to increase anxiety (Mathews & Mackintosh, 2000). Thus, Davey and colleagues argued that the route by which disgust influences anxiety is through inducing negative interpretation biases. The Davey and colleagues study suggests a plausible process, but it has not yet been tested among anxious populations.

Recent theory posits higher order emotion regulation difficulties as the central process underlying anxiety disorders (Barlow, 2002, 2000; Barlow, Allen, & Choate, 2004; Olatunji, Forsyth, & Feldner, 2007). Consistent with this theory of anxiety in general, the route by which disgust influences anxiety may be through increased aversive reactions to experiencing disgust. Indeed, recent research among two large non-clinical samples found that anxiety sensitivity (AS; i.e., responding with fear to internal manifestations of anxiety; Taylor, 1999) interacts with the propensity to respond with disgust to predict self-reported contamination fears (Cisler et al., 2007). More specifically, Cisler and colleagues found that anxiety sensitivity potentiates the degree to which disgust propensity predicts symptoms of contamination fears. This interaction suggests that individuals can respond with fear towards sensations of disgust (also see Williams, Chambless, & Ahrens, 1997), which may result in increasing the aversive subjective experience of disgust. The increased aversive subjective experience of disgust may result in the phenomenological experience of contamination fear; excessive avoidance, compensatory behaviors, and negative appraisals (Rachman, 2004).

Thus, the anxiety sensitivity and disgust interaction suggests a manner by which disgust influences anxiety-related pathology, and it also suggests a manner by which the adaptive pattern of disgust can develop into the maladaptive pattern of an anxiety disorder. It is not clear, however, whether this hypothesized process by which disgust influences anxiety is specific to contamination fear or is common to all disgust-related anxiety disorders. That is, the process by which disgust influences contamination fear may be different than the process by which disgust influences other types of anxiety-related pathology, such as BII fears. Clearly elucidating the specific processes by which disgust-related disorders are maintained facilitates the development of theoretical models for these disorders, which in turn can facilitate the development of specific treatments. The current study employed a large non-clinical sample to replicate the previously observed interaction between anxiety sensitivity and disgust in predicting contamination fears as well as to test whether this interaction is specific to contamination fears or generalizes to another disgust-related anxiety disorder, BII phobia. Furthermore, we examine if the interactive effects of anxiety sensitivity and disgust remain when controlling for trait anxiety (cf. Davey & Bond, 2006). We employ two measures of contamination fear and two measures of BII fears in order to test whether findings using one measure generalize to another measure, thus increasing the degree of external validity of our study.

2. Method

2.1. Participants

Participants were 259 (177 female) undergraduate psychology students at a large, public, southern university. Mean age was 21.58 (S.D. = 5.81).

2.2. Measures

The Vancouver Obsessional Compulsive Inventory (VOCI; Thordarson et al., 2004) contamination subscale is an 11 item verbal-report instrument that measures an individual’s aversion towards contamination (e.g., “I feel dirty after touching money”). Individuals respond to each item on a 5-point Likert scale. The total score is computed by summing all the items. The complete VOCI has adequate psychometric properties, and the contamination subscale correlates highly with other contamination subscales as well as demonstrates high internal consistency (a = .92 with OCD sample and .87 with a student sample; Thordarson et al., 2004). Only the contamination subscale of the VOCI was administered.

The Padua Inventory Revised (PI; Burns, Keortge, Formea, & Sternberger, 1996) contamination subscale is a 10 item verbal-report instrument that measures an individual’s aversion towards contamination (e.g., “I feel my hands are dirty when I touch money”). Individuals respond to each item on a 5-point Likert scale. The total score is computed by summing the 10 items. The complete PI has adequate psychometric properties, and the contamination subscale has high
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