PERGAMON

Personality and Individual Differences 29 (2000) 1163–1167

PERSONALITY AND INDIVIDUAL DIFFERENCES

www.elsevier.com/locate/paid

Disgust and psychopathological symptoms in a nonclinical sample

Peter Muris[a,*], Harald Merckelbach[b], Sjaan Nederkoorn[b], Eric Rassin[b], Ingrid Candel[b], Robert Horselenberg[b]

[a]*Department of Medical, Clinical, and Experimental Psychology, Maastricht University, 6200 MD Maastricht, The Netherlands*

[b]*Department of Psychology, Maastricht University 6200 MD Maastricht, The Netherlands*

Received 26 June 1999; received in revised form 2 November 1999; accepted 13 December 1999

Abstract

There is little doubt that disgust sensitivity plays a role in the development of small animal phobias. However, it has been suggested that the basic emotion of disgust is implied in a broad range of psychopathological conditions. The present study examined the relationship between disgust sensitivity and symptoms of phobias (other than animal phobias), obsessive–compulsive disorder, depression, and eating disorder in a nonclinical sample. Undergraduate psychology students were asked to complete the Disgust Sensitivity Questionnaire, as well as measures of phobic (Fear Questionnaire), obsessive–compulsive (Maudsley Obsessive–Compulsive Inventory), depressive (Beck Depression Inventory), and eating disorder (Restraint Scale) symptomatology. Results showed that disgust sensitivity was only related to symptoms of agoraphobia and obsessive–compulsive disorder. The present findings cast doubts on the idea that disgust sensitivity is a central factor underlying a broad range of psychopathological conditions.

Keywords: Disgust; Psychopathological symptoms

1. Introduction

Over the past few years, a large body of evidence has accumulated indicating that the basic

* Corresponding author. Tel.: +31-43-3881264; fax: 31-43-3670968.
E-mail address: p.muris@dep.unimaas.nl (P. Muris).

0191-8869/00/$ - see front matter
PII: S0191-8869(99)00263-9

emotion of disgust is involved in the etiology and maintenance of small animal phobias (e.g., spider phobia). Thus, a large number of studies have reported positive relationships between disgust sensitivity and scores on animal phobia questionnaires (e.g., Matchett & Davey, 1991; Merckelbach, De Jong, Arntz, & Schouten, 1993; Armfield & Mattiske, 1996; Mulkens, De Jong, & Merckelbach, 1996; De Jong, Andrea, & Muris, 1997). Furthermore, Webb and Davey (1992) showed that disgust may act as a causal antecedent of small animal fears.

In their recent article 'Disgust — the forgotten emotion of psychiatry', Phillips, Senior, Fahy, and David (1998) argue that disgust is a basic emotion that is not only relevant for our understanding of animal phobias, but also for other manifestations of psychopathology. Briefly, Phillips *et al.* suggest that disgust plays a role in blood-injury phobia and social phobia, obsessive–compulsive disorder, depression, and eating disorders. The present study sought to test Phillips *et al.*'s suggestion in a nonclinical sample.

2. Method

During a large group session, 173 introductory psychology students (42 men and 131 women; mean age: 19.1 years, range 17–28) completed the following questionnaires. (a) The Disgust Sensitivity Questionnaire (DSQ; Rozin, Fallon, & Mandell, 1984) consists of 24 items, all involving some sort of contamination of otherwise highly desirable food. Subjects have to rate on 9-point scales how much they would like to eat each of the contaminated items. Scores on each item are recorded and summed to yield a total DSQ score ranging between 24 and 216 with higher scores reflecting higher levels of disgust sensitivity. The DSQ is a reliable instrument (e.g., Merckelbach *et al.*, 1993) and there is also evidence that DSQ scores are related to behavioural indices of disgust (Mulkens *et al.*, 1996). (b) The Fear Questionnaire (FQ; Marks & Mathews, 1979) is a widely used 15-item questionnaire consisting of an agoraphobia, a blood-injury phobia, and a social phobia subscale (range for each subscale: 0 = *not phobic* to 40 = *extremely phobic*). A total score can also be obtained by summing the three subscale scores. (c) The Maudsley Obsessive Compulsive Inventory (MOCI; Hodgson & Rachman, 1977) comprises 30 true–false items that refer to obsessive–compulsive symptoms in four domains: checking, cleaning, doubting, and slowness. A total score can be obtained by summing across all items (range 0–30). (d) The Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979) is an instrument measuring depressive symptomatology. Subjects have to rate the severity of 21 depressive symptoms on a 4-point scale ranging from 0 = *symptom not present* to 3 = *symptom very intense*. Total BDI scores range between 0 and 63. (e) The Restraint Scale (RS; Herman & Polivy, 1975) is a 10-item questionnaire measuring attitudes towards weight and eating, frequency of dieting, and weight fluctuations. Each item has to be checked on a 4- or 5-point scale. Total scores vary between 0 and 32, with higher scores reflecting higher levels of eating disorder symptomatology.

3. Results and discussion

Internal consistency coefficients (Cronbach's alphas) for the questionnaires that were used in