

# Presidential Address: Embracing the Repulsive: The Case for Disgust as a Functionally Central Emotional State in the Theory, Practice, and Dissemination of Cognitive-Behavior Therapy

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Disgust is a primary emotion, but it is also understudied in general, and in psychopathology in particular. Disgust plays a potential role in the reluctance of many non-scientifically minded practitioners from adopting evidence-based methods of treatment. This article summarizes findings from psychopathology research and treatment, and highlights basic science that potentially accounts for the hesitancy for some therapists to adopt evidence-based methods. Several recommendations are provided for future research in disgust related to both psychopathology and dissemination research.

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DARWIN WAS ONE OF THE EARLIEST scientists to articulate the importance of disgust for survival, as a mechanism for preventing the ingestion of harmful substances (Darwin, 1872). Prior to this, there was an implicit recognition of the role of disgust in diverse literary sources, dating back to ancient times (Lateiner & Spatharas, 2016). However, it is only in the past approximately 30 years that systematic research has accumulated to show that disgust plays a role in a wide range of psychological phenomena (Rozin & Fallon, 1987). Moreover, research in social psychology has shown that disgust can play

a functional role in how attitudes are formed and judgments made (Pyszczynski, Greenberg, & Solomon, 1999), which, as will be discussed in this article, in turn has implications for how evidence-based treatments may be disseminated to providers that have not generally embraced empirical findings in guiding delivery of services.

That disgust has been a neglected emotion in the context of psychopathology is remarkable. That it continues to be a source of misunderstanding, and with virtually no specific methods for addressing in treatment, is a serious oversight on the part of researchers and clinicians. Further, the treatment decisions of clinicians across the spectrum of practice orientations are affected by disgust. There is a growing basic science research base that supports a role for disgust in how decisions are made, particularly when the information presented is in contrast to one's worldview and personal or professional identity. In this article, there are two broad aims. The first aim is to provide an overview of the role of disgust in psychopathology, especially problems characterized primarily by avoidance. Associated with this first aim, recommendations are made for developing interventions to address disgust-based elements of psychopathology. The second aim is to describe how specific components of disgust may seriously interfere with efforts to disseminate evidence-based procedures to non-empirically minded therapists. This derives from experimental social psychological research showing a connection between disgust reactions and information that is contrary to one's personal and professional identity. In connection with this second aim, this paper will also provide consideration of how research and training may address disgust in the context of barriers to the integration of evidence-based interventions in

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settings not traditionally focused on empirically supported methods of treatment.

### A Brief Primer on Disgust

As noted above, the primary protective feature of disgust is to prevent ingestion of potential contaminants, with the most basic reaction centered in the gustatory system. Research into the basic nature of disgust shows that physical reactions to putative harmful substances extend to sight, smell, touch (Rozin & Fallon, 1987), and even sound (Sauter et al., 2010). It has also been found that disgust reactions are not limited to stimuli that might involve ingestion of contaminants, prompting Angyal (1941) to instead define it as revulsion associated with any contact or physical incorporation of an offensive item. As a result of the broad sensory implications of disgust and the wide array of possible stimuli, there are several categories of stimuli that are deemed elicitors of the emotion, with some that may be seemingly distal from potential danger from contamination.

This more general feature of disgust, which extends to stimuli beyond the role of preventing ingestion of harmful substances, has led to a classification scheme of disgust elicitors (see Table 1). These classes of stimuli can be described as follows:

#### FOOD

This might be construed as the most fundamental elicitor, since it addresses the risks associated with ingesting spoiled food. But it also extends to culturally unfamiliar foods (Cheon, Christopoulos, & Hong, 2016) and to unusual combinations of food (e.g., ice cream on sautéed steak; described in Rozin et al., 1999).

#### INSECTS/ANIMALS

Given the disease risk from animals and insects, this elicitor has strong disgust-evoking properties. More specifically, though, is the degree that the

animals or insects are associated with unclear places (e.g., rodents; Davey & Marzillier, 2009).

#### BODY PRODUCTS

Secretions from one's body or someone else is a potent source of disgust reactions, particularly waste (urine, feces), but also blood and any other secretions. Given the disease liability of bodily fluids, these stimuli are reasonable as disgust elicitors (illustrated in Haberkamp et al., 2017).

#### DEATH

Images associated with death provoke strong emotional reactions in general. The role for disgust here involves the avoidance of decaying flesh, which could transmit disease, although there are additional psychological components underlying this reaction related specifically to the general tendency to avoid thoughts of mortality (Pyszczynski et al., 1999).

#### SEX

This domain elicits disgust when in the context of nonnormative behaviors, or as a specific form of body product disgust (e.g., Fahs, 2011).

#### BODY ENVELOPE VIOLATIONS

Disease risk is heightened when the areas below the skin are exposed. Likewise, the risk of contracting disease is heightened when in contact with the areas below the skin for another individual, or when one's one skin is abraded. In this way, the piercing of the flesh of a living creature sets the stage for this elicitor. This would include observing mutilated bodies or exposed viscera such as during surgery (Shenhav & Mendes, 2014).

The categories of elicitors can be arranged into three broad higher-order dimensions (Olatunji, Williams, et al., 2007). *Core disgust* is comprised of food, body products, and animals/insects. This

Table 1  
Disgust Elicitors With Illustrative Examples

Disgust Elicitor	Examples
<i>Food (CORE)</i>	Spoiled food (such as sour milk), culturally unfamiliar foods, and unexpected combinations of foods (such as ice cream with sautéed steak)
<i>Insects/Animals (CORE)</i>	Rodents and insects that dwell in dark and damp locations
<i>Body Products (CORE)</i>	Feces, urine, pus
<i>Death (ANIMAL-REMINDER)</i>	Coming in contact with a dead body, contact with objects associated with death (i.e., an urn to store the ashes of a cremated loved one)
<i>Sex (CONTAMINATION)</i>	Culturally nonnormative sexual practices or exposure to body products specifically associated with sex
<i>Body Envelope Violations (ANIMAL-REMINDER)</i>	Exposure to internal viscera

Note. Broader conceptual factors are listed in ( ). Not listed here is sympathetic magic, which is associated with contamination disgust and can be in reference to any of the other disgust elicitors listed here.

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