



Disgust sensitivity and obsessive–compulsive symptoms in a non-clinical sample

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Abstract

Disgust sensitivity has been posited to play a role in the etiology and/or maintenance of obsessive–compulsive disorder (OCD); however, results of studies in this area have been mixed. We examined the relationship between specific domains of disgust sensitivity and specific OCD symptom patterns. One thousand and five undergraduate volunteers completed an internet battery of questionnaires including measures of OCD symptoms, depression, anxiety, and disgust sensitivity. Results indicated that even when controlling for depression and anxiety, several OCD symptom groups (checking, ordering, and washing) were associated with disgust sensitivity. Analysis of residuals, in which we controlled for every other OCD and disgust sensitivity domain for each paired comparison, indicated that the clearest relationship was between washing symptoms of OCD and disgust sensitivity toward hygiene-related stimuli. Examination of these items, however, raises questions about whether commonly accepted measures of disgust sensitivity might confound disgust with other forms of aversion. We discuss possible strategies for clarifying the degree to which fear and disgust are involved in OCD symptoms.

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1. Introduction

In recent years, research in the anxiety disorders has increasingly focused on the potential role of disgust (e.g., McNally, 2002; Woody & Teachman, 2000). Disgust has been characterized as a basic emotion (Ekman, 1992) with unique physiological, behavioral, and cognitive features (Levenson, 1992; Rozin, Haidt, & McCauley, 1993). The hypothesized evolutionary function of disgust is to prevent contamination and disease (Izard, 1993), and models of anxiety disorders have been developed around this function. For example, disease avoidance has been implicated in specific phobias of small animals (Matchett & Davey, 1991) and of blood, injections, and injuries (Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000; Tolin, Lohr, Sawchuk, & Lee, 1997). Disgust, like many other emotions, can be conceptualized as having both “state” and “trait” components. Exposure to phobic stimuli can evoke feelings of disgust (Sawchuk, Lohr, Westendorf, Meunier, & Tolin, 2002; Tolin et al., 1997); phobic individuals also show a general predisposition to disgust (termed *disgust sensitivity*) (Sawchuk et al., 2000; Tolin et al., 1997) which may serve as an underlying vulnerability factor in the development and/or maintenance of phobic aversions (De Jong, Andrea, & Muris, 1997; De Jong & Merckelbach, 1998).

The disease-avoidance model of specific phobias raises questions about the potential role of disgust and disgust sensitivity in obsessive–compulsive disorder (OCD). In particular, OCD patients with washing compulsions show a marked aversion to potential contamination. However, many OCD washers do not report or exhibit feelings of fear (Tallis, 1996), and often describe contaminated objects as “disgusting” rather than “frightening.” Emotion ratings before, during, and after exposure therapy indicate that OCD washers experience feelings of disgust that are reduced by washing compulsions (Sieg & Scholz, 2001). OCD patients without washing compulsions did not report feelings of disgust. Thus, disgust may represent a unique contributor to contamination-related OCD in which evoked feelings of disgust lead to phobic avoidance, and are relieved by compulsive behavior, leading to negative reinforcement of the behavior.

Haidt, McCauley, and Rozin (1994) outlined several domains of disgust sensitivity, including: (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, mucus, 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 (e.g., feces-shaped candy) or were once in contact with contaminants (e.g., a sweater worn by an ill person). Sympathetic magic may be particularly related to OCD washing concerns. OCD patients often show evidence of implausible contagion; for example, looking at a sick person can contaminate one’s clothing (Tolin, Worhunsky, & Maltby, 2004; Woody & Teachman, 2000).

Evidence for the relationship of disgust sensitivity to OCD, however, has been mixed. Among 221 student and community volunteers, disgust sensitivity correlated significantly with subscales of an OCD questionnaire. However, the potential mediating role of other variables such as depression or anxiety was not assessed, nor was the contribution of specific domains of disgust sensitivity. Also complicating interpretation of the results is the fact that the measures had been translated into German, and the translated disgust sensitivity measure showed rather poor psychometric properties compared to the original

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