



Trait-disgust vs. fear of contamination and the judgmental bias of contamination concerns

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Abstract

Mechanisms by which trait-disgust, i.e. relatively stable individual differences in disgust proneness, affects anxious psychopathology are not well understood. A possible pathway might be the impact of trait-disgust on cognitive processes, which are involved in the anxiety disorders. The present study extends findings on interpretational and attentional bias by investigating the judgmental bias. Based on theories on disgust, it was assumed that trait-disgust is related to predictions of catching a disease. The present study examined the likelihood of becoming ill, the probability of avoidance behaviour, and the urge to wash in relation to disgust-sensitivity, disgust propensity, fear of contamination, and general anxiety using real-life scenarios. Results suggest that disgust-sensitivity makes a unique contribution to a judgmental bias additionally to fear of contamination and even when controlling general anxiety. Future research concerning the causal direction of this bias is warranted.

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In recent years, research has made considerable progress in the study of disgust. Disgust as a state reflects an emotional condition that is characterized by subjective, consciously perceived feelings of revulsion when being confronted with disgust-eliciting stimuli. Trait-disgust can be

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conceptualized as a general predisposition to experience state-disgust. One important finding of past research has been the demonstration that trait-disgust is related to anxiety disorders like specific phobias (e.g., de Jong & Merckelbach, 1998; Mulkens, De Jong, & Merckelbach, 1996; Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000) and obsessive compulsive disorder (OCD) and fear of contamination, respectively (e.g., Olatunji, Sawchuk, Lohr, & de Jong, 2004; Thorpe, Patel, & Simonds, 2003; Woody & Tolin, 2002).

In order to explain the observed relationship between disgust and the anxiety disorders, one may propose several pathways. For example, the observed correlations might simply be based on a second order factor of general negative emotionality (neuroticism). However, disgust and anxious psychopathology were also related when neuroticism was controlled (e.g., Mulkens et al., 1996). Another possible explanation is that the basic function of disgust and anxiety is comparable, namely the protection of the organism. Disgust-eliciting stimuli are often pathogen and might harm the body. Thus, a prominent function of state-disgust is rejecting the contact with contaminated objects (see for example Matchett & Davey, 1991 suggesting a disease-avoidance model of disgust). In these terms, a person with high trait-disgust evaluates more stimuli as transmitting a disease and experiences more often state-disgust. Obviously, comparable motivational processes are also involved in anxiety, i.e. that harmful consequences of internal or external stimuli should be avoided. Thus, the correlation between trait-disgust and the anxiety disorders might result from a general desire to protect the own body (see also Woody & Teachman, 2000). The interindividual differences in motivational processes might manifest in differences in information processing and therefore in a different sensitivity for cognitive biases (Mogg & Bradley, 1998) both for anxiety and disgust. So far, only a few studies investigated information processing of disgusting stimuli, mostly with phobic patients (spider phobics, blood-and-injection phobics). The results of these studies suggest that all persons might preferably process disgusting stimuli independent whether they are phobic or not and independent from their trait-disgust (Charash & McKay, 2002 for an attentional bias and a recall bias; Sawchuk, Lohr, Lee, & Tolin, 1999 for an attentional bias; but see Thorpe & Salkovskis, 1998 for contradictory results). However, other results suggest that disgust may be associated with differences in information processing (Sawchuk et al., 1999 for an implicit memory bias; Charash & McKay, 2002 for an attentional bias and a recall bias when state-disgust was induced).

The present paper focuses on another cognitive process, namely judgmental processes. Cognitive theories of anxiety have emphasized the role of exaggerated probability of threat, i.e. a judgmental bias (e.g., Beck, Emery, & Greenberg, 1985). Anxiety disorder patients have been shown to judge the risk of an event higher than non-anxious persons (e.g., Butler & Mathews, 1983; for non-clinical samples, see e.g., Butler & Mathews, 1987; Mitte, 2007). Such a judgmental bias was also found in OCD samples. For example, a subscale in the Obsessive believes questionnaire (e.g., Obsessive Compulsive Cognitions Working Group, 2001) assesses the overestimation of threat; higher scores were found for OCD patients compared to anxious and non-clinical controls. This data rely on general threat, but there are also few studies examining disorder-specific situations, particularly for OCD washers. OCD washers have been shown to overestimate the likelihood and severity of danger in a salient situation, namely the likelihood of becoming ill when in contact with garbage (Jones & Menzies, 1997). Furthermore, these variables were related to washing after the behavioural avoidance task even when controlling other OCD-related variables like responsibility and perfectionism. Subclinical high-OCD samples have also been shown to estimate the probability of contamination higher than low-OCD samples (Riskind, Abreu, Strauss, & Holt, 1997). In contrast to the one-situation

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