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Disgust propensity and disgust sensitivity: Separate constructs that are differentially related to specific fears

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Abstract

Studies concentrating on interindividual differences in experiencing disgust have indicated that disgust propensity is associated with certain disorders, such as fear of blood and fear of spiders (de Jong & Merckelbach, 1998). However, current indices of disgust propensity suffer from conceptual overlap with other measures of psychopathology.

Moreover, in addition to high levels of disgust propensity, a relatively negative appreciation of experiencing the emotion of disgust (disgust sensitivity) may also be critically involved in psychopathology. To address these issues, the Disgust Propensity and Sensitivity Scale (DPSS) was devised (Cavanagh & Davey, 2000). This study examined its psychometric qualities. Students ($N = 967$) completed the DPSS, the Disgust Questionnaire (DQ), the Disgust Scale (DS), the Blood-Injury Phobia Questionnaire (BIQ), and the Fear of Spiders Questionnaire (FSQ). The DPSS meaningfully differentiated between disgust propensity and sensitivity. These factors were differentially related to blood and spider fear. The present findings sustain the importance of differentiating between individual differences in disgust propensity and sensitivity as factors

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that may be independently involved in psychopathology. The DPSS appears a valuable addition to the arsenal of indices presently available in disgust research.

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1. Introduction

There is increasing attention for the potential role of disgust propensity (defined as a general tendency to respond with the emotion of disgust to any given situation) in psychopathology. Using instruments like the Disgust and Contamination Sensitivity Questionnaire (DQ; Rozin, Fallon, & Mandell, 1984), and the Disgust Scale (DS; Haidt, McCauley, & Rozin, 1994), inflated levels of disgust propensity were found in spider fearful individuals (Sawchuk, Lohr, Tolin, Lee, & Kleinknecht, 2000; Tolin, Lohr, Sawchuk, & Lee, 1997), in blood-fearful individuals (de Jong & Merckelbach, 1998; Sawchuk, Lohr, Westendorf, Meunier, & Tolin, 2002; Schienle, Stark, Walter, & Vaitl, 2003), and in patients with obsessive–compulsive disorder (Muris et al., 2000; Schienle et al., 2003).

In support of their validity, these self-report measures correspond well with actual disgust-induced avoidance behavior in behavioral experiments (Klieger & Siejak, 1997; Rozin, Haidt, McCauley, Dunlop, & Ashmore, 1999). However, two major drawbacks can be noted. First, they measure disgust for specific elicitors. Hence, inflated correlations may arise between disgust propensity and psychopathology due to items that enquire about similar objects in both questionnaires (Thorpe & Salkovskis, 1998). For an adequate examination of the relationship between disgust propensity and psychopathology, an instrument that does not suffer from such confounding would be helpful.

Second, the instruments all enquire to what extent people are disgusted by certain stimuli, but not whether they appraise these experiences more negatively. Thus, they measure propensity, but not sensitivity. Yet, for the development of psychopathology, it may not only be relevant how easily people are disgusted (propensity), but also how unpleasant the experience of disgust is to the individual (sensitivity). Anxiety research revealed that anxiety sensitivity interacts with anxiety expectancies to predict fear behavior (Reiss, 1991; Taylor, 1993). In a similar vein, disgust propensity and sensitivity may interact and predict disgust-related psychopathological complaints. Consequently, an instrument measuring both factors would provide a valuable addition to presently available instruments.

Based on these considerations, the Disgust Propensity and Sensitivity Scale (DPSS) was designed in an attempt to cover disgust propensity and sensitivity (Cavanagh & Davey, 2000), and to measure these characteristics irrespective of particular elicitors (avoiding conceptual overlap with measures of psychopathology). The major goal of this study is to establish its psychometric properties (i.e., factor structure, reliability, convergent validity) and to explore whether propensity and sensitivity may be differentially involved in fear of spiders and fear of blood.

Additionally, fainting is a specific symptom of blood phobia. As disgust appears predominantly involved in blood phobia (Page, 1994, 2003), this may explain why blood fearful individuals faint, while people with other types of specific fears do not. Therefore, it will be examined whether people with a fainting history for blood-injection-injury (BII) stimuli endorse the DPSS differently than non-fainters.

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