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To cite this article: Noam Markovitch, Liat Netzer & Maya Tamir (2016) Will you touch a dirty diaper? Attitudes towards disgust and behaviour, *Cognition and Emotion*, 30:3, 592-602, DOI: [10.1080/02699931.2015.1020049](https://doi.org/10.1080/02699931.2015.1020049)

To link to this article: <http://dx.doi.org/10.1080/02699931.2015.1020049>



Published online: 26 Mar 2015.



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BRIEF REPORT

Will you touch a dirty diaper? Attitudes towards disgust and behaviour

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(Received 13 June 2014; accepted 12 February 2015)

Individuals differ in their willingness to engage with disgusting stimuli (e.g., dirty diapers). We propose that such differences are associated with attitudes towards disgust. Specifically, we predicted that people with less negative attitudes towards disgust (i.e., those who evaluate disgust less negatively) would be more willing to engage with disgusting stimuli. We asked participants to engage with disgusting stimuli in the laboratory and used two measures that assess behavioural and affective or cognitive components of attitudes towards disgust. As predicted, less negative attitudes towards disgust were associated with greater engagement with disgusting stimuli, above and beyond the current experience of disgust and the tendency to experience disgust. These findings stress the importance of attitudes towards emotions in understanding emotion-relevant behaviour.

Keywords: Attitudes; Emotions; Disgust.

People typically find dirty diapers, sheep intestines and bloody wounds disgusting, yet they often need to engage with them to raise children, prepare food and save lives. According to the body-to-soul preadaptation theory of disgust (Rozin, Haidt, & McCauley, 2008), disgust evolved to protect the body from physical contamination. Nonetheless, people vary dramatically in their willingness to engage with disgusting stimuli. Such individual differences, in turn, are linked to healthy func-

tioning and to psychopathology (e.g., de Jong & Merckelbach, 1998; Tolin, Lohr, Sawchuk, & Lee, 1997). Therefore, it is important to identify and understand individual differences that are related to engagement with disgust. In this investigation, we argue that engagement with disgust is linked to people's attitudes towards disgust. In what follows, we review existing research on disgust-related individual differences and explain how studying attitudes towards

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This article was originally published with errors. This version has been corrected. Please see Erratum (<http://dx.doi.org/10.1080/02699931.2015.1035960>).

disgust can advance our understanding of disgust-related behaviour.

Individual differences in the experience of disgust

Three main psychological constructs have been highlighted in reference to engagement with disgusting stimuli. First, the *current experience of disgust* reflects the extent to which individuals experience disgust in response to specific stimuli. People differ in the intensity of their disgust reactions, and those reactions, in turn, are linked to engagement with disgusting stimuli. People, who experience less intense disgust in response to specific stimuli (e.g., spiders), are more likely to engage with them (e.g., Woody, McLean, & Klassen, 2005; Woody & Tolin, 2002).

Second, the *general tendency to experience disgust* represents the frequency with which individuals experience disgust in response to various stimuli (e.g., Olatunji, Cisler, Deacon, Connolly, & Lohr, 2007). Several measures have been proposed to assess this tendency, including the Disgust Scale (DS; Haidt, McCauley, & Rozin, 1994), which assesses the experience of disgust in specific domains. The Disgust Propensity Scale, a subscale of the Disgust Propensity and Sensitivity Scale-Revised (DPSS-RP; van Overveld, de Jong, Peters, Cavanagh, & Davey, 2006), has been developed more recently to assess the tendency to experience disgust across domains. People who are less inclined to experience disgust, measured by either the DS (e.g., Deacon & Olatunji, 2007; Olatunji, Lohr, Sawchuk, & Tolin, 2007; Rozin, Haidt, McCauley, Dunlop, & Ashmore, 1999) or the DPSS-RP (e.g., Goetz, Lee, Coughle, & Turkel, 2013; van Overveld, de Jong, & Peters, 2010), are more likely to engage with disgusting stimuli.

Third, people also differ in their *response to their experience of disgust*. Whereas some people find their experience of disgust more aversive, others find it less aversive. Individual differences in such responses can be measured using the Disgust Sensitivity Scale, a subscale of the DPSS-RP (van Overveld et al., 2006). The scale assesses the degree to which individuals find their own experience of

disgust personally distressing (e.g., *It scares me when I feel nauseous*). One might expect people who find their experience of disgust less aversive to be more likely to engage with disgusting stimuli. However, there is little direct support for these assumptions, as disgust sensitivity was not significantly related to disgust-related behaviour (Goetz et al., 2013; van Overveld et al., 2010; for an exception see Nicholson & Barnes-Holmes, 2012).

The current experience of disgust, the tendency to experience disgust and one's reaction to the experience of disgust are individual differences that target subjective experiences of disgust. However, individuals might also vary in their general, abstract evaluations of disgust—that is, in their attitudes. If people differ in their general evaluations of disgust, such differences might relate to behaviour. The current research focused on individual differences in attitudes towards disgust and engagement with disgusting stimuli.

Individual differences in the evaluation of disgust

Attitudes are summary evaluations of a target with some degree of favour or disfavour (e.g., Eagly & Chaiken, 1993). Attitudes have received considerable attention in social psychological research, as they are linked to how people think, feel and behave. Although attitudes do not necessarily shape behaviour, people often behave in ways that are consistent with their attitudes (see Eagly & Chaiken, 1993; Fazio, 1986; Kraus, 1995). For example, individuals with more positive attitudes towards alcohol consume more alcohol (e.g., Ravis & Sheeran, 2013).

Harmon-Jones and colleagues (2011) have recently demonstrated that people differ in their attitudes towards emotions, such as sadness, anger and disgust. They argued that, similar to attitudes towards other targets, attitudes towards emotions should be linked to behavioural intentions. They proposed that people who have less negative attitudes towards disgust should be more likely to engage with disgusting stimuli. Consistent with this argument, they found that individuals with

less negative attitudes towards disgust were more willing to watch disgust-inducing pictures.

Components of attitudes towards disgust

Attitudes involve three components—namely behavioural, affective and cognitive (e.g., Eagly & Chaiken, 1993). Behavioural components reflect perceived associations between the attitude object and behavioural intentions (i.e., how do I behave towards the target?), affective components reflect how one feels towards the attitude object (i.e., do I like or dislike the target?) and cognitive components reflect abstract judgements of the attitude object (i.e., what do I think about the target?). These components can be either consistent or inconsistent with each other (e.g., a person might like wine and think it is either healthy or unhealthy).

Harmon-Jones and colleagues (2011) developed a measure of attitudes towards emotions that reflects behavioural (e.g., “If I see something disgusting, I will look at it again on purpose”) and affective (e.g., “I like doing things that I find disgusting”) components. Using this measure, Harmon-Jones and colleagues (2011) found that attitudes towards disgust are linked to the intensity with which people experience disgust and to the general tendency to experience disgust. They also found that people with more positive attitudes towards disgust are more motivated to watch disgust-inducing pictures. These findings are encouraging, but they raise two important questions.

First, Harmon-Jones and colleagues (2011) assessed attitudes towards disgust using items that tap affective and behavioural components. To better understand whether and how attitudes towards disgust are associated with behaviour, it is important to test whether engagement with disgusting stimuli is also associated with measures that tap cognitive components of attitudes towards disgust.

Second, Harmon-Jones and colleagues (2011) found that attitudes towards disgust were related to the experience of disgust and to engagement with disgust. Given that the experience of disgust and the tendency to experience disgust are tied to engagement with disgust, the link between attitudes towards disgust and engagement with

disgust may depend on differences in disgust experience. People who experience less disgust may perceive it less negatively and be more motivated to engage with disgusting objects. To better understand whether and how attitudes towards disgust are linked to engagement with disgust, it is necessary to test whether these associations are independent of differences related to disgust experience.

Affective aspects of attitudes towards disgust reflect affective reactions, and so whether they are linked to engagement with disgust may depend on the actual experience of disgust. In contrast, because cognitive aspects of attitudes towards disgust reflect cognitive evaluations rather than affective reactions, it is plausible that links between such cognitive evaluations and engagement with disgust may be independent of the experience of disgust. The current investigation tested these possibilities.

The current investigation

To assess links between attitudes towards disgust and behavioural engagement with disgust, this investigation included two measures of attitudes towards disgust: a measure that taps affective and behavioural components of attitudes towards disgust (Harmon-Jones et al., 2011) and a measure that taps cognitive components of attitudes towards disgust (Netzer, Kim, & Tamir, 2015). Netzer and colleagues (2015) have demonstrated that the two measures tap distinct aspects of attitudes. Furthermore, the former measure is linked to affective reactions to disgust (e.g., reported enjoyment), but not to evaluative judgements (e.g., perceived utility), whereas the latter measure shows the opposite pattern. To test whether our findings are specific to attitudes towards disgust, in particular, we measured attitudes towards disgust as well as attitudes towards sadness.

To test whether attitudes towards disgust are associated with behaviour, we examined engagement with real disgusting objects. To this end, following Rozin and colleagues (1999), participants were presented with disgusting objects (e.g., a dirty diaper), and we assessed their willingness to perform tasks involving different levels of

engagement with these objects. To test whether links between attitudes towards disgust and engagement with disgust are independent of the experience of disgust, we assessed the current experience of disgust and the general tendency to experience disgust.

We expected less negative attitudes towards disgust (but not sadness), whether assessed by measures that tap affective-behavioural or cognitive components, to be linked to greater engagement with disgusting stimuli. We further expected associations between cognitive aspects of attitudes towards disgust and disgust engagement to hold when controlling for disgust experience.

METHOD¹

Participants

Participants were 69² undergraduates (57% female, $M_{\text{age}} = 23.39$, $SD_{\text{age}} = 2.24$, range = 18–30 years), who participated for course credit or \$15.³

Materials

Disgust engagement tasks

Based on a pilot study containing behavioural tasks adapted from Rozin et al. (1999), we selected four tasks assessing behavioural engagement with disgust.⁴ The procedure began with a task that involved engagement with a neutral stimulus. We also included a task to assess compliance (see Table 1 for a detailed description of the tasks and the order of their presentation).

Following Rozin et al. (1999), each task involved four stages that demanded increasingly greater engagement with the object. Within each

task, stages were presented sequentially. In each stage, the experimenter described the specific assignment and asked whether the participant would be willing to perform it. If participants agreed, they were instructed to perform the assignment, and the experimenter proceeded to the next stage of the task. If participants declined, the experimenter proceeded to the next task. Participants were informed that items were sterilised and safe to touch and that any food-related items were safe to eat.

Willingness to engage with disgust. Participants received a point for each stage they completed within a task. Participants who refused to perform the first stage received 0 points, whereas participants, who were willing to complete all four stages, received four points. Willingness to engage with disgust was computed by averaging the score on the four disgust tasks ($\alpha = .73$).

Behavioural engagement with disgust. Objective raters examined participants' behaviour on the disgust engagement tasks, as captured on film. Coders rated the degree of contact with the stimulus for each stage of each task (1 = *minimal surface contact*; 3 = *large surface contact*) and the duration of contact with the stimulus (1 = *minimal duration*; 3 = *prolonged duration*). In both indices, participants who did not perform the assignment scored 0. To establish interrater reliability, two independent raters rated all tasks in recordings of 12 randomly chosen participants. For contact duration, average κ was .95 and average agreement was 97%. For degree of contact, average κ was 1 and average agreement was 99%. Disagreement between judges was resolved through discussion. After we established interrater reliability, one of

¹We report how we determined our sample size, all data exclusions (if any) and all manipulations related to the current research question. The study included some unrelated tasks which are not reported here.

²Using G*Power 3 program (Faul, Erdfelder, Lang, & Buchner, 2007) for linear multiple regression, with an effect size of 0.13 (based on Harmon-Jones et al., 2011), $\alpha = .05$, 63 participants were required for a power value of .80. Given the sensitive nature of the tasks involved, we expected some participants not to complete the study, and so we targeted a slightly higher sample size.

³Data from three participants, who failed to complete the study, were omitted from the analyses.

⁴See [Supplementary Materials](#) for further information about the pilot study.

Table 1. Descriptions of disgust engagement and control tasks by order of presentation

Task	Stimuli	First stage experimenter instructions	Second stage experimenter instructions	Third stage experimenter instructions	Fourth stage experimenter instructions	Mean (SD) ^a
Snack	Popular Israeli snack	<i>I've set a few pieces of a snack in front of you. Are you willing to hold a piece?</i>	<i>Are you willing to eat the piece you're holding? If participants refused they were asked Are you willing to eat a raisin instead? If participants agreed, the experimenter poured some raisins on a plate and asked participants to eat a raisin.</i>	–	–	1.94 (0.29)
Green slime ^b	A transparent plastic container with green slime, assembled from processed potato salad mixed with green food colouring	<i>This substance is a mixture of several food ingredients. Are you willing to touch it?</i>	<i>Are you willing to mix it with your finger?</i>	<i>Are you willing to hold it in your hand?</i>	<i>Are you willing to taste some of it?</i>	2.70 (1.37)
Dirty diaper	A diaper filled with rolled tissue paper, with one side smeared with dark Miso	<i>Here is a diaper with fake feces which we created from food ingredients. Are you willing to hold it by its clean side?</i>	<i>Are you willing to touch the dirty area?</i>	<i>Are you willing to hold some of the material in your hand?</i>	<i>Are you willing to taste some of the dirty part?</i>	1.81 (1.06)
Impersonating a chicken ^c	–	<i>Are you willing to stand up, fold your arms and wave them like wings?</i>	<i>Are you willing to do that while you walk around the room and move your neck back and forth?</i>	<i>Are you willing to do that while you make chicken sounds?</i>	<i>Are you willing to continue doing that while I take a picture of you?^d</i>	2.00 (1.65)
Dead cockroach	Dead sterilized cockroach	<i>Here is a container with a dead and sterilized cockroach. Are you willing to hold the container?</i>	<i>Are you willing to touch the cockroach?</i>	<i>Are you willing to take the cockroach and hold it in your hand?</i>	<i>Are you willing to put the cockroach on your cheek?</i>	2.16 (1.45)
Used tissue	A wrinkled tissue paper smeared with fake mucus, created from cornflower, boiling water and a yellow food colouring	<i>Here's a tissue with fake mucus created from artificial ingredients. Are you willing to hold the tissue by its clean side?</i>	<i>Are you willing to touch the dirty area?</i>	<i>Are you willing to touch the dirty part with your lips?</i>	<i>Are you willing to use the tissue to blow your nose?</i>	1.94 (1.16)

^aMeans and *SD* for last stage participants agreed to perform in the task.^bTwo participants refused to perform this task due to dietary restrictions and were omitted from the analysis.^cDue to technical issues 11 participants did not complete this task.^dIf participants agreed, the experimenter took a picture of participants while impersonating a chicken.

the two raters rated the remaining recordings. To compute behavioural engagement scores for each of the indices and each participant, we first averaged ratings across stages and then across the four disgust tasks ($\alpha = .73$ for both degree of contact and duration of contact). Behavioural engagement with disgust was calculated by multiplying mean scores of degree of contact and duration of contact, so that scores ranged from 0 to 16.

Compliance

Following Rozin et al. (1999), to assess compliance, we included the task of *impersonating a chicken*. Like other tasks, behaviour was scored from 0 to 4; according to the last stage participants were willing to perform.

Current experience of disgust

Participants rated the extent to which they experienced *disgust* and *repulsion* in response to each disgusting stimulus in the disgust engagement task (1 = very little; 7 = very much). We computed a current experience of disgust score by averaging ratings of disgust and repulsion for each stimulus ($\alpha = .87$) and then averaging across the four disgust tasks ($\alpha = .81$).

Tendency to experience disgust

The DS (Haidt et al., 1994) included four items that concern seven disgusting domains: food, animals, body products, envelope violations, death, hygiene and magical thinking (sex-related items were omitted due to religious considerations). Each domain had two personal reaction items (e.g., *It would bother me to see a rat run across my path in a park*), rated as true (= 1) or false (= 0), and two disgust-rating items (e.g., *You discover that a friend of yours changes underwear only once a week*), rated as not disgusting (= 0), slightly disgusting (= 0.5) or very disgusting (= 1). Following the coding scheme recommended by Haidt and

colleagues (1994), a DS score was calculated by summing up the items ($\alpha = .79$), ranging from 0 to 27.⁵

Attitudes towards emotions

Participants completed two types of attitude scales, with each type of scale targeting either disgust or sadness.

The affective-behavioural components of attitudes towards emotions were assessed using the Attitudes toward Emotions scales (ATE; Harmon-Jones et al., 2011). Each attitude scale included six statements, reflecting an attraction to emotion-related stimuli (e.g., “I do not enjoy doing things that I find disgusting”; “I don’t like feeling sad”). Participants rated the frequency with which they experience each statement (1 = rarely/never; 5 = almost always/always). We averaged across statements referring to disgust ($\alpha = .70$) and to sadness ($\alpha = .55$),⁶ so that higher scores imply more positive attitudes towards disgust or sadness.

The cognitive components of attitudes towards emotions were assessed using the Evaluations of Emotions scales (EVE; Netzer et al., 2015). Participants rated either disgust or sadness on a series of semantic differential scales to reflect their general evaluations of disgust or sadness, respectively. Participants rated each emotion on five scales: bad–good, harmful–useful, stupid–smart, useless–valuable and unnecessary–necessary, where 1 reflects the negative endpoint of the scale, and 7 reflects the positive endpoint; e.g., “Disgust is: harmful (1)–useful (7)”. We averaged across ratings of disgust ($\alpha = .81$) and of sadness ($\alpha = .87$), so that higher scores imply more positive attitudes towards disgust or sadness.

Procedure

The study involved two sessions. In the first session, participants rated their attitudes towards

⁵ Results remained the same when using mean scores instead of sum.

⁶ By deleting the item “I like thinking about sad things” α increased to .69. Analyses remained unchanged when using the more reliable subscale.

Table 2. Descriptive statistics and correlations between key variables^a

	Mean (SD)	Range	1	2	3	4	5	6	7	8
1. Willingness to engage with disgust	2.16 (0.95)	0.25–4.00	1							
2. Behavioural engagement with disgust	2.36 (2.36)	0.04–10.04	.89*	1						
3. EVE disgust	3.49 (1.07)	1.00–5.60	.40*	.38*	1					
4. EVE sadness	4.00 (1.29)	1.00–6.60	.15	.23 [†]	.26*	1				
5. ATE disgust	2.10 (0.70)	1.00–3.83	.34*	.30*	.11	–.06	1			
6. ATE sadness	2.61 (0.64)	1.17–4.17	.14	.20	.26*	.38*	.16	1		
7. Current experience of disgust	4.28 (1.47)	1.00–7.00	–.50*	–.48*	–.35*	–.20	–.23 [†]	–.25*	1	
8. General tendency to experience disgust (DS)	16.75 (4.07)	5.50–24.00	–.50*	–.44*	–.32*	–.08	–.46*	–.24 [†]	.49*	1
9. Impersonating a chicken task	2.00 (1.65)	0.00–4.00	.55*	.50*	.19	.26 [†]	.34*	.13	–.16	–.41*

^aDue to some missing data, the sample sizes are different for each of the analysis.

* $p < .05$; [†] $p < .10$.

disgust and sadness. To prevent carry-over effects, the second session took place approximately two days later and was modelled after Rozin and colleagues (1999) and presented as an unrelated pilot study for a future experiment. Participants were filmed while completing the disgust engagement tasks. Participants rated their emotional reactions to each of the stimuli presented in the tasks, completed the DS scale and were debriefed.

RESULTS

Manipulation check

To confirm the disgust engagement tasks elicited disgust, we compared the degree to which they elicited disgust to the degree to which the neutral snack and chicken tasks elicited disgust in paired-sample t -tests. As expected, the disgusting tasks elicited significantly more disgust ($M = 4.30$, $SD = 1.51$) than the snack task ($M = 1.46$, $SD = 1.00$), $t(68) = 14.95$, $p < .01$; and the chicken task ($M = 1.98$, $SD = 1.38$), $t(57) = 10.12$, $p < .01$.

Are attitudes towards disgust linked to engagement with disgusting stimuli?

Table 2 presents simple correlations between our key variables. As predicted, both indices of attitudes towards disgust (ATE and EVE) were significantly and positively correlated with both indices of engagement with disgust. Individuals with less (vs. more) negative attitudes towards disgust were more willing to engage with disgusting stimuli. Attitudes towards sadness were not significantly related to engagement with disgust.

Are attitudes towards disgust linked to engagement with disgusting stimuli when controlling for current experience of disgust, tendency to experience disgust and compliance?

The tendency to experience disgust (DS) was negatively correlated with both indices of attitudes towards disgust. The current experience of disgust was negatively correlated with attitudes towards disgust as measured by the EVE, a similar pattern emerged with ATE, albeit non-significant. Participants who tended to experience disgust less often

and found the disgusting tasks less disgusting also tended to have less negative attitudes towards disgust. Individuals who tended to experience disgust less often and those who found the disgusting tasks less disgusting were also more willing to engage with them, as indicated by negative correlations between the current experience of disgust and DS and engagement with disgust scores. Engagement with disgust was also positively associated with performance on the chicken task, suggesting that people who engaged with the disgusting stimuli were more compliant.

We tested whether attitudes towards disgust were related to engagement with disgust, when controlling for current experience of disgust, the tendency to experience disgust and compliance. To do so, we ran a hierarchical multiple regression analysis predicting willingness to engage with disgust. In the first step, we entered the current experience of disgust, the tendency to experience disgust and compliance. As expected, the current experience of disgust ($\beta = -.27, t = -2.41, p < .05$), the tendency to experience disgust ($\beta = -.27, t = -2.15, p < .05$) and compliance ($\beta = .41, t = 3.80, p < .01$) were significantly associated with the willingness to engage with disgust. In the second step, we entered the two indices of attitudes towards disgust. In this case, EVE disgust was a significant predictor ($\beta = .23, t = 2.26, p < .05$), whereas ATE disgust was not ($\beta = .03, t = 0.23, p = .82$). In addition, compliance remained a significant predictor ($\beta = .38, t = 3.49, p < .01$), whereas the current experience of disgust and the tendency to experience disgust became marginally significant predictors ($\beta = -.21, t = -1.78, p = .08; \beta = -.24, t = -1.94, p = .06$).^{7,8,9}

The model explained 55% of the variance. As predicted, participants with more (vs. less) positive attitudes towards disgust, as reflected by the EVE, were more willing to engage with disgust, even

when controlling for current experience of disgust, the tendency to experience disgust and compliance. These findings were replicated when we used the coded behavioural engagement scores as dependent variables.¹⁰

DISCUSSION

Bloody wounds, dirty diapers and sheep intestines are examples of objects that people need to engage with, even if they find them disgusting. The extent to which people are willing to engage with disgusting stimuli, in turn, is linked to important psychological outcomes (e.g., Olatunji, Lohr, et al., 2007). In this investigation, we were able to demonstrate that people's attitudes towards disgust are associated with the extent to which they are willing to engage with disgusting stimuli. Furthermore, we found that individual differences in cognitive aspects of these attitudes are linked to engagement with disgust independent of the experience or the tendency to experience disgust. The less negatively people evaluate disgust, the more likely they are to engage with disgusting stimuli, regardless of how disgusted they make them feel.

Prior research has linked behavioural engagement with disgust to several key individual differences that pertain to disgust experience, including the experience of disgust, the tendency to experience disgust and reactions to one's own experience of disgust. More recent evidence suggests that engagement with disgust may also be linked to affective aspects of attitudes towards disgust. In this investigation, we replicated some of these key findings, showing that the intensity of disgust experience, the general tendency to experience disgust and affective components of attitudes towards disgust are each linked to the willingness

⁷ When adding gender as a predictor to the analysis, gender was not a significant predictor, and the results remained unchanged.

⁸ Results were consistent when compliance was included in the first step, and the disgust measures were included in the second step of the regression.

⁹ Similar results were obtained when using only the subset of items included in the DS-R (e.g., Olatunji et al., 2007).

¹⁰ See [Supplementary Materials](#).

to engage and the actual engagement with disgusting objects, when examined separately. Extending the existing body of work, our investigation demonstrates that cognitive aspects of attitudes towards disgust are also linked to behavioural engagement with disgust. Our investigation shows that such associations are independent of the experience of disgust. Accordingly, disgust-related behaviour does not exclusively depend on how people experience disgust. Instead, it may also be linked to how people think about and judge disgust, more generally.

Theoretical and pragmatic implications

Our findings make several contributions. First, extending the work by Harmon-Jones and colleagues (2011), we demonstrate that attitudes towards disgust are associated with behaviour towards disgust-eliciting stimuli. Participants who evaluated disgust less (vs. more) negatively were more willing to engage with disgusting objects and engaged with them longer and more extensively.

Second, we demonstrate that associations between cognitive aspects of attitudes towards disgust and disgust-related behaviour are independent of the experience of disgust. This distinction is crucial for understanding the operation of attitudes towards emotions. Attitudes denote the value of objects. They can guide behaviour, because people are motivated to approach objects they deem valuable (Fazio, 1986). If attitudes towards emotions operate in the same manner, people who value an emotion may be motivated to engage with stimuli that elicit that emotion because of the value they assign to it. Specifically, people who evaluate disgust less negatively might be more willing to engage with disgusting stimuli, regardless of how much these stimuli disgust them.

However, unlike other attitude objects (e.g., minority groups), emotions are evaluative and so they have a directive impact on behaviour. Disgust, for instance, is associated with avoidance (Rozin et al., 2008). If attitudes towards emotions are linked to behaviour, such links might depend

on differences in the emotional experience. Behaviour, in this case, may be a function of the directive impact of emotion on behaviour, and not a function of the evaluation of emotion, more generally. For instance, people who get easily disgusted may be less willing to engage with disgusting stimuli and may also evaluate disgust more negatively. By controlling for the current experience of disgust and the tendency to experience disgust, we could rule out this alternative account.

Finally, by including two measures of attitudes towards disgust, this investigation demonstrates the importance of distinguishing between different components of attitudes towards emotions. We included a measure that targeted behavioural and affective components of attitudes towards disgust (Harmon-Jones et al., 2011) and a measure that targeted cognitive components (Netzer et al., 2015). As expected, both measures were positively associated with behaviour towards disgusting stimuli. However, when controlling for the experience of disgust, engagement with disgust remained associated with the measure that targeted more cognitive aspects of attitudes towards disgust, but not with the measure that targeted more affective and behavioural aspects. This finding suggests there might be several distinct mechanisms underlying associations between attitudes towards disgust and disgust-related behaviour. What comprises attitudes towards disgust and how these components are differentially associated with disgust-related outcomes is an important task for future research.

From a pragmatic standpoint, the extent to which people are willing to engage with disgusting stimuli could carry important pragmatic implications. For instance, individual differences in engagement with disgust have been linked to health-related behaviour, such as organ donation (e.g., Morgan, Stephenson, Harrison, Afifi, & Long, 2008; O' Carroll, Foster, McGeechan, Sandford, & Ferguson, 2011), and to psychopathological conditions, such as phobias (e.g., de Jong & Merckelbach, 1998; Tolin et al., 1997).

The current investigation demonstrates that individual differences in engagement with disgust

are linked to how people think about disgust. Although our research design precludes causal conclusions, it suggests that how people think about disgust may potentially shape subsequent disgust-related behaviour. If so, changing how people think about disgust might ultimately help shape disgust-related behaviour (e.g., increase the willingness to become organ donors).

Limitations and future directions

We targeted several key measures of disgust-related individual differences that were found to relate to disgust-related behaviour in prior research. Specifically, we included measures of current disgust experience, the tendency to experience disgust and attitudes towards disgust. We did not measure reactions to one's experience of disgust, given that prior research found that the tendency to experience disgust accounted for associations with this measure. To further validate our findings and to better understand how various individual differences are linked to disgust-related behaviour, it would be important to include other measures that tap disgust-related individual differences, including disgust sensitivity and disgust propensity. Future research should also examine the potential overlap between ATE and disgust sensitivity, as both may tap affective reactions to experiencing disgust. To avoid carry-over effects, future studies should temporally separate assessments of disgust-related individual differences from assessments of behaviour. Finally, we examined behaviour towards disgusting stimuli in a controlled laboratory setting. Future research should test whether our findings generalise beyond the laboratory. We believe they might apply to daily life. Indeed, our findings suggest that people who think less negatively about disgust may be more willing to change diapers, cook meat and save lives.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

FUNDING

This work was supported by the Israel Science Foundation [grant number 794/11].

SUPPLEMENTARY MATERIAL

Supplementary materials is available via the "Supplementary" tab on the article's online page (<http://dx.doi.org/10.1080/02699931.2015.1020049>).

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