

An internet-based study on the relation between disgust sensitivity and emetophobia

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Abstract

In the etiology of disgust-relevant psychopathology, such as emetophobia (fear of vomiting), two factors may be important: disgust propensity, i.e., how quickly the individual experiences disgust, and disgust sensitivity, i.e., how negatively does the individual evaluate this disgust experience [van Overveld, W. J. M., de Jong, P. J., Peters, M. L., Cavanagh, K., & Davey, G. C. L. (2006). Disgust propensity and disgust sensitivity: separate constructs that are differentially related to specific fears. *Personality and Individual Differences*, 41, 1241–1252]. Hence, the current study examines whether emetophobic participants display elevated levels of disgust propensity and sensitivity, and whether these factors are differentially related to emetophobia.

A group of emetophobic members of a Dutch website on emetophobia ($n = 172$), and a control group ($n = 39$) completed an internet survey containing the Emetophobia Questionnaire, Disgust Propensity and Sensitivity Scale-Revised, Disgust Scale, and Disgust Questionnaire.

Results showed that the emetophobic group displayed significantly elevated levels of both disgust propensity and disgust sensitivity compared to the control group. Most importantly, disgust sensitivity consistently was the best predictor of emetophobic complaints.

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Although estimates on the prevalence of emetophobia (fear of vomiting) range between 1.7 and 3.1% for men, and 6 and 7% for women (van Hout & Bouman, 2006; Philips, 1985), only few empirical data are available regarding this peculiar disorder (Boschen, 2007). Emetophobia is defined as fear of vomiting and

is frequently interpreted as a comorbid disorder in several forms of psychopathology, like social phobia (Marks, 1987), agoraphobia (Pollard, Tait, Meldrum, Dubinsky, & Gall, 1996), or panic disorder (Lydiard, Laraia, Howell, & Ballenger, 1986). However, it has been observed that emetophobia does not fit easily into any of these categories (Lelliott, McNamee, & Marks, 1991). This observation is further sustained by case studies in which emetophobia appears the primary, rather than secondary diagnosis (e.g., Dattilio, 2003; Moran & O'Brien, 2005; Ritow, 1979), as well as the

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observation that the appearance of comorbid disorders starts only after the onset of emetophobia (Lipsitz, Fyer, Paterniti, & Klein, 2001).

The three most common central themes relevant to people characterized by emetophobia are fear of vomiting themselves, fear of seeing others vomit, or fear of vomiting in the presence of other people (van Hout & Bouman, 2006; van Hout, Oude Lansink, & Bouman, 2005; Veale & Lambrou, 2006). People with emetophobia tend to avoid all stimuli that may even be slightly related to vomiting. This may range from avoiding the use of the word 'vomit' to eating in public, or even pregnancy out of fear of becoming nauseous (Massop, 2005).

As vomit itself is one of the few universally accepted disgust stimuli (Rozin, Haidt, & McCauley, 2000), it seems reasonable to suspect that disgust and fear of contamination are somehow involved in emetophobia. Disgust may be involved in the etiology and maintenance of psychopathology in various ways. First, it has been argued that certain stimuli are characterized by high levels of contamination potency. Objects that are regarded highly disgusting, and that are capable of engaging physical contact with the individual, tend to be evaluated as having high contamination potency. For example, spider phobics consider spiders to be highly disgusting objects with a high contamination potency (Mulken, de Jong, & Merckelbach, 1996; Thorpe & Salkovskis, 1998). Consequently, research indicated that indeed spider phobia may be better understood as a fear of physical contact and contamination with a disgusting object (de Jong & Muris, 2002).

A second pathway in which disgust may be involved in psychopathology may be that some people are extremely sensitive to the experience of disgust and contamination. Recent work showed that for the development of psychopathology, it may not only be relevant how often people experience disgust (disgust propensity), but also whether they evaluate this experience negatively (i.e., disgust sensitivity; van Overveld, de Jong, Peters, Cavanagh, & Davey, 2006). Recent reports indeed suggest that emetophobic individuals tend to avoid being disgusted, mostly in an attempt to avoid related feelings of nausea (Boschen, 2007; Lipsitz et al., 2001; Veale & Lambrou, 2006).

The primary aim of the present study was to determine whether individuals with emetophobia display elevated levels of both disgust propensity and disgust sensitivity. The present study will therefore not only include more traditional disgust indices, i.e., the Disgust Questionnaire (DQ; Rozin, Fallon, & Mandell, 1984) and the Disgust Scale (DS; Haidt, McCauley, &

Rozin, 1994), but also the newly devised Disgust Propensity and Sensitivity Scale-Revised (DPSS-R; van Overveld et al., 2006). The latter is the only instrument to date that covers disgust sensitivity in addition to disgust propensity. Similar to other disorders in which disgust is presumed to be involved, i.e., spider fear and blood fear (van Overveld et al., 2006), it was hypothesized that both levels of disgust propensity and disgust sensitivity would be elevated in emetophobic individuals compared to control participants. Additionally, recent findings indicated that disgust propensity and disgust sensitivity may be differentially involved in various types of psychopathology (van Overveld et al., 2006). Disgust sensitivity was found to be most strongly involved in disorders in which disgust rather than fear is the dominant emotion (e.g., blood phobia; van Overveld et al., 2006). On the basis of evidence suggesting that emetophobic individuals tend to avoid being disgusted, we hypothesized that enhanced disgust sensitivity would be more strongly involved in emetophobia than heightened levels of disgust propensity.

1. Methods

1.1. Participants

All members ($n = 348$) of a website for people with emetophobic complaints were invited to participate in the present internet study through a newsletter via e-mail and via advertisements on the website www.emetofobie.nl and in newsletters to its members. However, not all people on the member list were still active members of the site. Furthermore, although most members of this particular website are characterized by emetophobic complaints, successfully treated emetophobics also tend to remain a member of the site. Therefore, it was stressed in the advertisements that in order to participate, one should still have emetophobic complaints. Additionally, all emetophobic participants were encouraged to invite someone in their close personal surroundings (e.g., relatives, friends, partner) to complete the survey as well. Participants were instructed that this person should preferably match the emetophobic participant in age and gender. Furthermore, it was emphasized that these people should be free of any emetophobic complaints. Of the emetophobic group, 32% were able to recruit a non-emetophobic participant. These control participants had to contact the experimenter themselves via email, to be able to participate. Consequently, both experimenter and participants were generally aware to which group

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