

Eliciting Pathogen, Moral, and Sexual Self-Disgust: A Cross-Sectional Experimental Study on the Role of Self-Compassion and Gender

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Abstract

Introduction: Self-disgust is gaining recognition as a relevant construct within sexual and interpersonal contexts. However, little experimental research has examined how domain-specific self-disgust is elicited or why responses vary between individuals. This study replicated Brouwer et al.'s (2023) scenario-based paradigm and extended it by examining self-compassion and gender as individual-difference factors.

Method: A community sample ($N = 229$) of heterosexual, cisgender adults participated in a cross-sectional, mixed, repeated-measures design. Participants read 11 scenarios across pathogen, sexual, and moral domains and were instructed to imagine them from both self- and other-perspectives. They then completed measures of state self-disgust and domain-specific cognitive appraisals, while self-compassion was measured with a standardised questionnaire.

Results: Significantly stronger self-disgust responses emerged in the self- than the other-perspective condition. Pathogen, sexual, and moral scenarios elicited corresponding domain-specific cognitive appraisals, supporting the multidimensionality of self-disgust. Moral scenarios produced the strongest self-disgust responses, suggesting that moral transgressions may be especially self-threatening. Higher self-compassion was modestly associated with lower state self-disgust, whereas gender differences were limited.

Conclusion: Overall, findings support the validity of scenario-based paradigms for experimentally eliciting self-disgust and suggest that self-disgust is shaped by self-relevance, domain-specific appraisals, and modest individual-difference effects, rather than aversive content alone.

Keywords: self-disgust, cognitive appraisal, sexual scenarios, self-compassion, gender differences

Introduction

Sexual functioning contributes to our well-being through physical, psychological and relational processes (Pollard et al., 2025). Positive sexual experiences are typically driven by approach-oriented goals such as seeking intimacy and positive relational and psychological outcomes (Impett et al., 2008). At the same time, sexual activity commonly involves stimuli that elicit disgust, including bodily fluids such as sperm and intimate body parts such as the genitals (de Jong et al., 2013). Thus, sexual stimuli can simultaneously elicit processes of attraction and aversion.

Disgust within sexual contexts is not inherently maladaptive but may reflect an adaptive response shaped by evolutionary pressures. More specifically, in sexual situations, disgust appears to play a role in regulating the trade-off between reproductive benefits and potential biological or social costs (Curtis et al., 2011). While disgust can therefore play a protective role, excessive or poorly regulated disgust can interfere with sexual functioning and has been linked to psychological distress and increased symptoms of psychopathology (Borg et al., 2010; Davey, 2011; Olatunji et al., 2010). Despite its relevance to sexual and general functioning, the understanding of when and how disgust becomes maladaptive is still limited (de Jong et al., 2013; Olatunji et al., 2017).

A construct potentially relevant for understanding maladaptive disgust is self-disgust (SD). *SD* refers to both short-term aversive self-directed emotional responses and more stable negative self-evaluative schemas (Lazuras et al., 2018; Powell et al., 2014). In other words, SD includes not only immediate feelings of self-directed disgust but also longer-term ways of thinking and feeling about the self. More specifically, it can involve persistent negative perceptions and evaluations of the self as repulsive, inadequate, or morally flawed (e.g., ‘I am disgusting’) and has been associated with depressive symptoms, self-rejection and criticism, withdrawal, as well as maladaptive cognitive and behavioural patterns (de Jong et al., 2013;

Overton et al., 2008; Powell et al., 2014). These conceptualisations of SD highlight that SD can manifest in different ways.

Building on this framework, SD is not a unitary construct. Instead, it can be differentiated into three domains: pathogen, sexual, and moral SD (Powell et al., 2014; Tybur et al., 2009). *Pathogen SD* is related to the avoidance of disease-causing substances and perceived contamination or violation of bodily integrity (Tybur et al., 2009) (e.g., 'I am dirty'). *Sexual SD*, in contrast, involves negative self-evaluations of sexual adequacy or mating value, for example, through perceived physical deficiency (Powell et al., 2014) (e.g., 'I am an inferior sex partner'). Lastly, *moral SD* encompasses perceptions of one's behaviour or thoughts as a transgression of moral or social norms (de Jong & Borg, 2015; Tybur et al., 2009) (e.g., 'I am a bad person'). In this way, SD might vary according to the type of self-evaluation involved, such as feeling contaminated, sexually inadequate, or morally flawed.

This multidimensionality of SD may reflect distinct evolutionary functions of disgust-related responses. SD may arise from self-directed evaluations linked to avoidance mechanisms that protect the self from perceived threats, such as pathogen contamination, unsafe sexual partners, or social rejection due to socially unacceptable behaviours (Powell et al., 2015; Tybur et al., 2009). Importantly, unlike general disgust, which is directed toward external stimuli, SD involves the self as both the source and the target of disgust, making the two forms of disgust conceptually distinct from one another (Borg & de Jong, 2012; Powell et al., 2014). This self-referential nature suggests that SD may not only be elicited by external stimuli but also by self-appraisals, thoughts, memories, and imagined self-relevant experiences (Overton et al., 2008; Powell et al., 2014). Building on this, Brouwer et al. (2023) recently introduced the first scenario-based paradigm demonstrating that domain-specific SD responses can be experimentally elicited through imagination in a non-clinical community sample.

Considering the emphasis on self-referential processing in SD experiences, cognitive appraisal may represent a mechanism underlying SD. From a cognitive perspective, emotional responses are shaped not only by external stimuli but also by how individuals interpret and evaluate situations in relation to their personal goals, values, and self-perceptions (Lazarus, 1991; Scherer et al., 2001). Foundational research supports this idea. In an early experimental study, Lazarus and Alfert (1964) showed that emotional reactions to distressing stimuli varied depending on interpretation. In the context of SD, cognitive appraisal processes may therefore play an important role in shaping responses to potentially aversive sexual, moral, or contaminating experiences.

In line with this, experimental and clinical research suggests that domain-specific disgust patterns emerge depending on the nature of a situation, including sexual contexts. For example, a behavioural task study by Borg and de Jong (2012) showed that purported contamination-related stimuli (e.g., contact with another person's dirty underwear) or morally transgressive cues (e.g., hugging a t-shirt worn by a paedophile) evoked different disgust responses. Although these findings concern externally directed disgust rather than SD specifically, they establish the notion that disgust differentiates by domain, a pattern that may become even more consequential when the target of disgust is the self.

Beyond theoretical accounts, empirical research has documented concrete psychological and behavioural consequences of SD**,** specifically within sexual contexts. These can include body-related shame and negative sexual self-perceptions, as well as behavioural consequences such as avoidance and reduced sexual engagement (Borg & de Jong, 2012; de Jong et al., 2013; Powell et al., 2014). These findings demonstrate that SD is associated with meaningful psychological and behavioural difficulties. However, as prior research has primarily established what SD correlates with rather than how it is elicited, the mechanisms underlying SD remain largely unknown (Olatunji et al., 2017).

A major development in this area is the recent study by Brouwer et al. (2023). In this scenario-based paradigm, participants imagined sexual, pathogen, and moral scenarios from either a self- or other-perspective. Brouwer et al. (2023) found that domain-specific SD responses could be elicited depending on the scenario content. Moreover, stronger responses were observed when participants imagined themselves personally involved in a scenario, indicating that self-relevance may play an important role in SD elicitation and experiences. These findings are theoretically important because they suggest that SD can be elicited not only through direct exposure to external disgust cues but also through imagined self-relevant experiences. Further, this paradigm is relevant as vignette-based paradigms have previously been primarily used to examine disgust responses more broadly (Tybur et al., 2009), while little experimental research has applied them specifically to SD elicitation.

Despite the theoretical and methodological importance of Brouwer et al.'s (2023) work, several important limitations remain. First, given its novelty and potential implications for experimental SD research, replication of the paradigm is needed to establish the robustness and generalisability of the results. Second, the original study's sample consisted only of female undergraduate students, limiting generalisability to broader populations. Moreover, although Brouwer et al. (2023) considered some disgust-related individual differences, relatively little research has systematically examined factors influencing individual variability in SD elicitation and experiences. The present study, therefore, aims not only to replicate the elicitation effects reported by Brouwer et al. (2023) but also to examine whether these responses vary according to specific individual differences.

One individual difference that may influence SD responses is gender. A substantial body of literature reports gender differences in general disgust, with women consistently associated with stronger disgust responses (Curtis et al., 2004; Sparks et al., 2018). For instance, Rohrmann et al. (2008) found that women reported significantly stronger subjective disgust

responses than men across several disgust inductions. However, despite substantial evidence for gender differences in general disgust, research examining gender influences on SD remains limited (Bektas et al., 2022; de Jong & Borg, 2015; Powell et al., 2014). This is particularly relevant, given the female-only sample used by Brouwer et al. (2023), which limits insight into whether experimentally elicited SD responses differ across genders.

Another individual difference that may be relevant to understanding SD variation could be how people respond to negative self-evaluations. One relevant factor for this is self-compassion (SC; Neff, 2003; Wollast et al., 2020). *SC* can be defined as a tendency to respond to oneself with self-kindness, mindfulness, and reduced self-judgement (Neff, 2003). It has been linked to lower negative affect and psychological adjustment (MacBeth & Gumley, 2012; Zessin et al., 2015), as well as reduced body shame and negative self-evaluative responses (Körner et al., 2015; Wollast et al., 2020). Further, research suggests that SC supports emotion regulation and reduced self-critical processing, thereby facilitating more adaptive responses to negative experiences (Diedrich et al., 2014; Leary et al., 2007). In this context, SC may represent a protective factor in SD experiences, mitigating maladaptive self-evaluative and disgust-related processes. However, the extent to which SC influences the elicitation of domain-specific SD in sexual contexts remains largely unexplored.

The Current Study

Although SD has been proposed to be a meaningful psychological construct, its underlying mechanisms are still insufficiently understood (de Jong et al., 2013; Powell et al., 2014), and research examining domain-specific SD responses and individual differences remains limited (Brouwer et al., 2023; Lazuras et al., 2018). At the same time, despite growing interest in both SD and SC, their lines of research have largely developed independently. While SD has been examined in relation to psychopathology and sexual functioning (Powell et al., 2014), SC has been studied as a protective and emotion-regulatory

mechanism (MacBeth & Gumley, 2012; Neff, 2003). Consequently, little is known about how SC may influence SD experiences, particularly within sexual contexts.

Building on the scenario-based paradigm introduced by Brouwer et al. (2023), the present study aims to replicate and evaluate the robustness of the findings that domain-specific SD can be elicited by imagining scenarios from self- and other-perspectives. The present study also extends previous work by examining whether SD responses vary according to individual differences in gender and SC. Further, the paradigm is tested in a broader sample with respect to gender, age, and participant background. Addressing these gaps may contribute to understanding the elicitation and variability of SD responses in sexual contexts.

As a result, this study addresses two research questions: how perspective (self vs. other) and scenario domain (sexual, pathogen, moral) influence state SD and domain-specific cognitive SD appraisals, and whether SC and gender influence state SD responses across perspectives and scenario domains. Figure 1 provides a conceptual overview of the hypothesised relationships between perspective, scenario domain, gender, SC, and state SD. The following hypotheses are proposed:

***H*₁** Self-perspective scenarios will elicit higher state self-disgust than other-perspective scenarios.

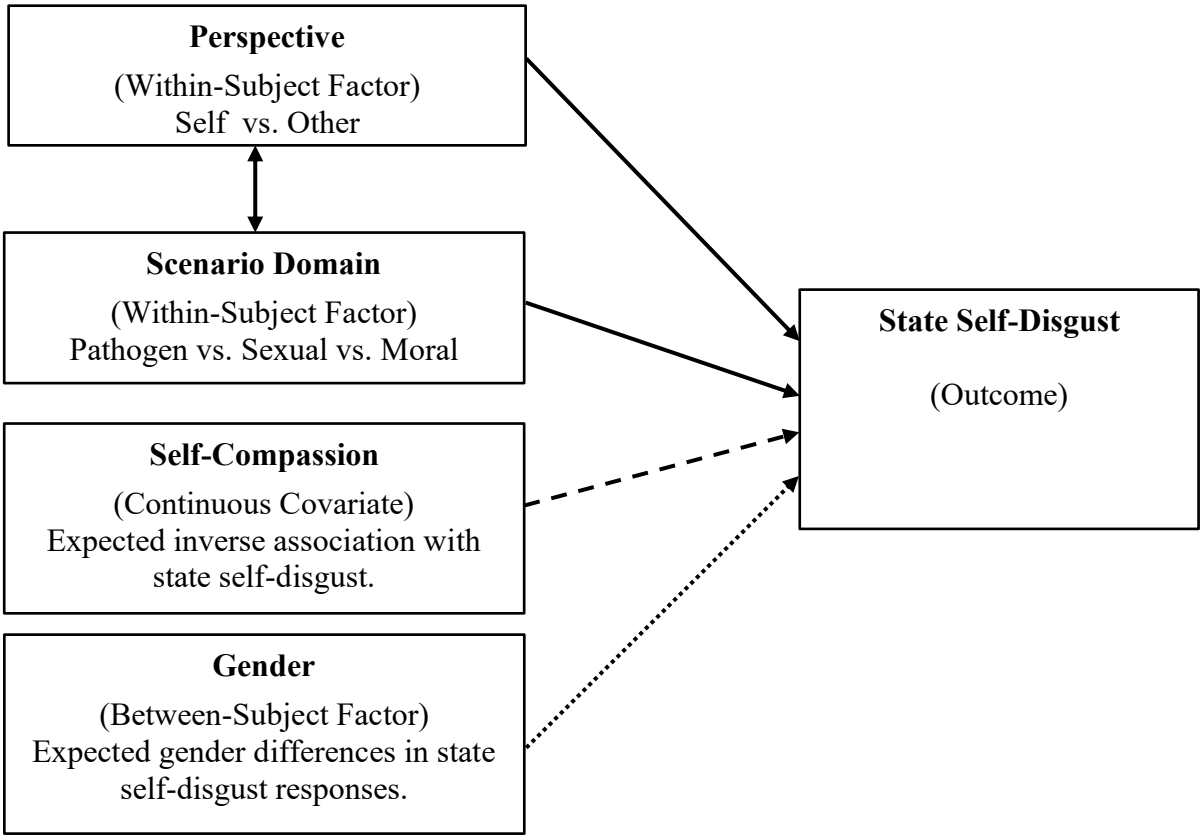
***H*₂** Scenario domains will elicit domain-congruent cognitive self-disgust appraisals, with each scenario domain eliciting the highest corresponding appraisal.

***H*₃** Higher self-compassion will be associated with lower state self-disgust responses, particularly in the self-perspective condition and across scenario domains.

***H*₄** Gender differences will emerge in the effects of perspective and scenario domain on state self-disgust responses.

Figure 1

Conceptual Overview of the Hypothesised Relationships Between Perspective, Scenario Domain, Gender, Self-Compassion, and State Self-Disgust.



Note. Solid arrows represent hypothesised effects of within-subject factors on state SD. The bidirectional arrow indicates the expected interaction between perspective and scenario domain. The dashed arrow represents the expected association of SC with state SD. The dotted arrow represents the expected gender differences in state SD.

Methods

Participants

Inclusion criteria were being at least 18 years old and the provision of informed consent. The initial sample consisted of 282 participants (M_{Age} = 43.21, SD_{Age} = 13.20). However, due to the heteronormative framing of the scenarios, only participants who identified as cisgender and heterosexual were retained to ensure participant engagement, ecological validity and conceptual consistency with the original paradigm (Brouwer et al., 2023). Additionally, participants who reported a diagnosis of obsessive-compulsive disorder,

obsessive-compulsive personality disorder, or the presence of compulsive washing behaviour on a self-report item were excluded from the study, due to the potential influence of obsessive-compulsive symptomatology on contamination-related responses and to maintain consistency with the original paradigm. Further, participants with substantial missing survey data were excluded. A detailed overview of the hierarchical exclusion process is presented in a flow chart in Appendix A (see Figure A1).

After applying the exclusion criteria, the final sample used for the analysis comprised 229 participants aged 21 to 76 (M_{Age} = 44.36, SD_{Age} = 12.99) of whom 118 participants identified as women (51.5%) and 111 as men (48.5%). The majority of participants were from English-speaking countries, primarily the United Kingdom (80.2%, N = 178), followed by Canada (14.0%, N = 31), Ireland (2.7%, N = 6), Australia (1.4%, N = 3), and other nationalities (1.8%, N = 4). Nationality data were missing for seven participants.

An a priori power analysis was conducted using G*Power 3.1 (Faul et al., 2007) for the primary repeated-measures ANOVA design. It indicated a necessary sample size of 115 participants to detect small-to-medium effects (f = 0.15, α = .05, power = .95). The final sample of 229 participants, therefore, exceeded the required sample size, indicating that the study was adequately powered.

Design

The cross-sectional study employed an experimental mixed repeated-measures design in which participants were presented with a series of scenarios adapted from the original study of Brouwer et al. (2023), designed to elicit domain-specific forms of SD. Perspective (self vs. other) and scenario domain (pathogen, sexual, moral) were treated as within-subjects factors, while gender was included as a between-subjects factor. SC was examined as a continuous individual-difference variable. After each scenario, participants completed measures assessing state SD and cognitive appraisals, as well as a separate manipulation

check item assessing how vividly participants could imagine the described scenario. Additional standardised trait questionnaires were presented after the completion of all the scenarios. Data were collected online via the platform Qualtrics XM® (www.qualtrics.com). The study protocol was approved by the Ethics Committee of the Faculty of Behavioural and Social Sciences of the University of Groningen **(**ECP-code: PSY-2526-S-0084).

Procedure

Participants were recruited via targeted advertisements on the online platform Prolific (www.prolific.com) using non-probability convenience sampling and received monetary compensation (£5.50) corresponding to the platform's guidelines for the expected study duration of 50 minutes. The online questionnaire could be completed on a computer or mobile device. Participants were informed about the sensitive nature of the sex-related scenarios, their right to withdraw during participation, and the option to withdraw their data until the end of the data collection period (31 March 2026). Although no significant risks were anticipated, participants were advised to discontinue the study if discomfort occurred. After providing active digital informed consent, demographic information was collected.

Subsequently, the 11 scenarios were presented in a counterbalanced and randomised order across participants. Participants completed both self-perspective and other-perspective versions of the scenarios and were instructed to read them as if they were either personally involved (experimental condition) or as an observer of the scenario (control condition), resulting in 22 trials in total. To ensure data quality, two attention check items ('*Please place the bar at 80. This is an attention check.*') were embedded at the end of the scenario trials to identify inattentive or noncompliant responding. After participants finished the scenario blocks, they completed additional standardised trait questionnaires, including the SC measure analysed in the present study. Upon completion, participants were debriefed and provided with information literature, contact details, and resources for psychological support in case of

distress. Data were collected between February and March 2026 and were gathered anonymously and handled in accordance with institutional data protection guidelines.

Materials

Experimental Manipulation

Scenarios. The 11 scenarios used for the experimental manipulation were adapted from the seven original scenarios of Brouwer et al. (2023) and are presented in full in Appendix B. Compared to the original study, this replication extended the number of scenarios per condition to capture a broader range of potential SD elicitors. Added scenarios centred around bodily illness and contamination (e.g., colostomy surgery and sexually transmitted infection), sexual difficulties and rejection and morally relevant situations. Further, all scenarios were adapted to female and male participants (e.g., breast cancer vs. testicular cancer). This replication also refined some wording to make both conditions more naturalistic and contemporary. The basic manipulation and scenario structure of Brouwer et al. (2023) remained the same.

Four scenarios were intended to elicit pathogen SD and included the description of sexual coercion, intimacy difficulties due to bodily changes following cancer treatment, discomfort during intimacy due to a medical device (stoma) and the contraction of a sexually transmitted infection after a one-night stand. To elicit sexual SD, three scenarios described situations of perceiving body-related rejection during intimacy with a partner, inability to perform sexually (erectile difficulties vs. vaginismus) and rejection due to body-related insecurity. The four scenarios that aimed to elicit moral SD included the description of discovering a partner's infidelity as well as engaging in infidelity, inappropriate sexual interaction with an underage partner and continuing sexual advances despite the lack of consent.

Each scenario was created in two forms. In the experimental condition (self-perspective), participants assumed the role of the main character and were instructed to imagine experiencing the situation themselves. In the control condition (other-perspective), participants imagined the same scenario as an uninvolved bystander, for example, by hearing about the experience from a friend. Consistent with Brouwer et al. (2023), control scenarios were designed to account for SD elicited by sexual content independent of perspective. The experimental and control scenarios were otherwise identical except for the perspective that was taken. To illustrate the stimuli, one experimental scenario from the pathogen domain is provided below. This example reflects the version presented to female participants:

> You go to a party with your friends. You meet a random guy and somehow, perhaps because of lack of "better" opportunities, you end up chatting openly together for a long time. He keeps buying you drinks. After a couple of hours, he asks you to go upstairs with him, to have a quieter space to talk. When the both of you are upstairs, he takes you to a bedroom and he forces you to have sex with him. (Scenario 1)

Manipulation Check. To assess successful manipulation and vividness of the mental imagery, participants indicated how effectively they could imagine the described scenarios. Participants rated the statement '*I could easily imagine the experience described in the scenario*' on a Visual Analogue Scale (VAS) ranging from *Not at all* (0) to *Very much* (100).

State Self-Disgust and Cognitive Appraisals. Participants rated their immediate emotional and cognitive outcomes on a set of self-report items after each scenario. Participants' subjective SD was measured with two items '*I feel revolting*' and '*I feel self-disgust*'. Participants indicated their agreement with the presented statements on a VAS ranging from *Not at all* (0) to *Very much* (100), presented as a continuous slider with labelled endpoints. The two items demonstrated excellent internal consistency across all scenarios, domains and conditions with Cronbach's $\alpha = .95$.

To assess domain-specific cognitive appraisals of the scenarios, three cognitive-related statements were included (pathogen SD: '*This scenario makes me feel filthy*.'; sexual SD: '*This scenario makes me feel that I am not an adequate sexual partner*.'; moral SD: '*This scenario makes me feel that I acted against my moral values*'). After each scenario, agreement with all the presented cognitive items was measured with a VAS ranging from *Not at all* (1) to *Very much* (5), presented as a continuous slider with labelled endpoints. These items were used to examine whether scenario domains elicited corresponding domain-specific SD appraisals.

Trait Measures

Self-Compassion. To measure SC, the Self-Compassion Scale–Short Form (SCS-SF; Raes et al., 2011) was used. The SCS-SF is a shortened version of the original 26-item Self-Compassion Scale (Neff, 2003). It is a 12-item self-report questionnaire which was designed to measure six components of SC: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The items were rated on a 5-point Likert scale ranging from *almost never* (1) to *almost always* (5). Negatively worded items were reverse-coded prior to the analysis. A mean score ranging from 1 to 5 was computed, with a higher score indicating greater SC. An example item is '*I try to see my failings as part of the human condition.*' (item 5). The SCS-SF has consistently demonstrated robust psychometric properties (Alfonsson et al., 2023; Raes et al., 2011). Internal consistency in the present study was good with a Cronbach's $\alpha = .88$.

Data Analysis

Statistical analyses were performed using SPSS 31.0. Prior to all analyses, data were screened for completeness, eligibility, and quality. Descriptive statistics (means, standard deviations and ranges) were computed for all variables. The significance level for all analyses was set at $p < .05$, using two-tailed p-values. Effect sizes for Analysis of Variance (ANOVA)

and Analysis of Covariance (ANCOVA) were reported as partial eta squared (ηp^2) and interpreted using Cohen's (1988) benchmarks. For exploratory correlational analyses, Pearson's *r* was reported.

For the main analyses, mean state SD scores were computed for scenarios within each perspective (self vs. other) and the scenario domains (sexual, pathogen, moral). Prior to inferential testing, the assumptions for the repeated-measures analyses were checked. Normality of the aggregated condition scores was assessed through Q-Q plots, and potential outliers were inspected using boxplots (see Appendix D, Figures D1–D3). To assess whether the assumption of sphericity held for within-subject factors, Mauchly's test was used. Where sphericity was violated, Greenhouse-Geisser (GG) corrections were applied. Levene's test was used to assess the homogeneity of variance for the between-subject effects of gender.

To test H1, the effects of perspective and scenario domain on state SD were examined with a 2 × 3 × 2 mixed-design ANOVA with perspective (self vs. other) and scenario domain (sexual, pathogen, moral) as within-subject factors and gender as a between-subjects factor. The inclusion of gender as a between-subjects factor allowed for the testing of H4, namely, whether state SD and the effects of perspective and scenario domain differed by gender.

To test H2, domain-specific cognitive appraisals were analysed with a 3 (scenario domain: pathogen, sexual, moral) × 3 (SD cognitive appraisal type: pathogen-related, sexual-related, moral-related) repeated-measures ANOVA, with both factors treated as within-subject variables.

To test H3, the hypothesised association of SC and SD was examined using a mixed-design ANCOVA. Analyses involving SC were conducted on participants with complete covariate data ($N = 222$). Seven participants had incomplete responses on the SCS-SF and were excluded from these analyses. Perspective (self vs. other) and scenario domain (sexual, pathogen, moral) were included as within-subjects factors, gender as a between-subjects

factor, and SC as a continuous covariate. This model allowed the assessment of both the overall association between SC and state SD, and whether this relationship varied across domains. Interactions involving SC were interpreted to examine whether the association between SC and state SD varied across perspective, scenario domain, and gender.

All significant main and interaction effects were followed up with Bonferroni-corrected pairwise comparisons. Exploratory correlational analyses were additionally conducted to examine further associations between SC and state SD across domains and perspectives.

Results

Descriptive Statistics

The overall mean for SC was $M = 3.00$ ($SD = .70$), suggesting a moderate level of SC across the sample. SC scores were comparable across genders (men: $M = 3.02$, $SD = .69$, women: $M = 2.99$, $SD = .70$). Descriptive statistics for SC are presented in Table 1.

Table 1

Descriptive Statistics for Self-Compassion and Self-Compassion Dimensions by Gender

	Male		Female		Total	
Measure	*M*	*SD*	*M*	*SD*	*M*	*SD*
Total SC	3.02	0.69	2.99	0.70	3.00	0.70
Self-Kindness	3.21	0.79	3.20	0.86	3.21	0.83
Self-Judgment	2.86	1.00	2.77	1.04	2.82	1.02
Common Humanity	3.23	0.83	3.18	0.93	3.21	0.88
Isolation	2.50	0.99	2.64	0.96	2.57	0.98
Mindfulness	3.56	0.80	3.59	0.95	3.57	0.87
Over-Identification	2.74	1.02	2.58	1.00	2.66	1.01

Note. Total $N = 222$ (men: $N = 111$; women: $N = 111$). *SD* = standard deviation.

Cognitive appraisals demonstrated clear domain-specific patterns across scenario types (see Appendix C, Table 4). Participants consistently endorsed appraisal types that matched the scenario domain most strongly. Pathogen-related appraisals were rated highest in pathogen scenarios ($M = 2.95$, $SD = .80$), sexual-related appraisals were rated highest in

sexual scenarios (*M* = 4.10, *SD* = .91) and moral-related appraisals were rated highest in moral scenarios (*M* = 3.73, *SD* = .58). At the descriptive level, cognitive appraisal patterns were comparable across genders, with no apparent differences in domain-specific responding based on descriptive patterns (see Appendix C, Table 5).

Engagement with the scenarios was assessed using the manipulation check scores. Participants reported higher engagement in the self-perspective condition (*M* = 36.60, *SD* = 19.45) than in the other-perspective condition (*M* = 14.55, *SD* = 17.96). Full descriptive statistics by condition and gender are presented in Table 2.

Table 2

Descriptive Statistics for Manipulation Check by Perspective and Gender

Gender	Measure	Self-Perspective		Other-Perspective	
		M	*SD*	*M*	*SD*
Male *N* = 111	Pathogen MC	41.64	21.44	17.33	20.50
	Sexual MC	17.13	20.45	7.98	13.61
	Moral MC	35.48	24.65	14.30	21.40
Female *N* = 118	Pathogen MC	51.45	17.41	19.72	22.49
	Sexual MC	22.21	22.75	9.79	17.70
	Moral MC	50.77	25.50	17.93	22.84
Overall *N* = 229	MC aggregated across domains and genders	36.60	19.45	14.55	17.96

Note. Self-Perspective = experimental condition; Other-perspective = control condition; MC = manipulation check; *SD* = standard deviation.

Overall, participants reported higher state SD in the experimental condition (*M* = 63.51, *SD* = 20.45) compared to the control condition (*M* = 25.67, *SD* = 23.55). State SD responses varied across scenario domains, with moral scenarios generally eliciting the highest ratings and sexual scenarios eliciting lower ratings. Full descriptive statistics by scenario domain, condition and gender are presented in Table 3 (see Appendix C, Table 6, for the descriptive statistics of SD across the scenarios).

Table 3

Descriptive Statistics for State Self-Disgust by Perspective and Gender

Gender	Measure	Self-Perspective		Other-Perspective	
		M	*SD*	*M*	*SD*
Male	Pathogen SD	56.63	21.17	23.30	23.19
N =	Sexual SD	58.39	24.78	20.68	23.03
111	Moral SD	69.98	20.44	32.12	28.43
	Total SD	61.67	18.40	25.37	22.61
Female	Pathogen SD	65.58	23.57	23.79	25.20
N =	Sexual SD	61.15	27.02	26.65	27.33
118	Moral SD	69.02	23.72	27.46	26.74
	Total SD	65.25	22.15	25.96	24.49
Total	SD (aggregated across domains and genders)	63.51	20.45	25.67	23.55
N =	Pathogen SD	61.24	22.84	23.55	24.20
229	Sexual SD	59.81	25.94	23.75	25.46
	Moral SD	69.48	22.15	29.72	27.61

Note. Self-perspective = experimental condition; Other-perspective = control condition; Total SD represents the average state SD score across domains; *SD* = standard deviation.

Inferential Testing

Effects of Perspective, Domain, and Gender on State Self-Disgust

A 2 (perspective: self vs. other) × 3 (domain: pathogen, sexual, moral) × 2 (gender: male vs. female) repeated-measures ANOVA was used to examine how perspective, domain, and gender related to state SD (see Appendix E, Table 9, for full results).

Assumption Checks. Assumption checks indicated that the data were approximately normally distributed, with no evidence of extreme outliers (see Appendix D, Figures D1–D3). Mauchly's test of sphericity indicated a violation of sphericity for the main effect of domain, $\chi^2(2) = 23.00$, $p < .001$, and for the perspective × domain interaction, $\chi^2(2) = 7.04$, $p = .030$. GG corrections were applied where appropriate. Levene's test was largely non-significant ($p > .05$), except for sexual state SD in the control condition, $F(1, 227) = 5.48$, $p = .020$. Given the relatively equal size of groups, this violation was not considered substantial. Full statistical assumption test results are presented in Appendix D (Tables 7–8).

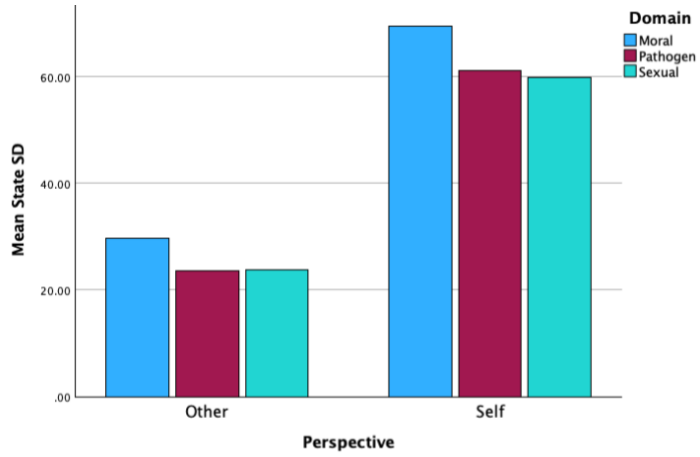
Main Effects. A significant large main effect of perspective emerged, $F(1, 227) = 526.08$, $p < .001$, $\eta p^2 = .699$, with higher state SD in the self-perspective condition ($M = 63.46$, $SE = 1.35$) compared to the other-perspective condition ($M = 25.67$, $SE = 1.56$) (see Appendix E, Table 9, for full ANOVA results). This result indicates that the reported state SD was substantially stronger in the self-perspective condition. A significant main effect of domain was also found, representing a medium-to-large effect, $F(1.82, 413.94) = 36.16$, $p < .001$, $\eta p^2 = .137$. State SD ratings were highest for moral scenarios ($M = 49.64$, $SE = 1.37$), followed by pathogen ($M = 42.33$, $SE = 1.25$) and sexual scenarios ($M = 41.72$, $SE = 1.40$). Bonferroni-corrected pairwise comparisons showed that moral scenarios elicited significantly higher state SD than both pathogen and sexual scenarios, $ps < .001$, whereas pathogen and sexual scenarios did not differ significantly, $p = 1.000$.

No significant overall gender differences in state SD were observed, $F(1, 227) = 0.75$, $p = .386$, $\eta p^2 = .003$. In addition, the perspective × gender interaction was not significant, $F(1, 227) = 0.82$, $p = .366$, $\eta p^2 = .004$, indicating that the effect of perspective on state SD did not differ significantly across gender.

Interaction Effects. A significant small perspective × domain interaction was found, $F(1.94, 440.49) = 3.05$, $p = .049$, $\eta p^2 = .013$, suggesting that the difference between self- and other-perspective conditions varied slightly across scenario domains (see Figure 2).

Figure 2

Mean State Self-Disgust by Perspective and Domain

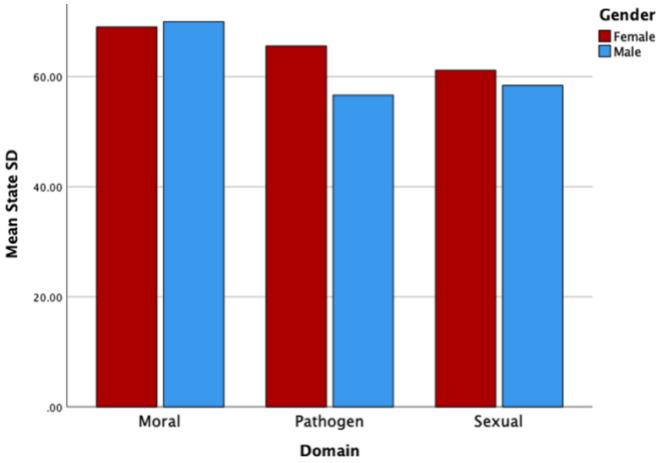


Note. Mean state SD ratings by perspective condition and scenario domain. Error bars represent standard errors of the mean. Higher scores indicate greater state SD.

Further, a small but significant interaction between domain and gender emerged, $F(1.82, 413.94) = 8.38$, $p < .001$, $\eta p^2 = .036$, indicating that the pattern of state SD across domains differed somewhat between men and women. As shown in Figure 3, pathogen and sexual state SD ratings were higher among women, whereas moral state SD ratings were slightly higher among men.

Figure 3

Mean State Self-Disgust by Domain and Gender in the Self-Perspective Condition



Note. Mean state SD ratings in the self-perspective condition by scenario domain and gender. Error bars represent standard errors of the mean. Higher scores indicate greater state SD.

In addition, a small three-way interaction between perspective, domain, and gender was observed, $F(1.94, 440.49) = 7.97$, $p < .001$, $\eta p^2 = .034$ (see Appendix E, Table 9). Bonferroni-corrected pairwise comparisons indicated that, for male participants, moral scenarios elicited higher state SD ratings than both pathogen and sexual scenarios (both $ps < .001$). In contrast, pathogen and sexual domains did not differ significantly for men ($p = 1.000$). For female participants, moral scenarios elicited higher state SD ratings than both pathogen scenarios ($p = .029$) and sexual scenarios ($p = .028$), while pathogen and sexual scenarios did not differ significantly ($p = 1.000$).

Altogether, the findings provided strong support for H_1, indicating that self-perspective scenarios elicited higher state SD than other-perspective scenarios. The findings also provided partial support for H_4. Gender-related differences emerged only in interaction with scenario domain and perspective, while no overall gender difference and no perspective × gender interaction were observed (see Appendix E, Table 9).

Effects of Scenario Domain and Appraisal Type on Cognitive Self-Disgust

To test H_2, a 3 (scenario domain: pathogen, sexual, moral) × 3 (SD appraisal type: pathogen-related, sexual-related, moral-related) repeated-measures ANOVA was conducted to examine domain-specific cognitive appraisals (see Appendix F, Table 12, for full results).

Assumption Checks. Assumptions of normality and absence of extreme outliers were previously assessed and considered satisfactory, therefore, only sphericity results are reported here. Mauchly's test indicated violations of sphericity for scenario domain, $\chi^2(2) = 12.88$, $p = .002$, and for the scenario domain × appraisal type interaction, $\chi^2(9) = 116.52$, $p < .001$. GG corrections were applied where appropriate (see Appendix F, Table 11).

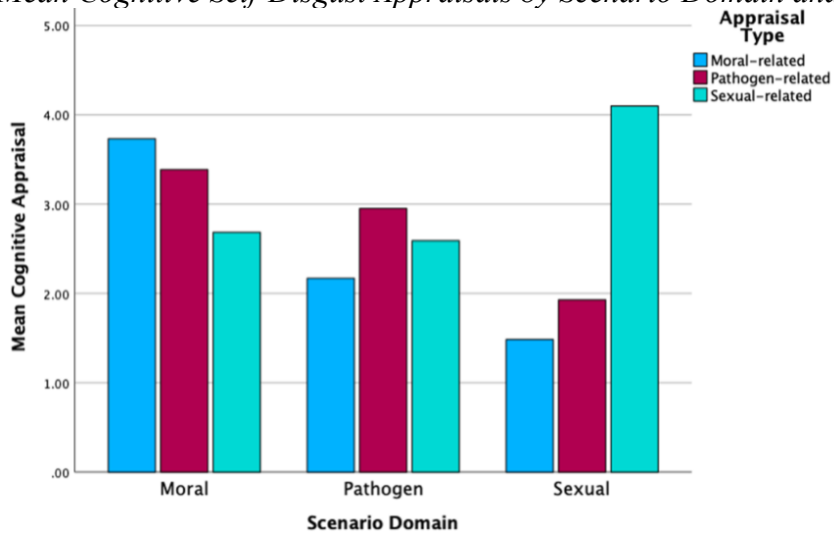
Main Effects. There was a large, significant main effect of scenario domain, $F(1.90, 432.07) = 277.087$, $p < .001$, $\eta p^2 = .549$, indicating substantial differences in appraisal ratings across domains. Further, a large and significant main effect of appraisal type was also

observed, $F(2, 456) = 119.52$, $p < .001$, $\eta p^2 = .344$, indicating that participants differentially endorsed pathogen-, sexual-, and moral-related cognitive appraisals across scenario types.

Interaction Effects. These main effects were further qualified by a large significant interaction between scenario domain and appraisal type, $F(3.03, 690.29) = 666.13$, $p < .001$, $\eta p^2 = .745$, indicating that appraisal types corresponded differently to the three scenario domains (see Figure 4). Results of the repeated-measures ANOVA are presented in Appendix F (Table 12). Bonferroni-corrected pairwise comparisons indicated that, within each scenario domain, the corresponding SD appraisal was rated significantly higher than the other appraisal types (all *ps* < .001; see Appendix F, Table 13). Specifically, pathogen scenarios elicited higher pathogen-related appraisals ($M = 2.95$), sexual scenarios elicited higher sexual-related appraisals ($M = 4.10$), and moral scenarios elicited higher moral-related appraisals ($M = 3.73$). Overall, the findings demonstrated domain congruency in cognitive SD appraisals.

Figure 4

Mean Cognitive Self-Disgust Appraisals by Scenario Domain and Appraisal Type



Note. Mean cognitive SD appraisal ratings by scenario domain and appraisal type. Higher scores indicate stronger endorsement of the corresponding appraisal type.

These findings provided strong support for H2 and demonstrated that different scenario domains elicited domain-congruent cognitive SD appraisals.

Effects of Self-Compassion on State Self-Disgust

To test H3 and examine whether SC was associated with state SD, a mixed-design ANCOVA was conducted. Gender was included as a between-subjects variable, perspective and domain as within-subjects variables, and SC as a covariate.

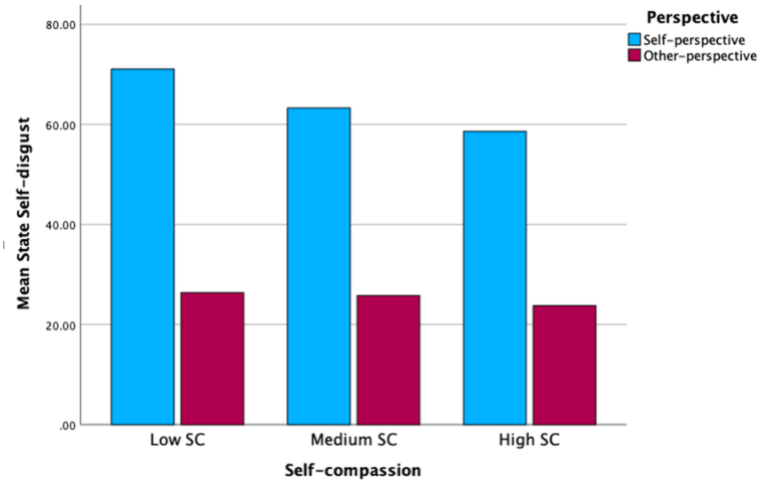
Assumption Checks. Assumption checks are presented in Appendix G, Tables 14–16. Most assumptions were met. Because Box's test was significant, Box's $M = 40.07$, $p = .010$, the more robust Pillai's Trace was interpreted. Mauchly's test indicated violations of sphericity for domain, $\chi^2(2) = 16.14$, $p < .001$, and the perspective × domain interaction, $\chi^2(2) = 6.09$, $p = .048$. Therefore, GG corrections were applied where appropriate. Levene's tests were largely non-significant, except for sexual state SD in the control condition, $F(1, 220) = 4.46$, $p = .036$. SC did not differ significantly by gender, $t(220) = 0.23$, $p = .816$, and the homogeneity of regression slopes assumption was met, as the Gender × SC interaction was not significant, $F(1, 218) = 0.27$, $p = .606$ (see Appendix H, Table 19).

Main Effects. A small, significant main effect of SC was observed, $F(1, 218) = 7.61$, $p = .006$, $\eta p^2 = .034$, suggesting that higher SC was slightly associated with lower state SD overall (see Appendix H, Table 19). Consistent with the earlier ANOVA, significant main effects of perspective and domain were also observed (see Appendix H, Table 18), however, the focus of this model was the role of SC as a covariate.

Interaction Effects. A small interaction between SC and perspective emerged, $F(1, 218) = 4.78$, $p = .030$, $\eta p^2 = .021$, suggesting that the association between SC and state SD may vary slightly between self- and other-perspective conditions (see Figure 5).

Figure 5

Mean State Self-Disgust Across Levels of Self-Compassion by Perspective



Note. Mean state SD ratings by SC group (tertile split) and perspective condition. SC was analysed as a continuous covariate; groups are displayed for visualisation purposes only. Higher scores indicate greater state SD.

In addition, a small, significant interaction between SC and scenario domain was also observed, $F(1.87, 406.85) = 7.65$, $p < .001$, $\eta p^2 = .034$, suggesting that the relationship between SC and state SD varied somewhat across domains. No significant interactions involving gender and SC were observed (all *ps* > .05), suggesting that the association between SC and state SD was comparable across genders.

The findings provided partial support for H3, suggesting that higher SC was generally associated with lower levels of state SD. However, the strength of this association differed across perspectives and scenario domains.

Exploratory Correlational Analyses. Exploratory correlations indicated a small-to-moderate significant negative association between SC and self-perspective SD $r(220) = -.259$, $p < .001$, and sexual-domain SD, $r(220) = -.255$, $p < .001$. A smaller but significant negative association was observed for pathogen-related SD, $r(220) = -.173$, $p = .010$, whereas no meaningful associations emerged for other-focused or moral-domain state SD (see Appendix H, Table 20).

Discussion

The present study aimed to replicate and extend Brouwer et al.'s (2023) scenario-based paradigm in a non-clinical community sample. Specifically, it addressed three current gaps in the existing literature: the limited experimental evidence on domain-specific SD elicitation, the limited generalisability of elicitation effects beyond relatively homogeneous samples, and a lack of research on individual differences that shape SD experiences.

Consistent with Brouwer et al.'s (2023) previous findings, participants reported stronger SD responses when imagining themselves personally involved in a scenario, highlighting the role of self-relevance in SD elicitation. SD appraisal patterns were closely aligned with the thematic content of the scenarios. Rather than responding to the scenarios as merely generally aversive, participants appeared to process the scenarios in domain-specific ways. Higher SC was modestly associated with lower state SD, while gender-related effects were limited and context-dependent. Generally, the findings indicate the role of self-relevance, domain-specific appraisal processes, and context-dependent individual differences in SD elicitation, beyond aversive scenario content alone.

The stronger SD responses observed in the self-perspective condition suggest that personal involvement increased the psychological salience of the scenarios. When imagining events as happening to themselves, participants may have perceived stronger implications for their own body, behaviour, or identity (e.g., feeling personally contaminated). While the same content may still have been aversive from the observer's perspective, the scenario might have been experienced as less personally threatening and self-relevant. This interpretation aligns with appraisal theories, which propose that emotional responses depend on how personally meaningful a situation is perceived (Lazarus, 1991), potentially explaining the higher SD responding in the self-perspective condition.

However, the perspective manipulation may not only have altered emotional intensity but also led to qualitatively different ways of processing the scenarios. Research on self-other asymmetries suggests that judgements about the present self often differ from judgements made about others, as self-related judgements are more strongly shaped by immediate subjective experiences (Pronin, 2008). Similarly, the construal level theory by Trope and Liberman (2010) proposes that imagining an activity from a third-person perspective yields less vivid, more abstract representations of events with greater psychological distance. Applied to the present findings, the self-perspective may have encouraged scenario processing through a more immediate and self-critical lens. At the same time, the other perspective could have allowed for a greater distance, contextualisation or understanding of the scenarios. Hence, the perspective manipulation may not simply have changed the intensity of SD responses to the same content. Instead, the different perspectives may have changed the evaluative target and stance from which the scenario was processed.

Moreover, the current findings support multidimensional conceptualisations of SD, as domain-specific appraisal patterns emerged, with participants most strongly endorsing cognitive appraisals matching the thematic content of scenarios. This pattern aligned closely with functional disgust models proposing that general disgust operates through distinct systems related to pathogen avoidance, sexual regulation, and moral norm enforcement (Tybur et al., 2009). SD experiences in this study appeared to be related yet domain-specific, thereby potentially reflecting different forms of self-threat. This finding challenges unitary conceptualisations of SD and operationalisations that rely on a single total SD score, as these may obscure meaningful domain-specific processes and overlook the distinctiveness of SD experiences. Theoretically, this suggests that SD should be understood as both an emotional response rooted in shared, self-directed processes with underlying domain-specific processes, instead of being a single and undifferentiated feeling of ‘being disgusting’.

Interestingly, moral scenarios elicited particularly strong SD responses. This may be the case, as moral transgressions threaten broader aspects of identity, social value, and acceptance (Haidt, 2001; Rozin et al., 1999), leading to self-evaluations regarding social and moral standards. However, the strength of moral SD responses may not reflect domain specificity alone. It is possible that moral scenarios were perceived to be more severe, socially consequential, or emotionally intense than the sexual and pathogen scenarios, which imply sexual undesirability or physical contamination. Moral themes such as infidelity may have evoked shame, guilt, embarrassment, or fear of social judgment (Tangney et al., 2007; Tracy & Robins, 2004), thereby amplifying SD responses beyond domain-specific and general SD processes. Thus, stronger SD elicited in moral scenarios could reflect both domain specificity and greater social-evaluative and emotional weight for participants.

Given the importance of self-evaluative processes in SD experiences, the present study examined SC as an individual-difference factor. Higher levels of SC, particularly in the self-perspective, were associated with lower SD responses. However, effects were modest and context-dependent, suggesting that SC may be more selective in buffering against SD. As SC is characterised by responding to oneself with kindness rather than harsh self-judgement (Neff, 2003), SC may be most protective when SD involves shame or perceived failures. Considering that pathogen SD is driven more strongly by immediate contamination concerns and automatic disease-avoidance tendencies (Oaten et al., 2009; Tybur et al., 2009), the buffering effect of SC may be less far-reaching in pathogen-related SD. This interpretation suggests that SC may not directly target the underlying SD processes of all general disgust and SD domains to the same extent. Therefore, the modest association between SC and SD could suggest that certain conditions exist in which compassionate reappraisals is likely to matter more than in others. These could be situations in which SD is tied to self-criticism, shame, or perceived social failure.

Another individual-difference factor included in this study was gender. Given the gender-imbalanced SD literature relying predominantly on female-only samples (Brouwer et al., 2023; Powell et al., 2014) or male-only samples (Mason et al., 2022), firm theoretical conclusions about gender differences in SD remain difficult to draw. However, contrasting broader disgust literature, reporting higher disgust sensitivity in women (Curtis et al., 2004), no substantial gender difference in SD was observed. The absence of a strong gender effect could align with Hyde's (2005) gender similarities hypothesis, cautioning against an overemphasis on gender differences in psychological research. This finding also suggests that outcomes from broader disgust literature may not directly generalise to SD. While general disgust studies often assess reactions to external stimuli (e.g., bodily fluids) linked to pathogen-avoidance functions of disgust (Oaten et al., 2009; Tybur et al., 2009), this study conceptualised and operationalised SD as involving negative self-evaluations (Brouwer et al., 2023). In the present study, gender mattered only within specific domains and conditions, suggesting context-specificity rather than general gender-based tendencies in SD. Thus, SD should be examined as a distinct self-evaluative emotional process, rather than a direct extension of general disgust sensitivity.

Overall, the present findings build on previous SD literature by suggesting that SD responses are shaped not only by exposure to aversive stimuli but also by self-referential interpretation of experiences (Brouwer et al., 2023; Overton et al., 2008). Furthermore, the findings support a multidimensional conceptualisation of SD (de Jong & Borg, 2015), similar to those of general disgust, as proposed by researchers such as Rozin et al. (2008) and Tybur et al. (2009). Therefore, SD experiences may vary depending on the context and perceived threat to the self instead of reflecting a single and uniform emotional response.

Theoretical Contributions

The present findings contribute to the current theoretical understandings of SD in several meaningful ways. First, findings demonstrated that experimentally elicited SD is not simply a response to aversive scenario content but emerges most strongly when the content is processed as self-referential, supporting the use of scenario-based paradigms in SD research and Brouwer et al.'s (2023) findings. The contrast between the perspective conditions suggests that SD is particularly likely to arise when a situation is interpreted as revealing something negative about one's physical states (e.g., contamination), body, or morality, aligning with appraisal-based theories of emotion (Lazarus, 1991; Scherer et al., 2001).

Second, the findings support multidimensional conceptualisations of disgust. Previous models proposed that disgust operates through partially distinct systems associated with contamination avoidance, mating regulation, and moral norm enforcement (Tybur et al., 2009). Domain-congruent appraisal patterns suggest that scenarios did not merely elicit different intensities of the same emotional response but activated different self-evaluations. Therefore, SD appears to retain the domain-specific general disgust structure, contributing to a shift of focus in SD research from whether individuals experience themselves as generally disgusting to how and in what situations the self becomes the target of disgust.

Finally, the findings refine our understanding of how individual differences influence SD. The modest and context-dependent effects observed for SC and gender suggest that SD is not simply shaped by broad dispositional tendencies or gender patterns derived from general disgust (Overton et al., 2008; Powell et al., 2015). Instead, individual difference factors appear to vary in their effect under different self-relevant and domain-specific conditions. This positions SD as a context-dependent, self-evaluative emotional process rather than as a uniform trait or direct extension of general disgust sensitivity.

Taken together, this study extends previous SD work by linking experimental SD elicitation to self-relevance, domain-specific appraisal patterns, and context-dependent and individual-difference factors. In doing so, the findings contribute to a more differentiated theoretical understanding of SD as a multidimensional construct that varies across contexts.

Methodological Strengths

A major strength of this study is its replication-and-extension design. Replication is increasingly important in psychological research due to concerns regarding reproducibility, reliability, and generalisability (Open Science Collaboration, 2015; Shrout & Rodgers, 2018). This study tested whether experimentally elicited, domain-specific SD effects reported by Brouwer et al. (2023) generalise to a broader non-clinical community sample that includes men. Further, the inclusion of additional scenarios, SC, and gender allowed for moving beyond the investigation of SD elicitation and examining variability in SD responses.

Another strength is the use of an experimentally controlled scenario-based paradigm. Because SD is closely linked to sensitive experiences involving sexuality, contamination, and morality, imagined scenarios provide an ethically manageable way to examine emotional responses, in case participant safety and potential distress are carefully considered (Decker et al., 2011; Hughes & Huby, 2002). Furthermore, research on mental imagery suggests that imagined experiences can evoke affective responses comparable to those elicited by directly experienced events (Holmes & Mathews, 2010). Additionally, the repeated-measures design increased statistical sensitivity by reducing between-participant variability (Field, 2017).

Finally, the study did not rely solely on global SD ratings but also included domain-specific appraisal measures. This made it possible to examine whether participants processed pathogen-, sexual-, and moral-scenario stimuli in theoretically meaningful ways, beyond general aversiveness. The inclusion of appraisal measures, therefore, enabled the

interpretation of domain-specific SD elicitation and helped capture distinctions among different forms of disgust and SD (Brouwer et al., 2023; Tybur et al., 2009).

Limitations

Several limitations should be considered when interpreting the findings. First, the study used a cross-sectional design. The design choice was appropriate for the broader aim of testing the elicitation of domain-specific SD in a scenario-based paradigm. However, as variables were assessed at a single point in time, and SC was not manipulated, no causal conclusions can be drawn about the direction and strength of relationships (Spector, 2019).

Second, while the scenario-based paradigm allowed experimental control to test domain-specific SD responding across conditions, written scenarios may not fully capture the complexity or intensity of naturally occurring SD experiences (Holmes & Mathews, 2010). Participants may also have differed in their emotional engagement and imagination vividness with scenarios (Cui et al., 2007), despite the inclusion of a manipulation check.

Third, the study relied exclusively on self-report measures. This was appropriate, as SD is a subjective experience, allowing participants to indicate the intensity of their SD directly after each scenario. However, self-report measures are vulnerable to limitations in self-insight and social desirability biases (Paulhus & Vazire, 2007). Further, due to the explicit nature of the scenarios and repeated SD assessment, participants may have inferred the study's aims and adjusted their responses accordingly, due to demand characteristics (Orne, 1962). It also remains unclear whether elevated SD responses were accompanied by broader behavioural or physiological aspects of disgust responding (Mauss & Robinson, 2009). Thus, all findings should be interpreted as participants' subjective SD evaluations.

Fourth, the presence of potential self-selection biases and unmeasured third variables should be considered. Individuals accessing Prolific and participating in a study containing sensitive content may have systematically differed from broader populations, potentially

affecting the generalisability of findings (Palan & Schitter, 2017). Further, potentially confounding constructs such as depressive symptomatology, rumination, or proneness to shame were not measured in the present study (Ehring & Watkins, 2008; Orth et al., 2006). Nonetheless, this trade-off was considered acceptable given the study's primary aims.

Lastly, the heteronormativity of the study design is a limitation. The cisgender heterosexual sample ensured consistency with Brouwer et al.'s (2023) paradigm and relatability to the gendered and sexual scenario content. However, excluding individuals with diverse sexual orientations and gender identities limits the generalisability of findings as well as the breadth of perspectives represented in the sample and marginalises individuals. As SD experiences may differ in groups whose sexual and interpersonal experiences are shaped by broader sociocultural and identity-related processes (Herek, 2009; Meyer, 2003; Pachankis, 2007), findings should be interpreted within the boundaries of the sampled population.

Future Directions

Based on the study's findings, contributions, strengths, and limitations, several future research recommendations emerge. First, SC should be experimentally manipulated to determine whether increasing SC reduces SD responses, as the relationship between SC and SD may be more complex than captured in the current cross-sectional and correlational design. As intervention research has shown that SC exercises can reduce self-criticism (Diedrich et al., 2014; Neff & Germer, 2013), future research could investigate pathways through which SC influences SD, while also considering other protective factors.

Further, scenario-based paradigms in SD research should be extended to clinical and more diverse populations (de Jong et al., 2013; Powell et al., 2014). Examining SD among individuals experiencing obsessive-compulsive symptoms as well as in LGBTQ+ populations may help clarify how SD operates across different forms of psychological vulnerability and self-related distress, such as experiences of minority stress and concerns related to identity.

Additionally, given the particularly strong SD responses observed in the moral domain, future research should examine whether moral SD differs from pathogen- and sexual-related SD, such as in its emotional correlates and experienced severity.

Lastly, a broader body of SD research should investigate behavioural and physiological measures alongside self-report ratings. Including indices such as behavioural avoidance tasks, which have previously been used in SD research (Borg & de Jong, 2012), or physiological arousal measures could help clarify whether experimentally elicited SD reflects broader emotional and avoidance-related processes beyond subjective self-report (Cisler et al., 2009; Mauss & Robinson, 2009).

Conclusion

Overall, the present study replicated and extended the findings of Brouwer et al. (2023). Findings support the conceptualisation of SD as a multidimensional and context-dependent emotional experience that can be experimentally elicited. Stronger SD responses emerged when participants imagined themselves personally involved in aversive scenarios, while domain-congruent appraisal patterns further supported distinctions between pathogen-, sexual-, and moral-related forms of SD. In addition, the findings suggest that individual differences may play a role in SD elicitation, although the effects of SC and gender were relatively modest. Together, these findings demonstrate that SD responses are shaped by a complex interaction between situational meaning, self-relevance, and self-evaluative interpretation (Lazarus, 1991; Powell et al., 2015; Scherer et al., 2001). Ultimately, the present study highlights that SD is not simply a reaction to aversive experiences themselves, but to what those experiences come to mean for the self.

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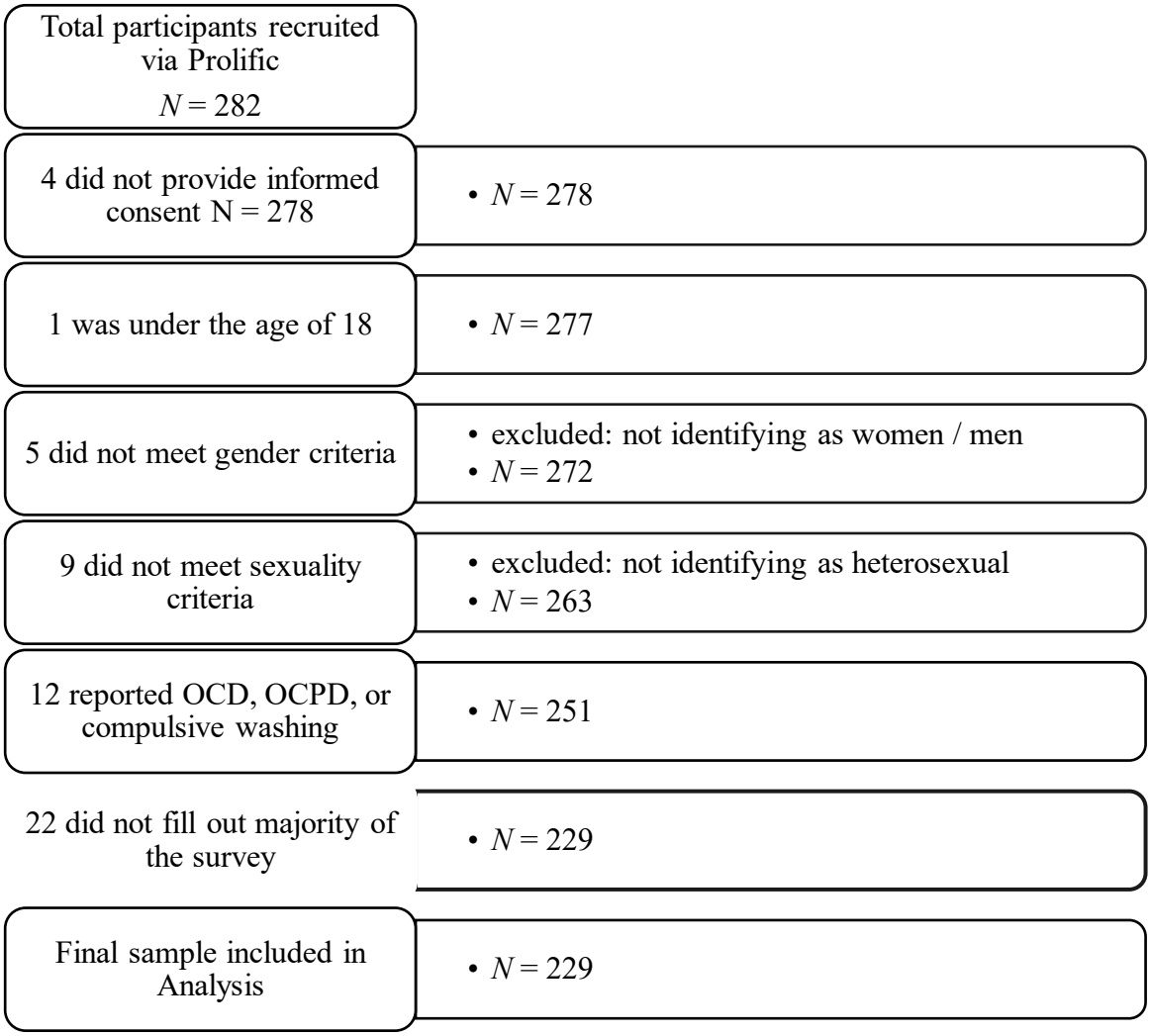
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Appendix A

Figure A1

Flow Diagram of Participant Exclusion



Note. This flow diagram illustrates the number of participants after each stage of the hierarchical exclusion process. Exclusion criteria included not meeting gender or sexual orientation requirements, reporting OCD / OCPD or compulsive washing behaviours, as well as incomplete survey responses. Participants retained after the final exclusion step reflect the final analytic sample ($N = 229$).

Appendix B

Sex Related Scenarios

This appendix presents all experimental and control scenarios used in the study. Scenarios were designed to elicit pathogen-, sexual-, and moral-related SD in male and female versions.

Experimental Scenarios - Male

Scenario 1 Pathogen Domain

You go to a party with your friends. You meet a random girl and somehow, perhaps because of lack of 'better' opportunities, you end up chatting openly together for a long time. She keeps buying you drinks. After a couple of hours, she asks you to go upstairs with her, to have a more quiet space to talk. When the both of you are upstairs, she takes you to a bedroom and she forces you to have sex with her.

Scenario 2 Sexual Domain

Things are going really well with you and your girlfriend; however, you've recently gained quite some weight. You just started a new diet, but it doesn't work, because you're actually gaining even more weight. One day you and your girlfriend are having a romantic evening. You start to get intimate with each other, but when you take off your clothes, you feel that your girlfriend begins to pull away, and she suggests watching a movie instead.

Scenario 3 Moral Domain

You are at a club with your friends, when you see a hot teenager. Even though she is clearly too young, you start to feel aroused, and you get an erection. You try to ignore her. However, one thing leads to another, and before you know it, your tongue is in her mouth and your hands are on her butt, touching her. You then move to a bathroom and have sex with her.

Scenario 4 Pathogen Domain

You are a good-looking man, and very happy with your body. Your looks are very important to you, and you take good care of yourself. Two months ago, your doctor discovered you had testicular cancer and as a result your left testicle was surgically removed. Besides, you are on hormonal treatment that changes the way your body looks. Your hair still hasn't fully grown back, the weight loss has turned your body fragile, and your skin is breaking out in rashes. You find it very difficult to see your own body in its current shape and go to great lengths to suppress thinking about the changes of your body. You're at your new

lover's home and she's kissing and slowly undressing you. In response to this, you move slightly away from her and propose to have another drink.

Scenario 5 Pathogen Domain

After a few days at the hospital recovering from a colostomy surgery, you are back at home. You find it difficult to accept the deformation of your body. You are lying on your bed scrolling on your phone in an attempt to distract yourself from the intrusive concerns about your stoma bag. Your partner joins you from behind and she starts running her fingertips from your neck to your lower back, and she keeps stroking you... when she starts touching the area close to your stoma bag. In response to this, you move slightly away and propose watching a Netflix series.

Scenario 6 Moral Domain

You have been happily married to your wife for 5 years, even though your wife recently has had a low sex drive. As you regularly do, you have left for a business trip for a few days out of the country. This time, you finished a day earlier, and decide to surprise your wife. When you walk through the door you see another man's shoes organized in the shoe rack and discover him in bed with your wife.

Scenario 7 Moral Domain

You're a happily married man. You adore your wife and your kids. You live by strict moral values and fidelity is really important to you. One day you go to a party at your neighbour's house. You and your neighbour consumed too much alcohol. At some point you wake up, and you find yourself in her bedroom. You realize that you had sex with her.

Scenario 8 Sexual Domain

You are in a relationship. One night, the two of you decide to go to bed early to spend some intimate time together. Once you get to the bedroom, your girlfriend starts kissing you and the two of you start undressing each other. You tumble onto the bed and attempt to have sex. Despite the fact that you want to have sex, and pleasure your girlfriend, you can't get an erection. Your girlfriend turns over to go to sleep.

Scenario 9 Pathogen Domain

You go out to the club for a carefree and fun night. As the night progresses, so does your alcohol level and you dance the night away. You meet a nice woman and you two hit it off immediately. You have sex. Two weeks later, you notice some pain while urinating and an unusual discharge. Around the same time, you receive a text from your one-night stand, telling you that she has chlamydia. You decide to get tested only to find out that you have indeed contracted chlamydia.

Scenario 10 Sexual Domain

You match with a woman on Tinder. The conversation flows well and you two decide to meet up. You find her body very attractive but feel insecure about yourself as you have gained some weight in the last months. During the date, sexual tension builds on your side, and you eagerly await the moment you'll finally be able to have sex with her. The date progresses and you find yourself with her in your living room. You feel really excited as you kiss each other and things get more and more heated. When she is exploring your body with her hands, she suddenly notes that your stomach feels very squishy. In response to this, she indicates that she does not think that you two match well and gets ready to go home.

Scenario 11 Moral Domain

You are on a night out with your friends; one of them has brought a friend along, and you think the friend is really hot. You make every effort to engage in conversations with her and eventually find yourself flirting and dancing with her. Eventually, you think it is time to take things to the next level, and you kiss her. She tries to pull away and pushes her hands against your chest to keep you at a distance. However, you are so into her that you continue kissing and touching her despite her efforts to move away from you.

Control Scenarios - Male

Scenario 1 Pathogen Domain

Your friend tells you a story about a friend of his. He went to a party with friends. He met a random girl, and somehow, perhaps because of lack of 'better' opportunities, he ended up chatting openly together with her for a long time. She kept buying him drinks. After a couple of hours, she asked him to go upstairs with her, to have a more quiet space to talk. When they both were upstairs, she took him to a bedroom, and she forced him to have sex with her.

Scenario 2 Sexual Domain

You read a story in a magazine about a man whose relationship with his girlfriend is going really well. However, he had recently gained quite some weight. He had just started a new diet, but it didn't work, because he actually gained even more weight. One day he and his girlfriend were having a romantic evening. They started to get intimate with each other, but when he took off his clothes, he felt that his girlfriend started to pull away, and she suggested watching a movie instead.

Scenario 3 Moral Domain

A friend of yours tells you a story about a time when he was at a club with friends when he saw a hot teenager. Even though she was clearly too young, he started to feel aroused and got an erection. He tried to ignore her. However, one thing led to another, and before he knew it, his tongue was in her mouth and his hands on her butt, touching her. He then moved to a bathroom and had sex with her.

Scenario 4 Pathogen Domain

You watch a movie scene about a good-looking man who is very happy with his body. His looks are very important to him, and he takes good care of himself. Two months ago, his doctor discovered that he had testicular cancer and as a result his left testicle was surgically removed. Besides, he was put on hormonal treatment that changed the way his body looks. His hair still hasn't fully grown back, the weight loss has turned his body fragile, and his skin was breaking out in rashes. He found it very difficult to see his own body in its current shape and went to great lengths to suppress thinking about the changes of his body. He was at his new lover's home, and she was kissing and slowly undressing him. In response to this, he moved slightly away from her, and instead he proposed to have another drink.

Scenario 5 Pathogen Domain

Your friend opens up with you about an experience he had a few days ago. After a few days at the hospital recovering from a colostomy surgery, he was back at home. He found it difficult to accept the deformation of his body. He was lying on his bed scrolling on his phone in an attempt to distract himself from the intrusive concerns about his stoma bag. His partner joined him from behind and she started running her fingertips from his neck to his lower back, and she kept stroking him... when she started touching the area close to his stoma bag. In response to this, he slightly moved away and proposed watching a Netflix series.

Scenario 6 Moral Domain

You hear a story about a man who has been happily married for 5 years, even though his wife recently has had a low sex drive. As he regularly does, he left for a business trip for a few days out of the country. This time, he finished a day earlier and decided to surprise his wife. When he walked through the door, he saw another man's shoes organized in the shoe rack and discovered him in bed with his wife.

Scenario 7 Moral Domain

Your sister tells you a story about a friend of hers, a happily married man. He adored his wife and his kids. He lived by strict moral values and fidelity was really important to him. One day he went to a party at his neighbour's house. He and his neighbour consumed too

much alcohol. At some point he woke up, and he found himself in her bedroom. He realized that he had sex with her.

Scenario 8 Sexual Domain

Your neighbour tells you about his relationship with his girlfriend. One night, the two of them decided to go to bed early to spend some intimate time together. Once he got to the bedroom, his girlfriend started kissing him and the two of them started undressing each other. They tumbled onto the bed and attempted to have sex. Despite the fact that he wanted to have sex, and pleasure his girlfriend, he couldn't get an erection. His girlfriend turned over to go to sleep.

Scenario 9 Pathogen Domain

Your friend tells you about a carefree and fun night he had a couple of weeks ago. As the night progressed, so did his alcohol level and eventually he danced the night away. He met a nice woman and the two hit it off immediately. They had sex. Two weeks later, your friend noticed some pain while urinating and an unusual discharge. Around the same time, he received a text from his one-night stand, telling him she has chlamydia. Your friend decided to get tested only to find out that he indeed has contracted chlamydia.

Scenario 10 Sexual Domain

You hear a story about a man who matched with a woman on Tinder. The conversation flowed well and the two decided to meet up. He found her body very attractive but felt insecure about himself as he had gained some weight in the last months. During the date, sexual tension built up on the man's side and he eagerly awaited the moment in which he was finally able to have sex with her. The date progressed and he found himself with her in his living room. He felt really excited as they were kissing each other and things got more and more heated. When she was exploring his body with her hands, she suddenly noted that his stomach felt very squishy. In response to this, she indicated that she did not think that the two of them would match well and she got ready to go home.

Scenario 11 Moral Domain

You watch a movie about a guy who is on a night out with his friends; one of them had brought a friend along. The guy thought the friend was really hot. He made every effort to engage in conversations with her and eventually found himself flirting and dancing with her. Eventually, he thought it was time to take things to the next level, and he kissed her. She tried to pull away and pushed her hands against his chest to keep him at a distance. However, he was so into her that he continued to kiss and touch her despite her efforts to move away from him.

Experimental Scenarios - Female

Scenario 1 Pathogen Domain

You go to a party with your friends. You meet a random guy and somehow, perhaps because of lack of 'better' opportunities, you end up chatting openly together for a long time. He keeps buying you drinks. After a couple of hours, he asks you to go upstairs with him, to have a more quiet space to talk. When the both of you are upstairs, he takes you to a bedroom and he forces you to have sex with him.

Scenario 2 Sexual Domain

Things are going really well with you and your boyfriend; however, you've recently gained quite some weight. You just started a new diet, but it doesn't work, because you're actually gaining even more weight. One day you and your boyfriend are having a romantic evening. You start to get intimate with each other, but when you take off your clothes, you feel that your boyfriend begins to pull away, and he suggests watching a movie instead.

Scenario 3 Moral Domain

You are at a club with your friends, when you see a hot teenager. Even though he is clearly too young, you start to feel aroused and you get wet. You try to ignore him. However, one thing leads to another, and before you know it, your tongue is in his mouth and your hands are on his butt, touching him. You then moved to a bathroom and have sex with him.

Scenario 4 Pathogen Domain

You are a good-looking woman, and very happy with your body. Your looks are very important to you, and you take good care of yourself. Wearing skirts and tops that show some cleavage makes you feel very feminine and sexy. Two months ago, your doctor discovered you had severe breast cancer and then your left breast was surgically removed. You find it very difficult to see your own body in its current shape and go to great lengths to suppress thinking about the changes of your body. You're at your new lover's home and he's kissing and slowly undressing you. In response to this, you move slightly away from him and propose to have another drink.

Scenario 5 Pathogen Domain

After a few days at the hospital recovering from a colostomy surgery, you are back at home. You find it difficult to accept the deformation of your body. You are lying on your bed scrolling on your phone in an attempt to distract yourself from the intrusive concerns about your stoma bag. Your partner joins you from behind and he starts running his fingertips from your neck to your lower back, and he keeps stroking you... when he starts touching the area

close to your stoma bag. In response to this, you move slightly away and propose watching a Netflix series.

Scenario 6 Moral Domain

You have been happily married to your husband for 5 years, even though your husband recently has had a low sex drive. As you regularly do, you have left for a business trip for a few days out of the country. This time, you finished a day earlier and decide to surprise your husband. When you walk through the door you see another woman's shoes organized in the shoe rack and discover her in bed with your husband.

Scenario 7 Moral Domain

You're a happily married woman. You adore your husband and your kids. You live by strict moral values and fidelity is really important to you. One day you go to a party at your neighbour's house. You and your neighbour consume too much alcohol. At some point you wake up, and you find yourself in his bedroom. You realize that you had sex with him.

Scenario 8 Sexual Domain

You are in a relationship; the two of you decide to go to bed early to spend some intimate time together. Once you get to the bedroom, your boyfriend starts kissing you and the two of you start undressing each other. You tumble onto the bed and attempt to have sex. Despite the fact that you want to have sex, and to pleasure your boyfriend, recently it has been impossible to have penetrative sex despite many attempts to do so. Your boyfriend turns over to go to sleep.

Scenario 9 Pathogen Domain

You go out to the club for a carefree and fun night. As the night progresses, so does your alcohol level and you dance the night away. You meet a nice man and you two hit it off immediately. You have sex. Two weeks later, you notice some pain while urinating and an unusual discharge. Around the same time, you receive a text from your one-night stand, telling you that he has chlamydia. You decide to get tested only to find out that you have indeed contracted chlamydia.

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You match with a man on Tinder. The conversation flows well and you two decide to meet up. You find his body very attractive but feel insecure about yourself as you have gained some weight in the last months. During the date, sexual tension builds on your side, and you eagerly await the moment you'll finally be able to have sex with him. The date progresses and you find yourself with him in your living room. You feel really excited as you kiss each other and things get more and more heated. When he is exploring your body with

his hands, he suddenly notes that your stomach feels very squishy. In response to this, he indicates that he does not think that you two match well and gets ready to go home.

Scenario 11 Moral Domain

You are on a night out with your friends; one of them has brought a friend along, and you think the friend is really hot. You make every effort to engage in conversations with him and eventually find yourself flirting and dancing with him. Eventually, you think it is time to take things to the next level, and you kiss him. He tries to pull away and pushes his hands against your chest to keep you at a distance. However, you are so into him that you continue kissing and touching him despite his efforts to move away from you.

Control Scenarios - Female

Scenario 1 Pathogen Domain

Your friend tells you a story about a friend of her. She went to a party with friends and met a random guy, and somehow, perhaps because of lack of 'better' opportunities, she ended up chatting openly together with him for a long time. He kept buying her drinks. After a couple of hours he asked her to go upstairs with him, to have a more quiet space to talk. When they both were upstairs, he took her to a bedroom and forced her to have sex with him.

Scenario 2 Sexual Domain

You read a story in a magazine about a woman whose relationship with her boyfriend was going really well. However, she had recently gained quite some weight. She had just started a new diet, but it didn't work, because she was actually gaining even more weight. One day she and her boyfriend had a romantic evening. They started to get intimate with each other, but when she took off her clothes, she felt that her boyfriend was beginning to pull away, and he suggested watching a movie instead.

Scenario 3 Moral Domain

A friend of yours tells you a story about a time when she was at a club with her friends when she saw a hot teenager. Even though he was clearly too young, she started to feel aroused and got wet. She tried to ignore him. However, one thing led to another, and before she knew it, her tongue was in his mouth and her hands on his butt, touching him. She then moved to a bathroom and had sex with him.

Scenario 4 Pathogen Domain

You watch a movie scene about a good-looking woman who is very happy with her body. Her looks are very important to her, and she takes good care of herself. Wearing skirts and tops that show some cleavage makes her feel very feminine and sexy. Two months ago,

her doctor discovered that she had severe breast cancer and soon after her left breast was surgically removed. She found it very difficult to see her own body in its current shape and went to great lengths to suppress thinking about the changes of her body. She was at her new lover's home, and he's kissing and slowly undressing her. In response to this, she moved slightly away from him and instead proposed to have another drink.

Scenario 5 Pathogen Domain

Your friend opens up with you about an experience she had a few days ago. After a few days at the hospital recovering from a colostomy surgery, she is back at home. She finds it difficult to accept the deformation of her body. She is lying on her bed scrolling on her phone in an attempt to distract herself from the intrusive concerns about her stoma bag. Her partner joined her from behind and he started running his fingertips from her neck to her lower back, and he kept stroking her... when he started touching the area close to her stoma bag. In response to this, she moved slightly away and proposed watching a Netflix series.

Scenario 6 Moral Domain

You hear a story about a woman who has been happily married for 5 years, even though her husband recently has had a low sex drive. As she regularly does, she left for a business trip for a few days out of the country. This time, she finished a day earlier and decided to surprise her husband. When she walked through the door, she saw another woman's shoes organized in the shoe rack and discovered her in bed with her husband.

Scenario 7 Moral Domain

Your sister tells you a story about a friend of hers, a happily married woman. She adored her husband and her kids. She lived by strict moral values and fidelity was really important to her. One day she went to a party at her neighbour's house. She and her neighbour consumed too much alcohol. At some point she woke up, and she found herself in his bedroom. She realized that she had sex with him.

Scenario 8 Sexual Domain

Your neighbour tells you about her relationship with her boyfriend. One night, the two of them decided to go to bed early to spend some intimate time together. Once she got to the bedroom, her boyfriend started kissing her and the two of them started undressing each other. They tumbled onto the bed and attempted to have sex. Despite the fact that she wanted to have sex, and pleasure her boyfriend, recently it has been impossible to have penetrative sex despite many attempts to do so. Her boyfriend turned over to go to sleep.

Scenario 9 Pathogen Domain

Your friend tells you about a carefree and fun night she had a couple of weeks ago. As the night progressed, so did her alcohol level and eventually she danced the night away. She met a nice guy and the two of them hit it off immediately. They had sex. Two weeks later, your friend noticed some pain while urinating and an unusual discharge. Around the same time, your friend received a text from her one-night stand, telling her that he had chlamydia. Your friend decided to get tested only to find out that she indeed had contracted chlamydia.

Scenario 10 Sexual Domain

You hear a story about a woman who matched with a man on Tinder. The conversation flowed well and the two decided to meet up. She found his body very attractive but felt insecure about herself as she had gained some weight in the last months. During the date, sexual tension built up on the woman's side and she eagerly awaited the moment in which she was finally able to have sex with him. The date progressed and she found herself with him in her living room. She felt really excited as they were kissing each other and things got more and more heated. When he was exploring her body with his hands, he suddenly noted that her stomach felt very squishy. In response to this, he indicated that he did not think that the two of them would match well and got ready to go home.

Scenario 11 Moral Domain

You watch a movie about a woman on a night out with her friends; one of them had brought a friend along. The woman thought the friend was really hot. She made every effort to engage in conversations with him and eventually found herself flirting and dancing with him. Eventually, she thought it was time to take things to the next level, and she kissed him. He pulled away and pushed his hands against her chest to keep her at a distance. However, she was so into him that she continued to kiss and touch him despite his efforts to move away from her.

Appendix C

Descriptive Statistics for Cognitive Appraisals and Scenario-Level State Self-Disgust

Table 4

Means and Standard Deviations of Cognitive Appraisals Collapsed Across Gender

Scenario Domain	Appraisal Type	*M*	*SD*
Pathogen Scenario	**Pathogen Appraisal**	2.94	0.79
	Sexual Appraisal	2.58	0.72
	Moral Appraisal	2.17	0.80
Sexual Scenario	Pathogen Appraisal	1.92	0.97
	Sexual Appraisal	4.10	0.91
	Moral Appraisal	1.48	0.73
Moral Scenario	Pathogen Appraisal	3.38	1.01
	Sexual Appraisal	2.67	0.89
	Moral Appraisal	3.73	0.57

Note. $N = 229$. Values represent means (*M*) and standard deviations (*SD*) of domain-specific cognitive SD appraisals across scenario domains. Higher scores indicate stronger agreement with the respective appraisal. Matching scenario-appraisal combinations (e.g., pathogen scenario and pathogen appraisal) are presented in bold.

Table 5

Means and Standard Deviations of Cognitive Appraisals by Scenario Domain and Gender

		Pathogen Scenarios			Sexual Scenarios			Moral Scenarios		
Gender		Pathogen App	Sexual App.	Moral App.	Pathogen App.	Sexual App.	Moral App.	Pathogen App.	Sexual App.	Moral App.
Male	*M*	2.86	2.54	2.07	1.84	4.13	1.37	3.30	2.66	3.82
N = 111	*SD*	0.83	0.65	0.83	0.89	0.82	0.68	1.03	0.89	0.43
Female	*M*	3.02	2.62	2.26	1.99	4.06	1.59	3.46	2.69	3.64
N = 118	*SD*	0.75	0.78	0.76	1.04	0.99	0.75	1.00	0.89	0.67
N = 229	*M*	2.94	2.58	2.17	1.92	4.10	1.48	3.38	2.67	3.73
	SD	0.79	0.72	0.80	0.97	0.91	0.73	1.01	0.89	0.57

Note. N = 229 (Male: *N* = 111; Female: *N* = 118). App. = appraisal. Higher scores indicate greater agreement with the respective cognitive appraisal statements.

Table 6

Descriptive Statistics for Total State SD Ratings Across Scenarios

Sc.	1	2	3	4	5	6	7	8	9	10	11
M	45.41	47.66	56.10	34.28	40.05	38.87	51.32	28.84	49.86	48.84	52.12
SD	29.09	25.75	28.71	23.21	22.24	28.90	23.59	21.58	24.41	25.73	24.03

Note. N = 229. Sc = Scenario Number. Higher scores indicate greater reported state SD across the scenarios.

Appendix D

Assumption Checks for State Self-Disgust Analyses

Figure D1

Histogram of Average State Self-Disgust Scores

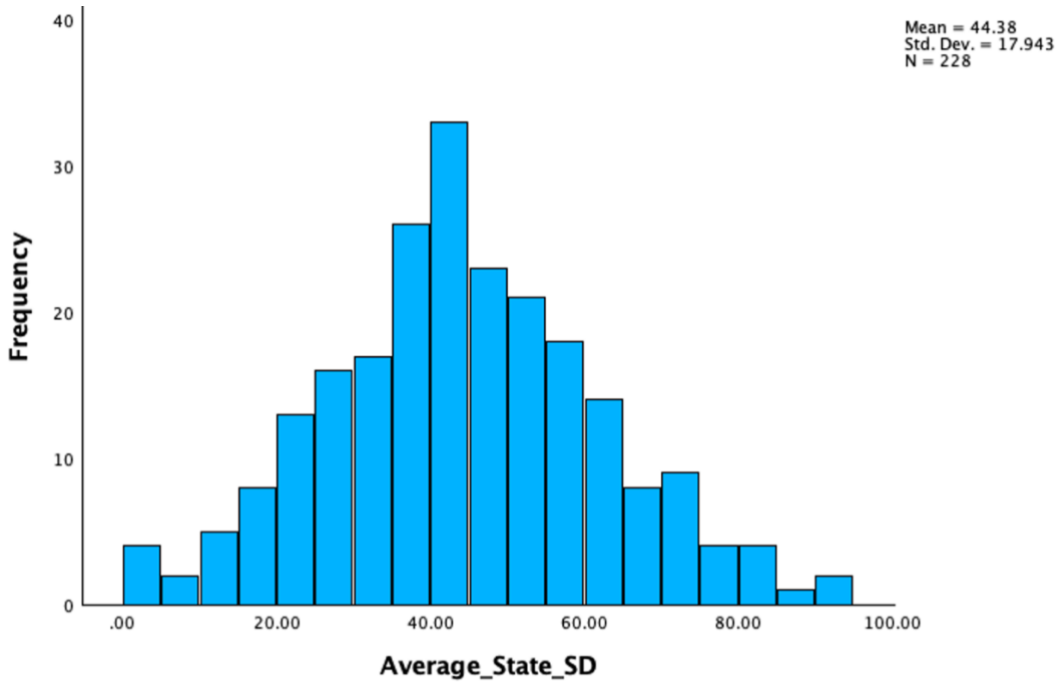


Figure D2

Normal Q-Q Plot of Average State Self-Disgust Scores

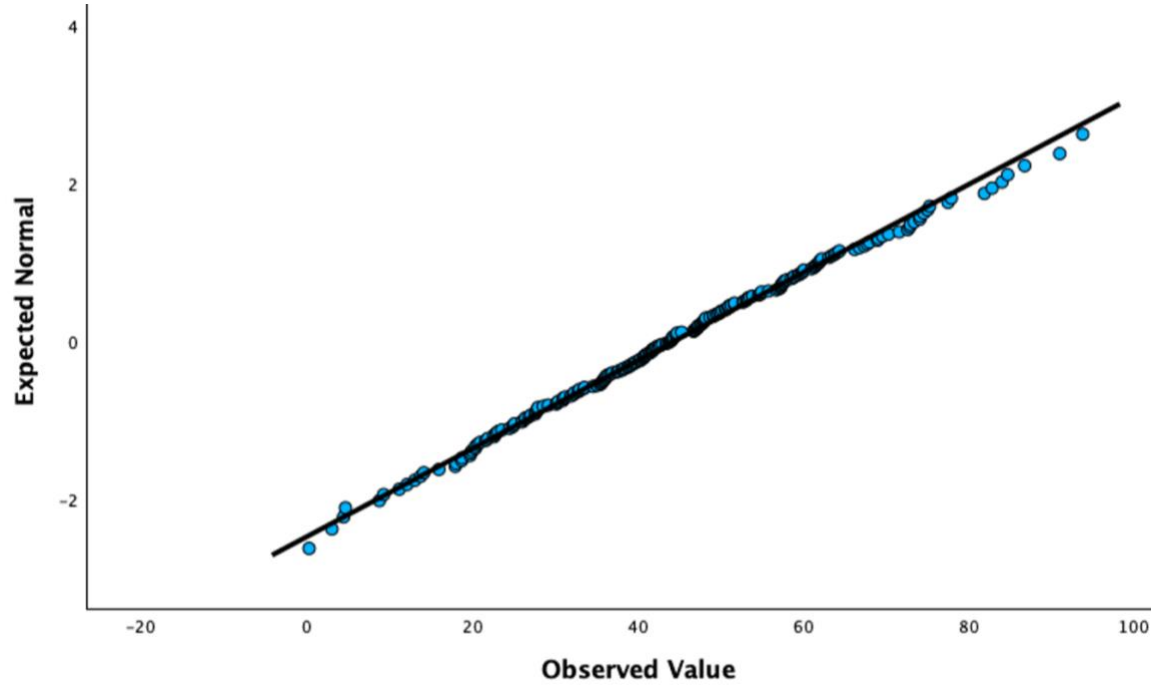
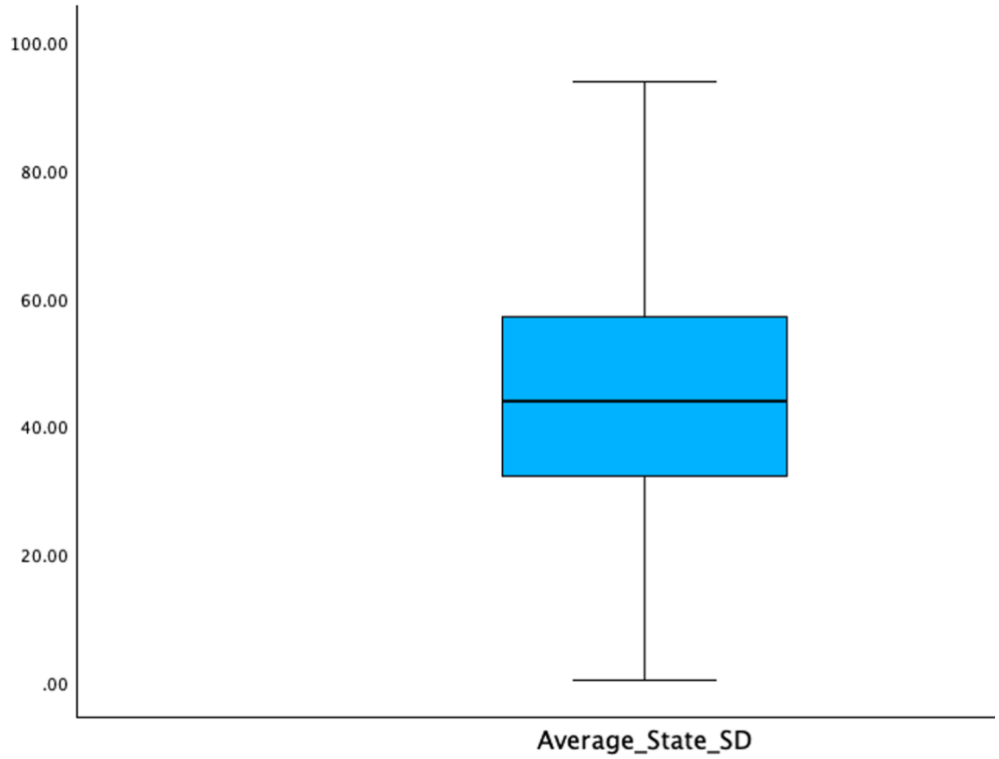


Figure D3

Boxplot of Average State Self-Disgust Scores



Note. Figures display the distribution of average state SD scores used to assess normality. Visual inspection indicates that the distribution was approximately normal. No evidence for extreme outliers was found.

Table 7

Mauchly's Test of Sphericity for State SD Variables

					Epsilon[b]
Within Subjects Effect	Mauchly's *W*	Approximate χ^2	*df*	*p*	GG
Perspective	1.000	.000	0	.	1.000
Domain	.903	23.00	2	< .001	.912
Perspective × Domain	.969	7.04	2	.030	.970

Note. Mauchly's test was used to assess the assumption of sphericity for the within-subject factors of perspective and domain. Significant values indicate a violation of sphericity. Where appropriate, GG corrections were applied. Epsilon (ε) values represent the degree of sphericity correction applied.

Table 8

Levene's Test of Homogeneity of Variance for State SD Variables

Variable	*F*	*df1*	*df2*	*p*
Self-Pathogen SD	1.51	1	227	.221
Self-Sexual SD	0.39	1	227	.531
Self-Moral SD	2.71	1	227	.101
Other-Pathogen SD	0.63	1	227	.428
Other-Sexual SD	5.48	1	227	.020
Other-Moral SD	1.17	1	227	.280

Note. Levene's tests assessed the assumption of equality of error variances across the groups of gender. A significant p-value indicates a violation of the homogeneity of variance assumption.

Appendix E

Repeated-Measures ANOVA Results for State Self-Disgust

Table 9

Tests of Within-Subjects Effects for State SD Across Perspective, Domain, and Gender

	df	*F*	*p*	ηp^2
Perspective	1, 227	526.08	< .001	.699
Perspective × Gender	1, 227	.82	.366	.004
Domain (GG)	1.82, 413.94	36.16	< .001	.137
Domain × Gender (GG)	1.82, 413.94	8.38	< .001	.036
Perspective × Domain (GG)	1.94, 440.49	3.05	.049	.013
Perspective × Domain × Gender (GG)	1.94, 440.49	7.97	< .001	.034

Note. Results are based on a 2 (perspective: self vs. other) × 3 (domain: pathogen, sexual, moral) × 2 (gender: male vs. female) repeated-measures ANOVA ($N = 229$). GG corrected degrees of freedom (*df*) are reported where the assumption of sphericity was violated. Partial eta squared (ηp^2) is reported as a measure of effect size.

Table 10

Bonferroni-Corrected Pairwise Comparisons of Domain Differences by Gender

Gender	Comparison	Mean Difference (*I*-*J*)	*SE*	*p*
Male	Pathogen vs Sexual	-1.76	1.85	1.00
	Pathogen vs Moral	-13.35	1.84	< .001
	Sexual vs Moral	-11.59	2.14	< .001
Female	Pathogen vs Sexual	4.47	1.80	.042
	Pathogen vs Moral	-3.54	1.79	.149
	Sexual vs Moral	-8.00	2.08	< .001

Note. Values represent Bonferroni-adjusted pairwise comparisons based on estimated marginal means. Mean differences are reported as the difference between condition *I* and condition *J*, with corresponding standard errors (*SE*) and adjusted p-values. Significant comparisons indicate differences in state SD between scenario domains within each gender.

Appendix F

Repeated-Measures ANOVA Results for Cognitive Self-Disgust Appraisals

Table 11

Mauchly's Test of Sphericity for Scenario Domain and Appraisal Type

					Epsilon[b]
Within Subjects Effect	Mauchly's *W*	Approx. χ^2	*df*	*p*	GG
Scenario Domain	.945	12.88	2	.002	.948
Appraisal Type	.998	.52	2	.773	.998
Scenario Domain × Appraisal Type	.598	116.52	9	< .001	.757

Note. Mauchly's test assessed the assumption of sphericity for the within-subjects factors. Significant results indicated a violation of the assumption. Epsilon (ε) values represent the degree of sphericity correction applied. GG corrections were applied where appropriate.

Table 12

Tests of Within-Subjects Effects for Scenario Domain and Appraisal Type

	df	*F*	*p*	ηp^2
Scenario Domain (GG)	1.90, 432.17	277.07	< .001	.549
Appraisal Type	2, 456	119.52	< .001	.344
Scenario Domain × Appraisal Type (GG)	3.03, 690.29	666.13	< .001	.745

Note. The results are based on a 3 (scenario domain: pathogen, sexual, moral) × 3 (appraisal type: pathogen-related, sexual-related, moral-related) repeated-measures ANOVA ($N = 229$). GG corrected degrees of freedom (*df*) are reported where the assumption of sphericity was violated. The measure of effect size is partial eta squared (ηp^2).

Table 13

Bonferroni-Corrected Pairwise Comparisons of Appraisal Types Within Scenario Domains

Scenario Domain	Comparison	Mean Difference (*I-J*)	*SE*	*p*
Pathogen	Pathogen vs Sexual	0.36	0.052	< .001
	Pathogen vs Moral	0.77	0.055	< .001
	Sexual vs Moral	0.41	0.058	< .001
Sexual	Pathogen vs Sexual	-2.170	0.074	< .001

Scenario Domain	Comparison	Mean Difference (*I-J*)	*SE*	*p*
Moral	Pathogen vs Moral	0.445	0.060	< .001
	Sexual vs Moral	2.615	0.078	< .001
	Pathogen vs Sexual	0.702	0.066	< .001
	Pathogen vs Moral	-0.346	0.056	< .001
	Sexual vs Moral	-1.048	0.059	< .001

Note. This table presents the Bonferroni-adjusted pairwise comparison based on estimated marginal means. The mean differences are reported as the difference between appraisal type *I* and appraisal type *J*, with the corresponding standard errors (*SE*) and adjusted p-values. Higher ratings for the first appraisal type of the comparison are indicated by positive values. All comparisons were statistically significant at $p < .001$.

Appendix G

Diagnostic and Assumption Checks for the Mixed-Design ANCOVA of State Self-Disgust

Figure G1

Normal P-P Plot of Standardised Residuals for Average State Self-Disgust

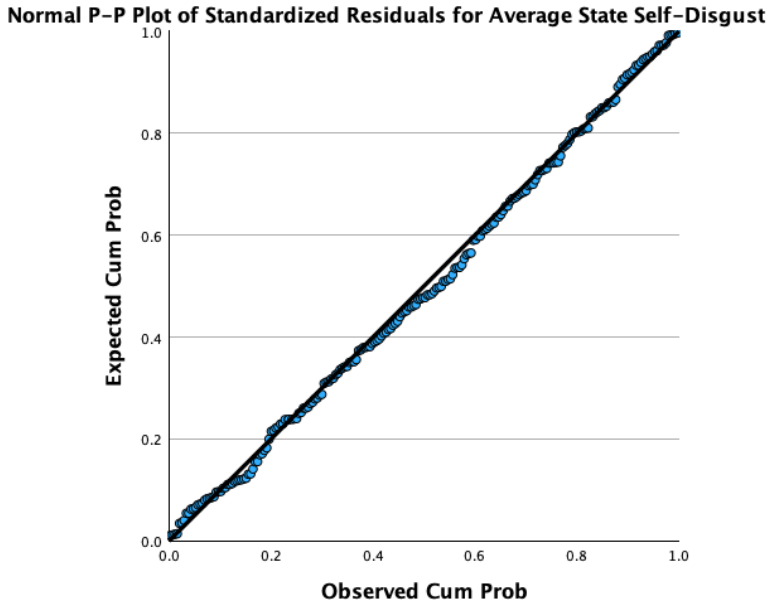


Figure G2

Histogram of Standardised Residuals for Average State Self-Disgust

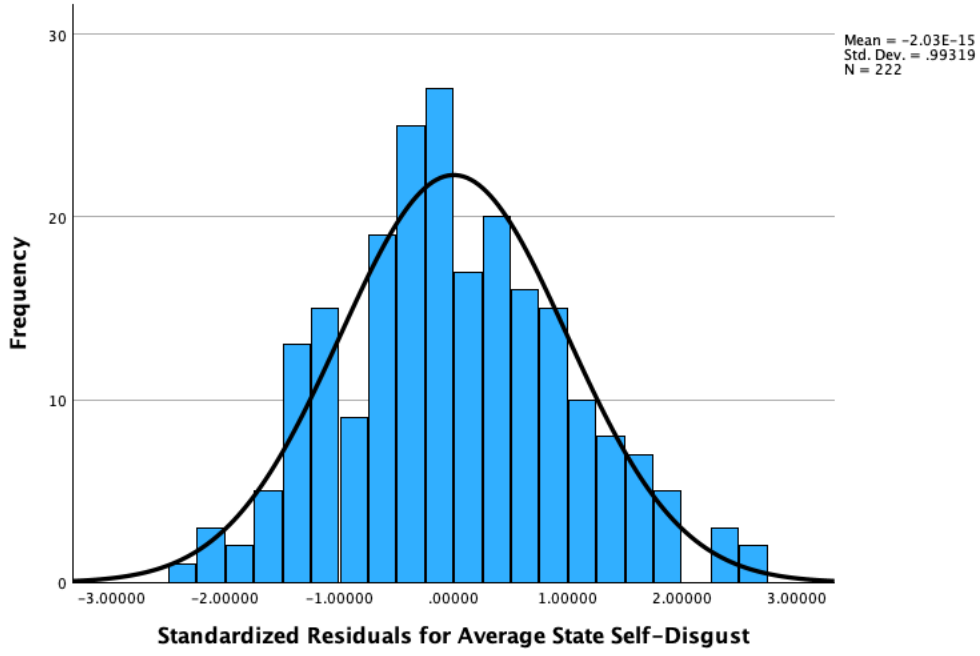
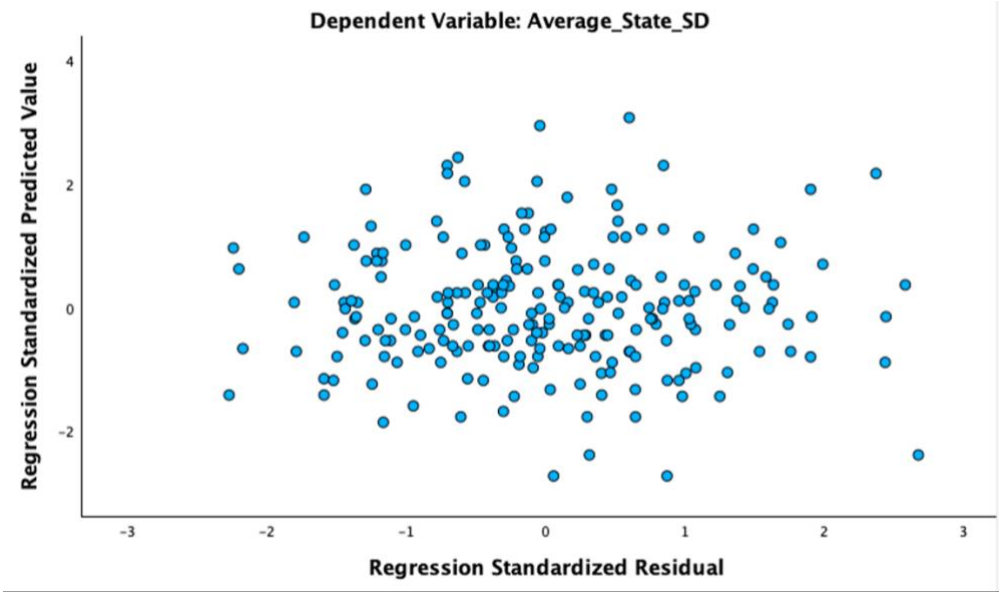


Figure G3

Scatterplot of Standardised Residuals for Average State Self-Disgust



Note. The diagnostic plots of Figures G1–G3 indicated no substantial deviations from normality, linearity, or homoscedasticity for aggregated average state SD scores.

Table 14

Box's Test of Equality of Covariance Matrices

Box's *M*	*F*	*df1*	*df2*	*p*
40.07	1.85	21	188028	.010

Note. Box's M assessed the assumption of equality of covariance matrices across groups. Pillai's Trace was interpreted as the more robust multivariate test statistic as the test was significant (p = .010).

Table 15

Mauchly's Test of Sphericity and Epsilon Corrections

					Epsilon[b]
Within Subjects Effect	Mauchly's *W*	χ^2	*df*	*p*	GG
Perspective	1.000	.000	0	.	1.000
Domain	.928	16.136	2	< .001	.933
Perspective × Domain	.972	6.091	2	.048	.973

Note. Mauchly's test assessed the assumption of sphericity for within-subjects effects. Significant results indicate violations of sphericity. Where violated, GG corrected degrees of freedom (*df*) were used. Epsilon (ε) values represent the degree of sphericity correction applied.

Table 16

Levene's Test of Equality of Error Variances

	F	*df1*	*df2*	*p*
Self (Pathogen)	.005	1	220	.941
Self (Sexual)	.002	1	220	.965
Self (Moral)	1.101	1	220	.295
Other (Pathogen)	.187	1	220	.666
Other (Sexual)	4.456	1	220	.036
Other (Moral)	2.262	1	220	.134

Note. Levene's test was used to assess the assumption of homogeneity of variance across groups. Most tests were non-significant, indicating that the assumption could generally be accepted. A significant result was observed for the other-perspective (sexual) condition (p = .036), indicating a minor violation.

Appendix H

Mixed-Design ANCOVA Results for State Self-Disgust and Self-Compassion

Table 17

Multivariate Tests (Pillai's Trace) for Within-Subjects Effects

Effect	*F(df1, df2)*	*p*	*ηp²*
Perspective	F(1, 218) = 578.63	< .001	.726
Perspective × Gender	F(1, 218) = 2.62	.107	.012
Perspective × SC	F(1, 218) = 4.78	.030	.021
Perspective × Gender × SC	F(1, 218) = 0.01	.930	.000
Domain	F(2, 217) = 29.76	< .001	.215
Domain × Gender	F(2, 217) = 9.23	< .001	.078
Domain × SC	F(2, 217) = 6.04	.003	.053
Domain × Gender × SC	F(2, 217) = 0.50	.608	.005
Perspective × Domain	F(2, 217) = 2.66	.073	.024
Perspective × Domain × Gender	F(2, 217) = 8.33	< .001	.071
Perspective × Domain × SC	F(2, 217) = 0.40	.670	.004
Perspective × Domain × Gender × SC	F(2, 217) = 0.30	.742	.003

Note. Analyses involving SC were conducted on participants with complete covariate data (N = 222). Pillai's Trace was used due to a violation of the assumption of equality of covariance matrices (see Table 14). Values represent multivariate F-tests for within-subject factors and their interactions. Partial eta squared (ηp^2) indicates effect size.

Table 18

Tests of Within-Subjects Effects (Greenhouse-Geisser corrected)

Effect	*F* (*df1*, *df2*)	*p*	*ηp²*
Perspective	$F(1, 218) = 578.63$	< .001	.726
Perspective × Gender	$F(1, 218) = 2.62$	.107	.012
Perspective × SC	$F(1, 218) = 4.78$	.030	.021
Perspective × Gender × SC	$F(1, 218) = 0.01$	.930	.000
Domain (GG)	$F(1.87, 406.85) = 33.81$	< .001	.134

Effect	*F* (*df1*, *df2*)	*p*	ηp^2
Domain × Gender (GG)	$F(1.87, 406.85) = 9.93$	< .001	.044
Domain × SC (GG)	$F(1.87, 406.85) = 7.65$	< .001	.034
Domain × Gender × SC (GG)	$F(1.87, 406.85) = 0.56$	.561	.003
Perspective × Domain (GG)	$F(1.95, 424.20) = 3.06$	.049	.014
Perspective × Domain × Gender (GG)	$F(1.95, 424.20) = 8.11$	< .001	.036
Perspective × Domain × SC (GG)	$F(1.95, 424.20) = 0.47$	.620	.002
Perspective × Domain × Gender × SC (GG)	$F(1.95, 424.20) = 0.26$	.765	.001

Note. Analyses involving SC were conducted on participants with complete covariate data (N = 222). GG corrections were applied where the assumption of sphericity was violated (see Table 15). Partial eta squared (ηp^2) represents effect size.

Table 19

Tests of Between-Subjects Effects (Gender and Self-Compassion)

Source	*df*	*F*	*p*	ηp^2
Gender	1	1.22	.271	.006
SC	1	7.61	.006	.034
Gender × SC	1	.267	.606	.001

Note. Analyses involving SC were conducted on participants with complete covariate data (N = 222). Tests reflect between-subjects effects from the mixed-design ANCOVA. SC was included as a continuous covariate. Partial eta squared (ηp^2) represents effect size.

Table 20

Pearson Correlations Between Self-Compassion and State Self-Disgust Variables

Variable	1	2	3	4	5	6	7
1. SC	-						
2. Overall State SD	-.185**	-					
3. Self-Perspective SD	-.259***	.796***	-				
4. Other-Perspective SD	-.063	.847***	.354***	-			
5. Pathogen SD	-.173**	.914***	.731***	.772***	-		
6. Sexual SD	-.255***	.892***	.742***	.728***	.759***	-	
7. Moral SD	-.062	.869***	.657***	.767***	.702***	.617***	-

Note. $N = 222$. Pearson correlation coefficients are reported between SC and aggregated state SD variables. Self-perspective SD represents aggregated state SD scores across pathogen, sexual, and moral domains within the experimental condition. Other-perspective SD represents aggregated scores within the control condition. Domain-specific variables (pathogen, sexual, and moral SD) were aggregated across both perspective conditions. Negative coefficients indicate that higher SC was associated with lower state SD. Asterisks (*) signify statistically significant results (** = $p < .01$, *** = $p < .001$.).