



## Sensitivity to disgust, stigma, and adjustment to life with a colostomy <sup>☆</sup>

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### Abstract

We examined whether trait disgust sensitivity predicts well-being in colostomy patients, and whether disgust predicts stigmatizing attitudes about colostomy in non-patients. 195 patients with a colostomy returned a mailed survey including measures of disgust sensitivity, life satisfaction, mood, and feelings of being stigmatized. We also conducted an internet-survey of a non-patient sample ( $n = 523$ ). In the patient sample, we observed negative correlations between a bowel-specific measure of disgust sensitivity and life satisfaction ( $r = -.34, p < .01$ ), and colostomy adjustment ( $r = -.42, p < .01$ ), and a positive correlation with feeling stigmatized because of the colostomy ( $r = .54, p < .01$ ). Correlations between a general trait disgust measure and these outcomes were more modest. A structural equation model indicated that colostomy patients who had high disgust sensitivity felt more stigmatized, and this was in turn strongly related to lower life satisfaction. Concordantly, in the non-patient sample we observed that disgust sensitivity was a significant, positive predictor of wanting less contact with colostomy patients ( $r = .22, p < .01$ ).

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## 1. Introduction

People have an amazing ability to adapt to difficult circumstances. Surveys of people with seemingly severe disabilities, such as paraplegia and Parkinson's disease, find that people report levels of emotional well-being that are often higher than one might expect given their condition (Albrecht & Devlieger, 1999; Ubel, Loewenstein, & Jepson, 2003). In one study, researchers provided palm pilots to a group of end-stage renal disease patients receiving dialysis treatment, and to a group of matched, but healthy controls. The palm pilots were programmed to administer short surveys of well-being several times a day over a period of one week. Results of the study indicated that the average mood of the ESRD patients was positive, almost as positive, in fact, as those of healthy controls, and patients' moods were considerably higher than the predictions of healthy participants (Riis et al., 2005).

Nonetheless, individual responses to negative events vary considerably. In a study of grief and depression after bereavement, Bonanno and colleagues found evidence for several distinct "trajectories" of well-being after spousal loss. While some widows did well, and recovered quickly, others showed low well-being that continued to decline one year after the loss (Bonanno et al., 2002). As another example, while the study described in the previous paragraph suggests that ESRD patients adapt well on average, other studies have shown that some patients are susceptible to depression (Kimmel, Thamer, Richard, & Ray, 1998).

In investigating individual difference in reactions to adversity, researchers have examined whether factors such as an active coping style, the availability of social support, and the resources associated with higher socioeconomic status can help people retain or more quickly recover well-being after the onset of some adversity (e.g., Cohen & Wills, 1985; Schulz & Decker, 1985). For example, results from a nationally representative survey indicated that after the onset of a significant physical disability, people below the median in income experienced a subsequent drop in well-being that was substantially greater than that experienced by people above the median (Smith, Langa, Kabeto, & Ubel, 2005).

Factors like social support and coping style are generalized constructs, in that they reflect individual differences in how people adjust to a broad range of adverse circumstances—and indeed, they have been studied in many contexts beyond any specific physical disability, and beyond disability generally, in areas such as bereavement and unemployment (Bonanno et al., 2002; Vinokur & Price, 1989). But if we take a more idiosyncratic approach, we may find that many additional personality factors are relevant to understanding how people adjust to specific disabilities. Particular disabilities create unique challenges that could interact with relevant personality traits to affect how well people respond to those challenges. Consider the case of colostomy. People with this condition are confronted with distinctive issues that may have a negative effect on their well-being—and may pose special challenges for people high in some personality traits. Specifically, in this investigation, we will explore whether a personality trait that has not previously been examined as a predictor of general coping—disgust sensitivity—plays a role in how people respond to a medical condition—colostomy.

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