



Disgust sensitivity and psychopathological symptoms in non-clinical children

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Abstract

There is clear evidence in the adult literature that disgust sensitivity is implicated in various psychopathological syndromes. The current study examined the link between disgust sensitivity and psychopathological symptoms in youths. In a sample of non-clinical children aged 9–13 years, disgust sensitivity was assessed by two self-report questionnaires (i.e., the Disgust Scale and the Disgust Sensitivity Questionnaire) and a behavioural test. Furthermore, children completed scales for measuring the personality trait of neuroticism and various types of psychopathological symptoms. Results showed that disgust measures had sufficient to good convergent validity. Further, significant positive correlations were found between disgust sensitivity and symptoms of specific phobias (i.e., spider phobia, blood-injection phobia, small-animal phobia), social phobia, agoraphobia, obsessive-compulsive disorder (OCD), and eating problems, and these links were not attenuated when controlling for neuroticism. The possible role of disgust sensitivity in the aetiology of child psychopathology is discussed.

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1. Introduction

There is good evidence showing that disgust sensitivity plays a role in the pathogenesis of various types of psychopathology. Most importantly, this individual difference variable

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seems to be involved in the aetiology and maintenance of specific phobias, in particular small-animal phobias and blood-injection-injury phobia. That is, an increasing number of investigations have demonstrated that there are positive correlations between measures of disgust and disgust sensitivity and scores on animal phobia and blood-injection-injury phobia questionnaires (Armfield & Mattiske, 1996; Arrindell, Mulkens, Kok, & Vollenbroek, 1999; Davey, 1994; De Jong & Merckelbach, 1998; De Jong, Peters, & Vanderhallen, 2002; Kleinknecht, Kleinknecht, & Thorndike, 1997; Koch, O'Neill, Sawchuck, & Connolly, 2002; Matchett & Davey, 1991; Merckelbach, De Jong, Arntz, & Schouten, 1993; Mulkens, De Jong, & Merckelbach, 1996; Sawchuck, Lohr, Tolin, Lee, & Kleinknecht, 2000; Sawchuck, Lohr, Westendorf, Meunier, & Tolin, 2002; Tolin, Lohr, Sawchuck, & Lee, 1997; Valentiner, Hood, & Hawkins, 2005; Vernon & Berenbaum, 2002; Woody, McLean, & Klassen, 2005; Woody & Tolin, 2002). Admittedly, most of the studies in this research area have been correlational and so it remains unclear whether disgust is a vulnerability factor for developing anxiety problems or just a by-product of anxious psychopathology (e.g., Marzillier & Davey, 2005). Nevertheless, there is evidence coming from experimental research showing that an induction of disgust (by means of repulsive film material) produces an increase in fear of small animals, which of course provides tentative support for a causal link between disgust and anxiety (e.g., Webb & Davey, 1992).

In their article 'Disgust—the forgotten emotion of psychiatry', Phillips, Senior, Fahy, and David (1998) have argued that the basic emotion of disgust is not only relevant for understanding certain types of specific phobias, but also for other manifestations of psychopathology. For example, based on the notion that fear of contamination is a key element of obsessive-compulsive disorder (OCD), it has been proposed that disgust may be involved in this specific anxiety disorder (Rachman, 2004). There is indeed support for this idea as studies have demonstrated clear links between disgust sensitivity and scores on scales measuring OCD symptomatology (Mancini, Gragnani, & D'Olimpio, 2001; Muris et al., 2000; Olatunji, Tolin, Huppert, & Lohr, 2005; Thorpe, Patel, & Simonds, 2003). Eating disorders are another type of psychopathology in which disgust sensitivity might be implicated. As disgust basically is a food-related emotion, which serves to trigger the oral rejection of bad tasting or health-threatening substances, it is obvious that researchers have examined the relation between disgust sensitivity and eating disorder symptoms. Although the evidence is not univocal (Muris et al., 2000; Schienle et al., 2004; Troop, Murphy, Bramon, & Treasure, 2000), there is indeed some support for a link between disgust and eating disorders symptomatology (Davey, Buckland, Tantow, & Dallos, 1998; Harvey, Troop, Treasure, & Murphy, 2002; Troop, Treasure, & Serpell, 2002).

As there is growing awareness in the field of clinical psychology that most psychological disorders in adulthood have their origins during childhood (see Muris, 2006), it is not surprising to see that an increasing number of researchers have begun to investigate the role of psychological factors in the aetiology of psychopathology in youths. As disgust seems to be an innate basic emotion (see Matchett & Davey, 1991) that may gradually develop as a result of learning experiences (e.g., modelling), it makes sense to study this factor in the context of psychopathology in youth populations. So far, however, only a few studies have examined the role of disgust in relation to childhood disorders. In a first study, De Jong, Andrea, and Muris (1997) investigated the link between disgust sensitivity and spider phobia in a youth sample. Spider phobic and non-phobic girls completed measures of disgust sensitivity and spider's disgust-evoking status. Results indicated that,

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