

# The Relationship between Disgust Sensitivity, Health Anxiety, Emotion Regulation Difficulties, and Coping Processes



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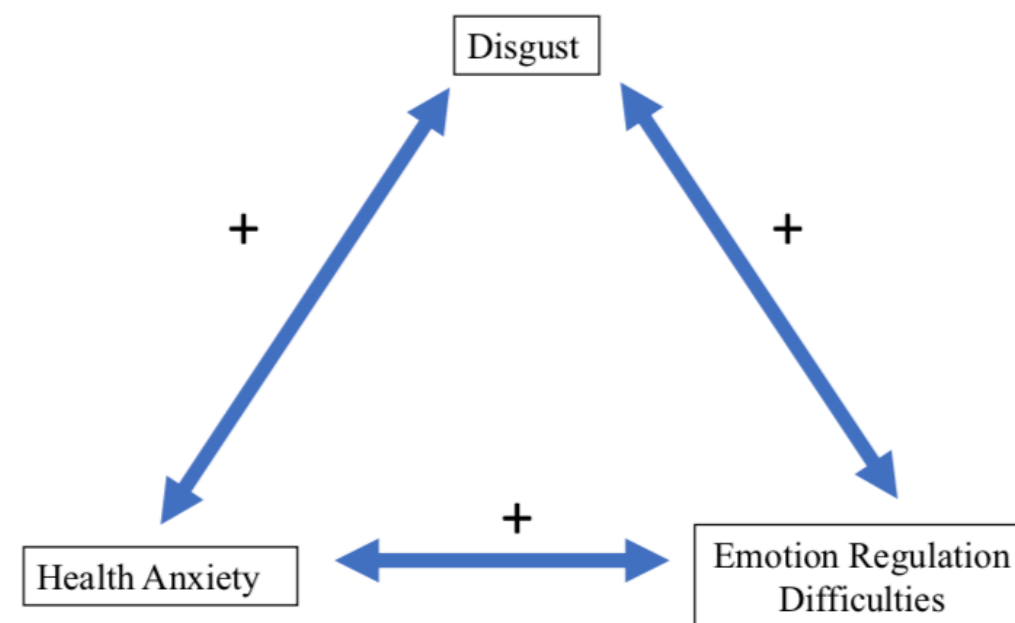
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## Abstract

Disgust sensitivity (DS) is the proneness of an individual to respond with disgust to stimuli, which can be related to one's body. Our previous research indicated that individuals high in DS were significantly more likely to be high in health anxiety (HA), a fear of contracting a serious disease or illness and persistent worrying about one's health. Given that previous research has found individuals with high DS to have more difficulties in regulating their emotions, and that high DS is related to high HA, we expected individuals with high HA to also have a more difficult time with regulating their emotions and use distancing coping processes. We measured levels of DS, HA, emotion regulation difficulties (ERD), emotion regulation strategies and coping processes in 113 participants recruited via social media. The three main constructs were significantly related in the predicted directions. Individuals high in either DS or HA had increased ERD. Usage of cognitive reappraisal as an emotion regulation strategy was significantly negatively related to HA. Interestingly, cognitive reappraisal was unrelated to DS. Regarding coping methods, individuals with high DS tended to use escape-avoidance and accepting responsibility coping processes. Individuals high in HA tended to use escape-avoidance and planful problem-solving coping processes. These traits did differ with respect to age (18-74 years old). Older participants had lower DS and HA, and less ERD. Another interesting finding was that individuals with increased ERD were significantly more likely to use expressive suppression, but less likely to use cognitive reappraisal to regulate their emotions.

## Hypotheses

- We predicted that a person high in DS and health anxiety will have more emotion regulation difficulties because they may be more easily emotionally perturbed and have less control over their emotional experience.
- We predicted that a person high in DS and health anxiety is more likely to cope using confrontive, distancing, self-controlling, or escape-avoidance methods. Thus, methods that mostly remove the person from the situation as quickly as possible.



## Method

### Self-Report Measures

- Disgust Propensity and Sensitivity Scale – Revised (DPSS; van Overveld et al., 2006)
- Disgust Scale – Revised (DS-R; Haidt et al., 1994; revised by Olatunji et al., 2007)
- Survey of Health Concerns (SHC; Katz et al., 1999)
- Short Health Anxiety Inventory (SHAI; Salkovskis et al., 2002)
- Emotion Regulation Questionnaire (ERQ; Gross & John, 2003)
- The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004)
- Ways of Coping Checklist (Folkman & Lazarus, 1985)

### Study Design

- 113 participants were recruited through social media platforms such as Facebook, Instagram, Twitter, Snapchat, and Reddit.
- Qualtrics was used to create and record survey responses.
- When opening the survey link, participants were first presented with a web-based consent form.
- After agreeing to the consent form, participants were presented with the aforementioned self-report measures.
- It was expected that this survey would take 15-20 minutes to complete.

## Results

- Most of our hypotheses were supported.
- Individuals high in DS were significantly higher in
  - Total emotion regulation difficulties ( $r = .458, p < .001$ ).
  - Escape-avoidance coping processes ( $r = .348, p < .001$ ).
  - Accepting responsibility coping processes ( $r = .251, p = .012$ ).
- Individuals high in HA were significantly higher in
  - Total emotion regulation difficulties ( $r = .584, p < .001$ ).
  - Escape-avoidance coping processes ( $r = .516, p < .001$ ).
- Individuals high in HA were significantly lower in
  - Use of cognitive reappraisal strategies ( $r = -.310, p = .002$ ).
  - Planful problem-solving coping processes ( $r = -.245, p = .018$ ).
- Individuals with increased emotion regulation difficulties were
  - Significantly more likely to use expressive suppression as an emotion regulation strategy ( $r = .270, p = .004$ ).
  - Significantly less likely to use cognitive reappraisal ( $r = -.499, p < .001$ ).
- Older participants were significantly lower in
  - Emotion regulation difficulties ( $r = -.440, p < .001$ ).
  - Health anxiety ( $r = -.250, p = .015$ ).
  - Disgust sensitivity ( $r = -.360, p < .001$ ).
- Older participants were significantly higher in
  - Cognitive reappraisal as an emotion regulation strategy ( $r = .202, p = .032$ ).
- There were no significant differences between men and women in terms of disgust sensitivity, health anxiety, and emotion regulation difficulties.

## Introduction

- The emotion disgust involves feelings of revulsion aroused by something unpleasant and is theorized to play a role in maintaining one's health in the face of contagious elements. Disgust sensitivity (DS) represents one's trait levels. This emotion may be related to other health-related traits in individuals.
- Health anxiety (HA) is characterized by a fear of contracting a serious disease or illness, with the absence of a professional diagnosis, and persistent worrying about one's health. Our previous research indicated that individuals high in DS are more likely to be high in HA. Given that DS and HA are both emotional experiences, we wanted to investigate how one may regulate emotions and cope with stressful experiences.
- Emotion regulation is conceptualized as the process by which individuals influence which emotions they experience, when they experience them, and how they experience and express them.
- Coping, which is defined as cognitive and behavioral efforts to manage a challenging person-environment relationship, is believed to have two main functions. The first function is to regulate distressing emotions and is known as emotion-focused coping. The second function is to tackle the problem that is causing the distress and change it for the better; this is known as problem-focused coping.

	DPSS	DSR	ERQ Cognitive Reappraisal	ERQ Expressive Suppression	DERS Total	SHC	SHAI
DPSS	-	.507**	-.043	.102	.458**	.500**	.462**
DSR	.507**	-	-.007	.042	.156	.307**	.307**
ERQ Cognitive Reappraisal	-.043	-.007	-	-.076	-.499**	-.209*	-.310**
ERQ Expressive Suppression	.102	.042	-.076	-	.270**	.081	.012
DERS Total	.458**	.156	-.499**	.270**	-	.416**	.584**
SHC	.500**	.307**	-.209*	.081	.416**	-	.742**
SHAI	.462**	.307**	-.310**	.012	.584**	.742**	-

Note. \*  $p < .05$ ; \*\*  $p < .001$

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