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The role of disgust in body image disturbance: Incremental predictive power of self-disgust

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ABSTRACT

The relationship between disgust and symptoms of disorders characterized by body image disturbance (BID) is increasingly being examined. In cognitive-behavioral models of psychopathology, disgust may function as a negative emotional response to perceived body defects, leading to avoidance and compulsive behavior. Little research has examined the role of self-disgust – a form of disgust that may be particularly relevant to the body. The present study is a descriptive analysis of the association between BID and self-disgust, controlling for other related variables. Two non-clinical samples completed measures of BID, self-disgust, negative affect, anxiety sensitivity, disgust propensity, and disgust sensitivity. Although BID was associated with all three forms of disgust at the bivariate level, in multivariate analyses self-disgust emerged as a unique predictor of BID, above and beyond all included variables, although effect sizes were small. Potential implications for understanding, preventing, and treating body image-related disorders are discussed.

1. Introduction

Body image disturbance (BID) encompasses a range of maladaptive cognitive and behavioral features, making it a risk factor for the development of psychopathology (Cash et al., 2011). The role of disgust in BID is increasingly being examined, as trait-like disgust responses have been found to be associated with body-focused psychopathology and may serve as developmental or maintaining features of a disorder (e.g., Neziroglu et al., 2010). Although self-focused appearance concerns are a core feature of BID, empirical studies examining the specific relationship between disgust directed toward the self (self-disgust) and BID are few. Insofar as self-disgust may play a role in BID, and serve as a potential prevention and treatment target, it is necessary to further our understanding of this relationship. The current analysis aimed to address this gap by providing a preliminary descriptive study of the association between BID and self-disgust, above and beyond general disgust responses, in two non-clinical samples.

1.1. Body image disturbance

Body image disturbance is defined by maladaptive attitudes and behaviors directed toward a disliked aspect of one's own body (Cash et al., 2004). It encompasses body dissatisfaction, overvaluation of physical appearance, negative emotions related to body image, and engagement in appearance-related comparisons or efforts to hide disliked body features (Cash et al., 2011; Cash & Grasso, 2005; Vossbeck-Elsebusch et al., 2015). Body image disturbance appears to lie on a continuum of severity; less severe manifestations are commonly reported and have minimal impact on functioning. In contrast, severe BID is associated with substantial distress and psychosocial impairment (Callaghan et al., 2012; Cash et al., 2004). Indeed, BID is related to, and in some cases a symptom of, different forms of psychopathology, including depression (Blashill & Wilhelm, 2014; Rosenström et al., 2013), anxiety (Aderka et al., 2014), disordered eating (Amaral & Ferreira, 2017; Hartmann et al., 2015; Lewer et al., 2016; Yiu et al., 2017), body dysmorphic concerns (Hartmann et al., 2015; Kollei et al., 2012), and post-traumatic stress symptoms (Scheffers et al., 2017); BID may also function as a risk factor for physical disease and negative health behaviors (Austin et al., 2017; Fiske et al., 2014).

Importantly, the cognitive-behavioral model posits a central role of BID in the development and maintenance of psychopathology, suggesting that the distorted beliefs associated with BID lead to negative emotional states such as anxiety, depression, shame, disgust, low self-esteem, and embarrassment (Blakey et al., 2017; Lewer et al., 2017; Phillips, 2011; Wilhelm et al., 2013). The subsequent repetitive behaviors and avoidance, which are engaged in in an effort to reduce emotional distress in the short-term, ultimately function to strengthen the dysfunctional beliefs through negative reinforcement, maintaining or increasing negative emotions over time (Neziroglu et al., 2004; Tabri et al., 2015; Wilhelm et al., 2013).

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For instance, BID plays a principle role in eating disorder pathology; those with anorexia nervosa and bulimia nervosa tend to overvalue weight and shape, leading to greater dissatisfaction with their bodies, which increases engagement in body-focused checking behavior and avoidance of activities that will draw attention to their bodies (Shafran et al., 2003; Legenbauer et al., 2017; Tabri et al., 2015; Vossbeck-Elsebusch et al., 2015), further entrenching a sense of BID. As BID may thus function as a risk factor for the development of maladaptive behaviors and psychological disorders, efforts have been directed toward enhancing understanding of the emotional responses that may underlie BID.

1.2. Disgust

Disgust has long been recognized as a basic emotion, associated with negative responses to stimuli experienced as distasteful, offensive, or unpleasant. Although the disgust response is universally experienced, individuals vary in their reactions to disgust elicitors. Disgust propensity refers to how likely an individual is to experience disgust in response to a disgust trigger (e.g., I often feel disgusted), whereas disgust sensitivity refers to the perceived emotional impact of feeling disgusted (e.g., It is bad to feel disgusted) (Van Overveld et al., 2006). Both disgust propensity and disgust sensitivity can be considered trait-like attributes that are present across contexts and stimuli (Muris, 2006; Olatunji et al., 2010). Disgust reactions serve a clearly adaptive purpose yet, like other traits and predispositions, can also become dysfunctional. For instance, disgust propensity has been implicated as a risk factor for specific phobias and contamination-based obsessive-compulsive disorder (Olatunji et al., 2010; Viar-Paxton et al., 2014) and disgust sensitivity predicts obsessive-compulsive disorder symptoms above and beyond other risk factors such as negative affect and anxiety sensitivity (David et al., 2009).

Increasingly, research is emerging to suggest that disgust may also play a role in negative attitudes towards one's body as well as in disorders characterized by BID. For instance, BID was associated with attentional bias toward disgusting images in a non-clinical student sample (Onden-Lim et al., 2012). Moreover, disgust is often an associated response to bodily preoccupations, and elevated levels of disgust have been linked to body dissatisfaction and self-oriented bodily criticism (Didie et al., 2010; Neziroglu et al., 2004; Phillips, 2009). Indeed, although disgust is often conceptualized as a response to an external stimulus, the experience of disgust can also be generalized to stimuli that does not typically elicit disgust, including one's own body or sense of self (Powell et al., 2014; Power & Dalgleish, 2008). Such self-directed disgust, or *self-disgust*, has been described as an enduring and maladaptive form of disgust in which the repulsive object is some integral and seemingly permanent aspect of one's own personal characteristics (Olatunji et al., 2012; Powell et al., 2015a). Similar to shame, self-disgust involves a preoccupation with body-relevant norms, the presence of stable negative attributions about the self, engagement in avoidance behaviors, and associations with body-focused psychopathology (Cavalera et al., 2016; Espeset et al., 2012; Nussbaum, 2004); however, self-disgust is distinguished as a separate construct. Shame appears to develop earlier in life than the emotion of disgust and may play a more positive role in social development through the initiation of appropriate goals and ideals (Nussbaum, 2004). It has been suggested that shame may lead to the development of self-directed disgust, which in turn can be a risk factor for psychological disorders (Nussbaum, 2004; Power & Dalgleish, 2008); indeed, Olatunji, Cox, and Kim (2015) found that self-disgust partially mediated the relationship between shame and symptoms of bulimia nervosa and obsessive-compulsive disorder in an unselected sample of undergraduate students.

1.3. The role of self-disgust in body image disturbance

Individuals with heightened levels of self-disgust experience the emotional reaction toward themselves, with the resultant avoidance behaviors similarly focused on the self, such as avoidance of looking at the self and masking undesirable features (Espeset et al., 2012). Research suggests an association between self-focused disgust and BID. For instance, Troop, Treasure, and Serpell (2002) found elevated disgust sensitivity in a sample of individuals with eating disorders, but only in relation to their bodies and food, and clinical case studies of body dysmorphic disorder highlight feelings of disgust directed toward the disliked body feature (Didie et al., 2010; Neziroglu et al., 2004; Phillips, 2009). Indeed, when exposed to self-referent physical characteristics in a mirror-staring task, body dysmorphic disorder patients had greater initial physiological disgust reactivity (measured by heart rate and skin temperature) and greater decreases in disgust sensitivity over time compared to healthy controls (Neziroglu et al., 2010). Moreover, in a qualitative case study analysis of women scoring high on self-disgust, Powell et al. (2014) found that all participants endorsed a desire to rid themselves of the features they perceived to be disgusting. Many participants also discussed behavioral avoidance and feeling undesirable to others. Such descriptions highlight the significant consequences of an excessive and maladaptive disgust response and are in line with suggestions that disgust may drive avoidance behaviors (Powell et al., 2014; Rozin et al., 2016).

Despite the clear links between self-focused disgust and BID, it is notable that most past studies examining this relationship have measured disgust using broad non-specific trait dimensions (e.g., disgust propensity and sensitivity) or in-the-moment state disgust assessments, or have relied on qualitative descriptions of disgust and self-disgust perceptions and reactions. No study has examined this association using an empirically-derived measure of self-disgust. Moreover, previous work has not examined the nature of the relationship between disgust propensity, disgust sensitivity, and self-disgust in relation to BID. However, given that self-directed revulsion is a core feature of BID, it is possible that self-disgust may provide specific and incremental predictive information about BID above and beyond understanding non-specific disgust reactions. A better understanding of the association between self-disgust and BID will contribute to the delineation of the specific features of this construct and may serve to inform prevention or reduction of BID (which is essential if BID in non-clinical individuals is a risk factor for the later development of more severe psychopathology), as well as conceptualization and treatment of disorders characterized by BID, as disgust has been proposed as an important cognitive-behavioral treatment target (Neziroglu et al., 2010; Veale et al., 1996).

1.4. Current study

The purpose of the present investigation was to expand on previous research that has established a link between BID and disgust by examining the role of self-disgust and its ability to predict BID above and beyond disgust propensity and sensitivity. This preliminary study reports on two non-clinical samples – an online adult community sample and an undergraduate student sample. As BID is dimensional in nature (Cash et al., 2004) we anticipated enough symptom variance in these populations to examine the proposed relations. Although both samples are non-clinical, they are analyzed separately in order to (a) account for demographic and level differences on the symptom measures between the samples (see Table 1) and (b) allow a replication of the results to establish their stability. Because depression and anxiety commonly co-occur with BID (Gunstad & Phillips, 2003; Kelly et al., 2015), and because questions have been raised as to whether disgust has a unique and direct