



# Disgust sensitivity and eating disorder symptoms in a non-clinical population

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## Abstract

In order to further explore the relationship between disgust sensitivity and eating disorder symptoms, 2 studies were carried out. In the first study, 352 higher education students (166 women, 186 men) completed a set of questionnaires measuring various aspects of disgust sensitivity and eating disorder symptoms. A correlational analysis revealed that there were few significant correlations between disgust scales and eating pathology scores. One exception was the relation between disgust sensitivity and external eating behavior, although this link only emerged in women. To investigate this relationship in more detail, Study 2 confronted women high ( $n = 29$ ) and low ( $n = 30$ ) on external eating behavior with a series of disgusting and neutral pictures. It was hypothesized that women who scored high on external eating would display shorter viewing times of disgusting pictures (i.e., show more avoidance behavior) than women scoring low on external eating. However, this hypothesis was not confirmed by the data. Altogether, the results of these studies suggest that there seems to be no convincing relationship between disgust sensitivity and eating disorder symptomatology, thereby casting doubts on the role of this individual difference factor in the development of eating pathology.

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## 1. Introduction

Research on the relationship between disgust sensitivity and psychopathological symptoms suggests that elevated disgust sensitivity plays a role in the development of various psychological disorders. First and foremost, disgust sensitivity seems to be involved in the etiology and maintenance of small animal phobia (e.g., De Jong, Peters, & Vanderhallen, 2002) and blood-injection-injury phobia (e.g., Olatunji, Williams, Sawchuk, & Lohr, 2006). Further, disgust sensitivity has been linked to symptoms of other anxiety disorders including agoraphobia (Muris et al., 2000) and obsessive-compulsive disorder (e.g., Mancini, Gragnani, & D'Olimpio, 2001; see for a review Berle & Phillips, 2006). Interestingly, disgust sensitivity has also been proposed to play a role in eating disorders (e.g., Phillips, Senior, Fahy, & David, 1998). Because disgust is strongly related to food choice and food rejection (e.g., Martins & Pliner, 2005), which both seem to play a significant role in eating disorders, it seems plausible to assume that these concepts are related (see also Griffiths & Troop, 2006).

In line with the idea that disgust plays a role in eating disorders, Davey, Buckland, Tantow, and Dallos (1998) demonstrated substantial correlations between disgust sensitivity and scores on scales for measuring eating disorder symptoms, and this was particularly true in women. In a similar vein, Troop, Treasure, and Serpell (2002) found that eating disordered patients were significantly more sensitive to disgust-relevant stimuli than were control women. However, besides these encouraging findings, there is also research which indicates that the link between disgust sensitivity scores and eating disorder symptoms is less clear.

To begin with, there are studies that failed to find significant correlations between disgust sensitivity and eating disorder symptoms (Muris et al., 2000), or that could not obtain differences in disgust (sensitivity) between eating disordered patients and control participants (Schienle et al., 2004). Further, disgust sensitivity is a multi-dimensional construct incorporating various domains such as food, body products, and sex (Haidt, McCauley, & Rozin, 1994). Research linking these disgust domains to eating disorder symptoms has not yielded a consistent pattern of results. That is, although most investigations suggest that food-related disgust is indeed significantly linked to eating pathology, studies have also documented significant relationships between eating pathology and disgust for body products and invertebrate animals (Davey et al., 1998; Troop et al., 2002). In addition to these self-report questionnaire studies, Harvey, Troop, Treasure, and Murphy (2002) employed a more experimental design to investigate the relations between various aspects of disgust and eating pathology. These authors confronted students scoring high or low on disordered eating attitudes with pictures of fat and thin body shapes, high-energy foods and drinks, and threatening and disgusting stimuli, and asked them to rate emotions elicited by these pictures. Results indicated that participants with high levels of abnormal eating attitudes rated high-energy foods and fat body shapes as more disgusting and threatening than participants with low levels of such eating attitudes. In addition, in comparison with low scoring participants, participants high on disordered eating attitudes rated general disgusting pictures as more disgusting, and generally threatening pictures as more fearful. In other words, although participants with high eating pathology scores appeared to be more disgusted by eating disorder-related stimuli, they also displayed a general tendency to respond in a more emotional way than participants low on eating pathology (see also Griffiths & Troop, 2006).

Altogether, the precise relation between disgust and eating pathology symptoms remains far from clear. In particular, the connection between eating disorder symptoms and various domains of disgust requires further attention. Further, with the exception of Davey et al.

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