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Can the sex differences in disgust sensitivity account for the sex differences in blood–injection–injury fears?

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Abstract

Recent research has shown a positive relationship between disgust sensitivity and blood–injection–injury (BII) fears. This line of research has also found that females report higher levels of BII fears and disgust sensitivity than males. The present study sought to determine if the sex difference in BII fears can be accounted for by the sex difference in disgust sensitivity in a sample of undergraduate participants ($N = 162$). Using a mediational test, very strong support was found for this view in relation to fear of Blood. The findings in relation to fears of Injections and Blood Draws, of Sharp Objects, of Mutilation, and of Examinations and Symptoms showed that disgust sensitivity was a potent mediator, albeit not both a necessary and a sufficient condition for a mediational effect to occur, thereby pointing to the operation of multiple mediating factors. Research and clinical implications of the predictive capabilities of disgust sensitivity and sex in relation to BII fears are discussed.

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1. Introduction

Blood–injection–injury (BII) phobia encompasses a wide range of situations (e.g., hospitals; physical examinations), procedures (e.g., blood draws; surgery), and stimuli (e.g., needles) that may result in serious health consequences if needed medical treatment is delayed or avoided (Hamilton, 1995). Although BII related avoidance has traditionally been attributed to anxiety, developments in theory (Page, 1994; Woody & Teachman, 2000) and research (Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000; Schienle, Start, Walter, & Vaitl, 2003; Tolin, Lohr, Sawchuk, & Lee, 1997) suggest that disgust sensitivity may also be functional in the etiology and maintenance of BII fears. Studies also suggest that fainting symptoms associated with BII fears are most evident among those high in disgust (e.g., Page, 2003). Consideration of disgust elicitors as representing a fairly broad range has led to the findings that the strongest associations emerge with disgust domains directly related (e.g., blood, mutilation) to BII concerns (de Jong & Merckelbach, 1998).

One possible mechanism by which disgust may mediate the onset of BII related aversion is the fear of contamination and infection (Sawchuk et al., 2000). In line with the disease-avoidance model of animal fears (Matchett & Davey, 1991; Ware, Jain, Burgess, & Davey, 1994), disgust may mediate BII fears by preventing direct contact and subsequent infection by contaminated (i.e., blood) stimuli. In efforts to identify additional mechanisms that may serve as risk factors for the development of BII fears, studies have investigated sex differences (e.g., Pate, Blount, Cohen, & Smith, 1996). This line of research has consistently found that females report more BII fears than males (e.g., Aho & Erickson, 1985; Arrindell et al., 2003; Farley, Sewell, & Mealiea, 1982; Labus, France, & Taylor, 2000; Muris, Merckelbach, Schmidt, & Tierney, 1999; Schienle et al., 2003). This line of research has also consistently found that females report more disgust sensitivity than males (e.g., Davey, 1994; Schienle et al., 2003). Further examination of gender differences does suggest that gender differences vary across disgust domains. For instance, Haidt, McCauley, and Rozin (1994) found large gender differences (females > males) (11–20 points) for sympathetic magic (improbable contamination), animals, death, body products, body envelope violations, and food, and smaller gender differences (5–8 points) for hygiene and sex disgust elicitors.

The present study sought to determine if the sex differences in disgust sensitivity could account for the sex differences in BII (injections and Blood Draws, Blood, and Mutilation) and related (Sharp Objects and Examinations and Symptoms) fears. Given that research has shown that females report more BII fears and disgust sensitivity than males, it is hypothesized that the magnitude of the sex difference in BII fears may be affected by the magnitude of the sex difference in disgust sensitivity. That is, disgust sensitivity may operate as a mediator of the sex–BII fear relationship.

The present study also investigated the predictive capabilities on BII fears of sex and disgust sensitivity independent of contamination fear. Studies have found disgust sensitivity to be highly correlated with contamination fear (e.g., Olatunji, Sawchuk, Lohr, & de Jong, 2004) and the inclusion of this variable in the present study was to rule out the possibility that the relationship between sex or disgust sensitivity and BII fears would in fact reflect spurious associations. A spurious association would occur when the relationships between sex or disgust sensitivity and self-reported BII fears were the result of the fact that either one or both of these independent variables were correlated with contamination fear.

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