

1997

A historical review of disgust

Amanda Burlington

University of Tennessee at Chattanooga

Chad McDaniel

University of Tennessee at Chattanooga

David O. Wilson

University of Tennessee at Chattanooga

Follow this and additional works at: <https://scholar.utc.edu/mps>



Part of the [Psychology Commons](#)

Recommended Citation

Burlington, Amanda; McDaniel, Chad; and Wilson, David O. (1997) "A historical review of disgust," *Modern Psychological Studies*: Vol. 5 : No. 2 , Article 2.

Available at: <https://scholar.utc.edu/mps/vol5/iss2/2>

This articles is brought to you for free and open access by the Journals, Magazines, and Newsletters at UTC Scholar. It has been accepted for inclusion in Modern Psychological Studies by an authorized editor of UTC Scholar. For more information, please contact scholar@utc.edu.

A Historical Review of Disgust

Amanda Burlingham, Chad McDaniel, and David O. Wilson PhD.

University of Tennessee at Chattanooga

Although disgust was identified as a basic emotion 125 years ago (Darwin, 1965), no psychological theory has focused on disgust as a key concept. Although many prominent scientists such as Freud, Darwin, and Malson have addressed the topic of disgust in their research, none have focused solely on the causes and consequences of disgust. The purpose of this paper is to evaluate the literature concerning disgust and to demonstrate how disgust is a meaningful concept worthy of major focus in psychological research, theories, and application.

Disgust has never been a major focal point of psychological research. Although disgust was identified as a basic emotion 125 years ago (Darwin, 1872/1965), no psychological theory has focused on disgust as a key concept. Most psychologists have neglected to evaluate the importance of disgust in the understanding of human behavior. The purpose of this paper is to evaluate the literature on disgust and to demonstrate how disgust is a meaningful concept worthy of major focus in psychological research, theories, and application.

Charles Darwin was the first modern scientist to recognize disgust as a basic emotion. In The Expression of the Emotions in Man and Animals (Darwin, 1872/1965), he described disgust as "something revolting, primarily in relation to the sense of taste, as actually perceived or vividly imagined; and secondarily to anything which causes a similar feeling, through the sense of smell, touch and even eyesight" (p.472). This definition stresses the importance of taste and the centrality of the mouth in disgust. Darwin also realized that disgust could be elicited through the other senses and even by imagination.

An important aspect of Darwin's work on disgust was the identification of the facial expression that accompanies disgust. He referred to this distinctive facial expression as the "gape". The "gape" is manifested by both tongue and lower lip being protruded and the head thrust forward to enable a person to expel the disgusting contaminant from the mouth or stomach. Extensive work has been conducted by Paul Ekman on the relationship of facial expressions and emotions. His cross-cultural research suggests that there is a universal facial expression of disgust (Ekman & Friesen, 1975). Additional research indicates that most cultures possess a term that translates into the English equivalent of disgust (Davey, 1994).

The authors would like to dedicate this article to the memory of David O. Wilson, PhD.

Psychoanalytic View of Disgust

Freud viewed disgust as a reaction-formation, and thus in the psychoanalytic framework, disgust would be considered a defense mechanism. According to Freud, "many women are openly afraid of the sexual function" (Miller, 1986, p.296). This anxiety is classified as a form of hysteria which is categorized in the same group with disgust. Freud believed that disgust is a reaction to the passive act of sex and this anxiety also appears when the mere idea of sex is suggested to a woman (Miller, 1986). Thus, disgust serves as a reaction-formation specifically as a defense mechanism to protect the woman from the unwanted sex act.

Psychoanalysts differ in their opinions of exactly what phase of the libido produces the need for disgust as a defense. Jacobson (1964, cited in Miller, 1986) noted that disgust forms to assist the child during the weaning process which occurs during the oral stage. For example, the child first learns that the breast is a source of food, but later is taught that the breast should not be viewed in such a manner. As a result, the child might come to view the breast as disgusting in order to complete the weaning process. In contrast, other psychoanalysts believe that disgust develops during the anal stage as a defense against anal-incorporative wishes. Freud did not subscribe to any of these theories. Conversely, Freud unsurprisingly theorized that the root of disgust "was primarily related to sex in serving to restrict polymorphous childhood sexuality to the narrow class of acceptable adult objects" (Haidt et al., 1993, p.701). He viewed disgust as a reaction-formation against genital wishes. According to Freud, this occurs early in childhood and enables the child to withstand the libidinal onslaught of puberty. In spite of the differing views of disgust, psychoanalysts do agree that disgust is "a reaction-formation against libido at some stage of development. Disgust is never seen as a straightforward repudiation not necessarily overlying an under-surface of strong desire" (Miller, 1986).

In 1941 Angyal developed the classic definition of disgust which involved "revulsion at oral incorporation" (Angyal, 1941, p.23). Angyal theorized that feces was the most offensive elicitor of disgust. In 1987, Rozin and Fallon expanded Angyal's definition of disgust to include "revulsion at the prospect of oral incorporation of an offensive substance. The offensive objects are contaminants; that is, if they even briefly contact an acceptable food, they tend to render the food unacceptable" (p.24).

Miller (1986) proposed a psychoanalytic framework for evaluating levels of disgust. The framework defined disgust in three parts with the first being "a clear well-defined category to which certain emotional experiences conform or belong and from which other experiences are definitely excluded" (p.295). For example, a reaction of disgust would prevent the oral incorporation of feces. The second part involves "a type of experience and behavior that makes its first appearance at a single, specifiable point in development" (Miller, 1986, p.295). For example, a child may become disgusted with his own feces during the process of toilet training. The final component of the theory includes "a type of experience that remains an essential link to its phase of onset, so that later-life appearances of disgust signify the renewed stirring of the emotional issues that belonged to that phase of onset" (Miller, 1986, p.295). An example of this occurs when a child begins to find feces disgusting. One not only finds one's own feces disgusting, but one may be repulsed later in life while changing a child's dirty diaper.

The Eight Domains of Disgust

Through a series of factor analytic studies, Haidt et al.(1994), developed eight domains of disgust: (a) food, (b) sex, (C) body products, (d) envelope violations, (e) magic, (f) animals, (g) hygiene, (h) and death. Disgust is usually thought to be a mechanism to reject foods that are potentially harmful to the organism. Included in this domain are spoiled foods, dirty foods, and foods not normally eaten in a particular culture (e.g. cows brains in the United States).

The second domain, sex, deals mainly with various aspects of what could be termed unconventional sexual practices. While homosexuality is a common part of today's society, the thought of having sex with someone of the same gender remains disturbing to certain members of the population. Other instances of unconventional sex practices that continue to be viewed as disgusting include incest and bestiality.

The third domain, body products, was considered by Haidt et al. (1993) to be one of the most if not the most powerful elicitors of disgust. Possibly due to the fact that many times the object that is perceived as disgusting is often detected by more than one of our senses. For example, the sight of vomit alone may be disgusting, but may also cause one to recall the sounds of a person vomiting and the pungent smell of the substance.

The fourth domain, envelope violations, involved the alteration of the "normal exterior envelope of the body", including "gore, surgery, puncture wounds, deformity and other situations" (Haidt et al., 1993, p.702). Some examples entail viewing body parts that are normally inside the body in a state of exposition, (e.g., intestines, bones, a severed hand or a decapitated head).

The fifth domain was magic. Sympathetic magic was first proposed by Tylor (1871/1974), Frazer (1890/1959), and Mauss (1902/1972.) There are two laws of sympathetic magic: the law of contagion and the law of similarity. The law of contagion deals with the inclination for a person to think that once a substance has had a brief exposure to another, it takes on the properties of the other. For example, most people would not drink a bowl of soup that had been stirred by a dead but thoroughly sterilized cockroach. The law of similarity states that when an object is in the form of another object it takes on properties of that other object. In this respect, "the image equals the object" (Haidt et al., 1993, p.702). For example, a piece of chocolate in the shape of dog feces is less desirable than a normally square-shaped piece.

The sixth domain, animals, is mostly concerned with those that are usually considered to be "dirty" such as rats and insects. A situation that could evoke disgust in this area includes having maggots infest the steak that you intend to have for dinner.

The seventh domain, hygiene, deals with the possibility of being contaminated by germs and filth. For example, it is very unlikely that someone would be willing to bathe in previously used bath water or drink after an acquaintance. The eighth domain, death, involves direct and indirect contact with dead objects. Most people find touching a dead body or walking through a graveyard disgusting, possibly because the act reminds one of their mortality.

Disgust and Shame

Disgust has been primarily thought of as a rejection of bad or contaminated food. In fact, many people have never thought to examine the concept

from any other angle until recently. It has become more evident that disgust is not a simple response to bad food, but a response to many facets of life in general. Disgust possesses the ability to defend the body against interpersonal and narcissistic threats.

The understanding of disgust can be enhanced by a comparison to shame. Shame has the capacity to cause deep emotional pain as well as a serious loss of self-confidence. Shame is strictly an interpersonal emotion and cannot be imagined in any other context (Miller, 1993). However, unlike shame, disgust can be examined apart from interpersonal life. Freud also felt that "shame involved mechanisms which were presumably innate, though greatly influenced by learning" (Knapp, 1967, p.519). Although Freud addressed the topic of shame, Eric Erickson placed a greater stress on shame and its function. Erickson linked shame to doubt which is "directed predominately at the beginning sense of the self" (Knapp, 1967, p.519). Disgust is often used as a defense against shame. "When personal failures occur, the object is faulted for giving inferior supplies and the self is excused from any responsibility for the failure. The logic is: 'If you would have given me what I needed, I could have done my task well'" (Miller, 1993, p.731). This logic is used in order to free oneself of any responsibility for the failure. The person becomes disgusted with the object, which for him, is the root of the problem. This is done in order to avoid any shame that might result from the situation.

Disgust and Children

Not only did psychologists create a working definition of disgust, but they also conducted research that examined the effects of disgust on specific groups of people. As a result, it was determined that disgust is not only present in adults but is also evident in children. "Children age 18 months to 2 years express an emerging concern and distaste for items that are broken or not according to correct form" (Galatzer-Levy and Gruber, 1992, p.75). It would seem that prior to this age, the child is not expressing disgust or actually does not experience what we define as disgust. Galatzer-Levy and Gruber (1992) point out that it is not acceptable to conclude that a baby expressing the facial features of disgust is truly disgusted while interacting with a stimulus that would elicit disgust in an adult. They also state that, according to psychoanalysts, disgust is a "defense against positive interest in feces during the anal phase" (Galatzer-Levy and Gruber, 1992, p.76). This may be brought on by toilet training during early childhood as well.

Disgust in children not only deals with feces and the like, but also confronts children being disgusted with themselves. These children feel that they are worthless, no one cares for them, and that there is something inherently wrong with them (Willock, 1987). An example Willock (1987) uses is that of a child "Sam" telling a social worker that, in the course of his treatment, he (Sam) felt that his head was "lined with shit"(p.220). Treating children disgusted with themselves takes time and patience on the part of the child and especially the treatment team. In the beginning, the children do all they can to convince those around them that they do not feel poorly of themselves, but later during the course of treatment or after, they may reveal their actual self-esteem. Nearly after a year in treatment, Sam had to come to grips with the fact that his mother did not want him. His therapist suggested to him that people may begin to feel poorly about themselves at this point in their life. Sam corrected the therapist and said "I know I'm good" (Willock, 1987, p.239).

The disgust reaction in children can take several forms, with each being a defensive reaction. This reaction in either young or older children can be formed or reformed to be more socially acceptable depending on what is needed.

Disgust and Women

As well as examining the effects of disgust on children, researchers have also evaluated the effects of disgust on women. Women tend to have stronger negative feelings toward various elicitors of disgust, especially sex (Haidt et al, 1993). Among several demographic variables, they found that "Gender had by far the largest effect, with women scoring at least 10 points higher [than men] on average" (p.709). These results were replicated in a confirmation sample. However, Wilson et.al. (1997) did not replicate these findings as no significant difference between genders was found except for the sex subscale.

Another area of disgust concerning women is related to childhood sexual abuse. "Abuse was defined as any sexual activity involving a child under the age of 13 with someone at least 5 years older, or sexual activity involving a child 13 to 16 years of age with someone at least 10 years older" (Long and Jackson, 1993, p.169). In this case, experiencing disgust during abuse may lead a person to be more able to cope later in life versus those individuals that experience mainly feelings of fear or guilt. The findings of Long and Jackson (1993) revealed that persons who showed signs of disgust or anger were less affected than those who experienced other

responses to abuse. These findings could be related to the possibility that the feelings of guilt and/or fear may lay the foundation for classical conditioning that would cause similar reactions to stimuli that resemble the abuse situation (Long and Jackson, 1993). Stimulus generalization could cause difficulties in future relationships that have a possibility to become intimate. While women tend to show stronger reactions to disgust, certain situations may require them to become disgusted to help them more effectively deal with similar situations later in life, such as those involving abuse.

Conclusion

Overall, the theories of disgust were found to be drastically different. Darwin's theory recognized disgust as a basic emotion, Angyal developed the notion of disgust as related to oral incorporation, Miller designed a tool to measure the various levels of disgust, and Freud's theory suggests that disgust is a defense mechanism. Out of all the theories reviewed in the paper, Haidt et al. proposes the most complex theory in which eight domains of disgust were developed. With the possible exception of Haidt et al., none of the theories thoroughly examine the causes and effects of disgust on a personal level.

This review has been restricted by the small amount of research that has been done in this area. It is recommended that in the future, research should explore how age, gender, socio-economic class, occupation, and past experiences influence the intensity of disgust as experienced by various individuals. Another component of disgust that is in need of exploration is the relationship between shame and disgust. Future research should attempt to find the relationship as well as the causes for both shame and disgust.

References

Angyal, A. (1941). Disgust and related aversions. Journal of Abnormal and Social Psychology, 36, 393-412.

Darwin, C., (1872/1965). The expression of the emotions in man and animals. Chicago, IL: University of Chicago Press.

Galatzer-Levy R.M., Gruber M. (1992). What an affect means: A quasi-experiment about disgust. Annual of Psychoanalysis, 20, 69-62.

Haidt, J., McCauley, C., & Rozin, P. (1994). Individual differences in sensitivity to disgust: A scale sampling seven domains of disgust elicitors. Personality and Individual Differences, 16, 701-713.

Juni, S. (1983). The psychodynamics of disgust. The Journal of Genetic Psychology, 144, 203-208.

Kahane, C., (1992). Freud's sublimation: Disgust, desire and the female body. American Imago, 19, 411-425.

Knapp, P. (1967). Purging and curbing: An inquiry into disgust, satiety and shame. The Journal of Nervous and Mental Disorders, 144, 514-534.

Long, P. J. & Jackson, J. L. (1993). Initial emotional response to childhood sexual abuse: Emotional profiles of victims and relationship to later adjustment. Journal of Family Violence, 8, 167-181.

Miller, S. B. (1986). Disgust: Conceptualization, development and dynamics. Journal Review of Psychoanalysis, 13, 295-307.

Miller, S. B. (1993). Disgust reactions: Their determinants and manifestations in treatment. Contemporary Psychoanalysis, 29, 711-735.

Rozin, P. & Fallon, A. E. (1987). A perspective on disgust. Psychological Review, 94, 23-41.

Rozin, P., Haidt, J., & McCauley, C. R. (1993). Disgust. In M. Lewis & J. M. Haviland (Eds.), Handbook of Emotions. (pp. 575-594) New York: Guilford Press.

Willock, B. (1987). The devalued (unloved, repugnant) self: A second facet of narcissistic vulnerability in the aggressive, conduct-disordered child. Psychoanalytic Psychology, 4, 219-240.

Wilson, D. O., Mellette, S. M., Stoops, R. M., Sluss, M., McDaniel, C., Jenkins, L., & Emerling, J. (1997, April). Effects of psychological trauma and demographic variables on disgust sensitivity. Poster presented at the 43rd Annual Meeting of the Southeastern Psychological Association, Atlanta, GA.