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The relationship between disgust sensitivity and avoidant behavior: Studies of clinical and nonclinical samples

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Abstract

Researchers have reported links between specific phobias (of small animals and blood/injection/injury (BII)) and disgust sensitivity. Avoidance is one route by which disgust sensitivity may play a role in the etiology or maintenance of pathological fear. This paper discusses a series of three studies to examine behavior associated with disgust sensitivity. Study 1 examined disgust sensitivity and avoidance of disgust-evoking tasks among spider fearful and nonfearful participants. Study 2 reanalyzed previously published data on the relationship between disgust sensitivity and visual avoidance of BII stimuli and spiders. Study 3 examined disgust sensitivity in obsessive-compulsive disorder (OCD). Results indicate the trait of disgust sensitivity is a poor predictor of avoidance behavior in specific situations, but state disgust more consistently predicts avoidance, suggesting future research in specific phobia should shift emphasis toward examining the role of state disgust.

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Several studies have reported a link between disgust sensitivity and some specific phobias. General fearfulness is about as strongly related to fear of spiders as it is to food-related disgust sensitivity (Davey, Forster, & Mayhew, 1993). Undergraduates who endorse high fear of snakes also report higher disgust

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sensitivity (Klieger & Siejak, 1997), and disgust sensitivity is positively correlated with anxiety symptoms among primary school children (Muris, Merckelbach, Schmidt, & Tierney, 1999). Women and adolescent girls seeking treatment for spider phobia show higher disgust sensitivity than do their non-phobic peers (de Jong, Andrea, & Muris, 1997; Merckelbach, de Jong, Arntz, & Schouten, 1993; Mulkens, de Jong, & Merckelbach, 1996). In addition to spider and snake phobias, fears and phobias of blood, injury and injection also appear to be associated with greater sensitivity to disgust (de Jong & Merckelbach, 1998; Sawchuk, Lohr, Lee, & Tolin, 1999; Tolin, Lohr, Sawchuk, & Lee, 1997). Importantly, not all investigations have shown higher disgust sensitivity among phobics (Thorpe & Salkovskis, 1998). Thus far, the jury is still out on whether disgust sensitivity plays a functional role in phobias or is simply a correlate.

If disgust sensitivity is important in the etiology or maintenance of phobias, then it should be related to avoidance behavior as well as self-reported fear. Research on this point has been equivocal. Mulkens et al. (1996) asked spider phobic women and nonphobic undergraduate women to eat a cookie after a spider had walked across it. Although 71% of the nonphobic women ate the cookie, only 25% of the phobic women did so. The two groups of women did not differ in their responses on another behavioral task that involved food-related disgust without the possibility of contamination from a spider (drinking tea from dirty cups), perhaps indicating that the phobic women's disgust avoidance was specific to spider stimuli. Klieger and Siejak (1997) hypothesized a similar result for their study involving a behavioral task with a spider-contaminated pen. They found instead that spider fearful participants did not show evidence of avoidance or delay in retrieving a pen from a spider's cage (from which the spider was absent). However, an important difference between these two studies was in the possibility of contamination. Whereas the Mulkens et al. participants were asked to *eat* a contaminated cookie, the Klieger and Siejak participants wore latex gloves, which eliminated contamination from the task.

Disgust sensitivity has been conceptualized as the degree to which a person feels disgusted in response to a variety of stimuli. Most studies examining disgust sensitivity have used the Disgust Scale (DS) created by Rozin and his colleagues. The first version of the scale (Rozin, Fallon, & Mandell, 1984) focused on food-related disgust, but a revised version samples a broad range of disgust-eliciting stimuli (Haidt, McCauley, & Rozin, 1994). Domains of disgust include (a) *Food* that has spoiled, is culturally unacceptable, or has been fouled in some way, (b) *Animals* that are slimy or live in dirty conditions, (c) *Body Products* including body odors and feces, mucous, etc., (d) *Body Envelope Violations*, or mutilation of the body, (e) *Death* and dead bodies, (f) *Sex* involving culturally deviant sexual behavior, (g) *Hygiene*, or violations of culturally expected hygiene practices, and (h) *Sympathetic Magic*, which involves stimuli without infectious qualities of their own that either resemble contaminants or were once in contact with contaminants (e.g., feces-shaped fudge).

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