

Toilet psychology

Nick Haslam argues that psychologists should stop averting their eyes from the bathroom

Excretion is a universal part of the human experience, but it is veiled in taboo. Psychologists have torn the veil off other taboos, such as sex and death, but they have largely ignored elimination. Nevertheless, it is linked to a rich assortment of intense emotions, mental disorders, personality traits, social attitudes and linguistic practices. From psychoanalysis to neurogastroenterology, and from bathroom graffiti to shameful fetishes, the psychology of the toilet offers surprising insights into mind-body connections, culture and gender.

questions

What accounts for the neglect of excretion in psychology: the decline of psychoanalysis, the neglect of 'the body', or something else?

What role does disgust play in social attitudes and in the socialisation of children?

resources

Haslam, N. (2012). *Psychology in the bathroom*. Basingstoke: Palgrave Macmillan.
 Rozin, P. (2007). Exploring the landscape of modern academic psychology: Finding and filling the holes. *American Psychologist*, 62, 754–766.
www.worldtoilet.org

references

Brill, A.A. (1932). The sense of smell in the neuroses and psychoses. *Psychoanalytic Quarterly*, 1, 7–42.
 Dundes, A. (1984). *Life is like a chicken coop ladder: A portrait of German culture through folklore*. New York: Columbia University Press.
 Elsenbruch, S., Rosenberger, C., Enck, P. et al. (2010). Affective disturbances modulate the neural processing of visceral pain stimuli in irritable bowel

syndrome: An fMRI study. *Gut*, 59, 489–494.
 Giner-Sorolla, R., & Espinosa, P. (2011). Social cuing of guilt by anger and of shame by disgust. *Psychological Science*, 22, 49–53.
 Goldenberg, J.L. & Roberts, T. (2004). The beast within the beauty: An existential perspective on the objectification and condemnation of women. In J. Greenberg, S.L. Koole

& T. Pyszczynski (Eds.) *Handbook of experimental existential psychology* (pp.71–85). New York: Guilford.
 Green, J.A. (2003). The writing on the stall: Gender and graffiti. *Journal of Language and Social Psychology*, 22, 282–296.
 Haslam, N. (2012). *Psychology in the bathroom*. Basingstoke: Palgrave Macmillan.
 Haslam, N. (2011). The return of the anal

character. *Review of General Psychology*, 15, 351–360.
 Inbar, Y., Pizarro, D.A., Knobe, J., & Bloom, P. (2009). Disgust sensitivity predicts intuitive disapproval of gays. *Emotion*, 9, 435–439.
 Jones, E. (1950). Anal-erotic character traits. In *Papers on psychoanalysis*, [5th edn, pp.413–437]. London: Baillière, Tindall & Cox. (Original work published 1918)

Link, C.L., Lutfe, K.E., Steers, W.D. & McKinlay, J.B. (2007). Is abuse causally related to urologic symptoms? Results from the Boston Area Community Health (BACH) Survey. *European Urology*, 52, 397–406.
 Ljung, M. (2011). *Swearing: A cross-cultural linguistic study*. Basingstoke: Palgrave Macmillan.
 Middlemist, R.D., Knowles, E.S., &

Matter, C.F. (1976). Personal space invasions in the lavatory: Suggestive evidence for arousal. *Journal of Personality and Social Psychology*, 33, 541–546.
 Nussbaum, M.C. (2004). *Hiding from humanity: Disgust, shame, and the law*. Princeton, NJ: Princeton University Press.
 Rosenwald, G.C., Mendelson, G.A., Fontana, A., & Portz, A.T. (1966). An

action test of hypotheses concerning the anal personality. *Journal of Abnormal Psychology*, 71, 304–309.
 Rozin, P. (2007). Exploring the landscape of modern academic psychology: Finding and filling the holes. *American Psychologist*, 62, 754–766.
 Rozin, P., Hammer, L., Oster, H., et al (1986). The child's conception of food: Differentiation of categories of rejected food in the 1.4 to 5 year

range. *Appetite*, 7, 141–151.
 Schnall, S., Haidt, J., Clore, G.L., & Jordan, A.H. (2008). Disgust as embodied moral judgment. *Personality and Social Psychology Bulletin*, 34, 1096–1109.
 Sidoli, M. (1996). Farting as a defence against unspeakable dread. *Journal of Analytical Psychology*, 41, 165–178.
 Talley, N.J., Boyce, P.M. & Jones, M. (1998). Is the association between

revelations while seated on the privy, was afflicted by constipation and urinary retention and used a rich assortment of scatological expressions to denounce the devil. Constipation also bedevilled Sigmund Freud.

It's via Freud's ideas, rather than his intestinal problems, that psychologists are likely to encounter excretion. Every psychology student knows that the founder of psychoanalysis claimed that toddlers take unseemly pleasure in retaining and expelling their faeces, and that conflicts at this age could find adult expression in an anal character structure. Fewer know that Freud also identified a urethral personality (characterised by 'burning ambition') and speculated that resisting the urge to urinate on fire was a pivotal moment in primal man's ascent towards civilisation.

Contemplating the absence of excretion from contemporary psychology, I wondered whether the topic was off-limits. Just as people wish to conceal their bodily waste and prize the inventions that enable them to do so, placing flush toilets 73 ranks above Facebook, so do they try to banish excrement from their minds. Suspecting that psychology does the same, averting its eyes from the toilet, I wrote my recent book, *Psychology in the Bathroom* (Haslam, 2012). As social psychologist Jonathan Haidt writes in a review, 'Imagine if 10% of human nature had been walled off by an irrational taboo. Wouldn't you want to peek in and see what was hiding back there?' Of course you would.

It turns out that there is a significant literature on the psychology of excretion, but it is widely dispersed around the discipline and often obscure. Researchers have investigated a remarkable variety of phenomena associated with excretion, including diverse psychopathologies, personality traits, sexual aberrations, emotions, prejudices and linguistic practices.

Let's take psychopathology for a start. Excretion figures in many kinds of mental disorder, from phobias, obsessions, compulsions and delusions through to tics,

impulse-control problems and paraphilias. Intense fears surrounding public urination, dubbed 'paruresis', are common and often disabling, limiting people's movements and causing humiliation and pain, as in one sufferer who blacked out and crashed to the tiles from the sheer effort of trying to find relief at a public facility. Although paruresis bears many hallmarks of social anxiety it is unique enough for one writer to propose a new class of 'sphincteric phobias'. Milder forms of bashful bladder are widespread, a fact established by a study that used a periscope in an adjoining toilet stall to assess men's urine-streams at a public urinal. Time to begin urinating increased steeply the closer another user stood to the unwitting participant (Middlemist et al., 1976).

Anxiety of a different sort occurs in olfactory reference syndrome, whose sufferers fear that they are emitting a foul, often faecal odour. These fears have an obsessive-compulsive quality and sometimes reach delusional intensity, patients misreading gifts of perfume or even the barking of nearby dogs as evidence of their 'alimentary stench'. In one celebrated instance farting became a source of safety instead of fear. A boy in Jungian analysis used flatulence to create a 'defensive olfactory container' to protect himself, skunk-like, against fears of disintegration and persecution and to create a 'protective cloud of familiarity' when threatened. The clouds started to lift after the analyst blew loud therapeutic raspberries back at him (Sidoli, 1996).

Farting in the consulting room is one form of unwelcome and out-of-place excretion. Another form is incontinence. Among children the acquisition of bowel and bladder control is a major developmental achievement and a focus of anxious concern for parents, to the extent that 'accidents' are a frequent occasion for child maltreatment. Parents often seem to understand toilet training as a paradigm case for developing self-control, an inference that is not entirely without merit, as shown by a recent study in which adults made to drink five cups of water and not



Writing on the wall

Toilet graffiti, dubbed 'latrinalia' by one scholar, has drawn attention from many researchers and theorists over the years. Many of them have focused on gender, using public lavatories as laboratories for studying sex differences in the content and form of these scribbles. Alfred Kinsey was one of the first researchers to enter the field, surveying the walls of more than 300 public toilets in the early 1950s and finding more erotic content in men's and more romantic content in women's. Later research has found that men's graffiti also tend to be more scatological, insulting, prejudiced, and image-based, and less likely to offer advice or otherwise respond to previous remarks.

Theorists have struggled to explain differences such as these. True to his time, Kinsey ascribed them to women's supposedly greater regard for social conventions and lesser sexual responsiveness. Psychoanalytic writers proposed that graffiti writing was a form of 'phallic expression' or that men pursued it out of an unconscious envy of women's capacity for childbirth. Semioticians argued that men's toilet graffiti signify and express political dominance, whereas women's respond to their subordination. Social identity theorists proposed that gender differences in latrinalia reflect the salience of gender in segregated public bathrooms: rather than merely revealing their real, underlying differences, women and men polarise their behaviour in these gender-marked settings so as to exaggerate their femaleness or maleness.

Although early research found that women were less enthusiastic producers of latrinalia than men, later studies showed that they had achieved parity or superiority in quantity and explicitness. More recently still, toilet graffiti seems to have gone into decline. Arguably in the internet age there is little point writing taboo thoughts on bathroom walls: why scribble for a meagre one-at-a-time audience when you can make equally vulgar anonymous comments on a public discussion board or chatroom?

permitted to urinate were better able to resist unrelated temptations, such as short-sighted financial decisions, than adults with empty bladders (Tuk et al., 2011).

Methods of achieving continence have varied widely through history and across cultures. In the Middle Ages one cure for 'pyssing in the bedde' was eating ground

hedgehog, and among the Dahomeans of West Africa repeat offenders had a live frog attached to their waist to shock them into self-mastery. In recent Western history the pendulum has swung between strictness and laxity according to changing fashions in child care. Although some psychologists once believed that childhood bed-wetting,

fire-setting and cruelty to animals were jointly associated with adult criminality, later evidence has failed to support a link.

Excretion figures less literally in some other psychological disorders. Coprolalia, literally 'shit speech', is a prominent feature of Tourette's syndrome. Although all manner of obscenities or indelicate expressions may be involved – one Peruvian man repeatedly blurted orders to make him coffee – scatological expressions are the most common. The first reported case, the Marquise de Dampierre, a woman of 'distinguished manners' presented by Jean Itard in 1825, would exclaim 'shit and fucking pig' at inopportune times, and one of Gilles de la Tourette's original cases included a boy who favoured 'shitty arsehole'. The preference for excremental language appears to be widespread across cultures, although admitting distinctive forms, such as the unique Japanese expression *kusobaba* (shit grandma).

The universality of excremental blurring in Tourette's syndrome is surely no accident, as cross-cultural studies of swearing find scatological expressions to be 'the undisputed leader among the taboo themes' (Ljung, 2011, p.135). Anal-themed terms of abuse are particularly widespread, especially in Germany and the USA. Controversial folklorist Alan Dundes (1984) saw the former association as part of a general pattern that was also exemplified by a supposed cultural preference for faecal foods (e.g. sausage), flatulent music (i.e. wind and brass) and toilet humour. His analysis did not spare the USA, finding anal themes to be rife in American football.

Coprolalia only metaphorically involves excrement, but coprophilia and coprophagia are disgustingly literal. Eating faeces occurs frequently in several conditions, including intellectual disability, dementia and psychosis. It has even been recorded as a spectacular form of malingering in the case of a defendant facing a third conviction under California's 'three strikes and you're out' law, who stockpiled his excrement for several days before eating it in dramatic fashion.



Surprisingly, young children do not instinctively resist this act, one study finding that two year-olds willingly put into their mouths imitation dog faeces crafted from peanut butter and smelly cheese (Rozin et al., 1986). Fetishistic enjoyment of faeces is recorded rarely, but perversions that involve touching or sniffing other people's urine, or urinating on other people or their possessions, are more common. One successfully treated sniffer turned his fetish into a vocation and became a florist (Brill, 1932).

Many bowel and bladder complaints have a large psychological component, as researchers in the fields of psychosomatic medicine and gastroenterology have established. Irritable bowel syndrome (IBS), for example, is a very common condition that is characterised by chronic or alternating diarrhoea and constipation, accompanied by abdominal pain, bloating and discomfort. It has no definitive organic

cause and co-occurs with a wide variety of somatic conditions including dyspepsia, asthma, chronic fatigue and pain, dysmenorrhoea and fibromyalgia. People with IBS tend to score high on measures of neuroticism, tend to somatise their distress, have problems with self-assertion and often report histories of abuse (Talley et al., 1998).

Studies in neurogastroenterology are uncovering some of the roots of IBS in the enteric nervous system, the so-called 'second brain' that controls our viscera. Patients suffering from the condition frequently have elevated visceral sensitivity and pain-proneness, a phenomenon that is typically assessed by gradual inflation of a rectal balloon. Brain scans conducted during this form of distension reveal that IBS patients show unusually high activation of pain centres but also that this activation is partly explained by depression and anxiety (Elsenbruch et al., 2010). By implication, the mechanism of IBS is in part top-down, emotion states represented in the brain exerting an effect on visceral pain, and not just – pardon the pun – bottom-up.

Gastrointestinal conditions are not the only examples of somatopsychic phenomena that relate to excretion. Bladder problems can also have psychological dimensions and causes, occurring in some cases as conversion symptoms. It is well-established, for example, that urinary retention is strongly associated with the experience of sexual

and physical abuse, and other voiding disturbances, and incontinence also appear at elevated rates among abuse survivors (e.g. Link et al., 2007). In short, adversity, trauma and suffering commonly find bodily expression in disrupted excretory functions.

Excretion is related to an enormous range of psychological abnormalities. It is also indirectly related to normal personality. The clearest example is Freud's concept of the anal character, which most contemporary personality psychologists see as a discredited folly (Haslam, 2011). Freud argued that three character traits, the so-called 'anal triad' of orderliness, obstinacy and parsimony, cluster together in adults who recall having derived pleasure from emptying and holding back their bowels as young children. He proposed that these traits – which include a concern with cleanliness, a rigid conscience, stubbornness and tightness with money – represent sublimations or reaction formations against these bowel habits. Ernest Jones and Karl Abraham later embellished Freud's portrait, proposing that anal characters are perfectionistic, pedantic, preoccupied with detail and classification, easily disgusted, work-obsessed and joyless (Jones, 1918/1950).

Research has not been kind to Freud's proposed link between early bowel habits or toilet training and anal traits, although these traits do seem to be associated with aversion to bodily waste. In the most amusing study of this kind, people with anal traits performed poorly on a task requiring them to perform a hand-eye coordination task while their arms were plunged elbow-deep in a smelly, 'fecal-like' medium composed of flour and used crank-case oil (Rosenwald et al., 1966). However, although Freud was mistaken about the origins of the anal character, there is consistent evidence that its traits do in fact form a coherent pattern.

Indeed, the anal character lives on as obsessive-compulsive personality disorder (OCPD), whose eight diagnostic features mirror it strikingly. People with OCPD are preoccupied with details, rules and lists, perfectionistic, and excessively devoted to work and productivity (orderliness); they have an inflexibly scrupulous morality, are rigid and stubborn, and are reluctant to delegate (obstinacy); and they have a miserly spending style and an inability to discard worn out or worthless objects (parsimony). Features of the anal character also live on in several inter-related traits

that are mainstays of contemporary personality psychology, including perfectionism, disgust-proneness, authoritarianism and conscientiousness. The anal character stubbornly endures.

Although excretion plainly relates to issues of concern to clinical, health and personality psychologists, it is especially germane to social psychology. Although it is an intensely private matter it also resonates in our public emotions, moral judgements and prejudices. In the affective realm excretion is most closely tied to disgust and shame, two until recently neglected emotions that are intimately connected to the dirty and unreliable nature of our bodies (Nussbaum, 2004) and to one another (Giner-Sorolla & Espinosa, 2011).

Shame reflects a belief that the self is soiled or spoiled, whereas disgust reflects a perception that something outside the self is contaminating, either literally, as with faeces and rotten food, or metaphorically, as with rotten conduct. Moral disgust is triggered by violations of rules of purity and sacredness, and the emotion can intensify moral condemnation even when it is unrelated to what is being condemned. For example, disgust elicited experimentally by hypnosis or fart spray leads people to express stronger aversion to a range of morally questionable acts (Schnall et al., 2009; Wheatley & Haidt, 2005)

From excretion's link to moral judgement it is a small step to its association with social attitudes. There is strong evidence that disgust-proneness is related to prejudice. Yoel Inbar and colleagues (2009), for example, have shown that disgust-sensitive people are especially likely to have anti-gay attitudes. Others have associated disgust-proneness with xenophobia and ethnocentrism. Recently it has even been argued that cross-national differences in closed-mindedness and intolerance are excretion-related: countries with higher levels of parasite stress, associated psychologically with disgust and materially with poor sanitation, are less likely to have robust democracies, individual freedom, equitable distribution of economic resources and gender equality (Thornhill et al., 2009).

Gender is itself a social division that is intimately connected to excretion. Women tend to be more disgusted than men by bodily waste, more censorious of flatulence, more concerned about concealing their smells and sounds during bathroom visits and more likely to wash

their hands afterwards. Men are more likely to use scatological language and less likely to be offended by it. Their toilet graffiti tends to be more libidinous, hostile and excrement-focused than women's, as well as being briefer and less conversational (Green, 2003). Evidently the bathroom is a space that is bound up with masculinity, femininity and the social codes that maintain them.

A common thread running through these differences is that women's excretion is more hidden, emotionally fraught and suppressed than men's. The incompatibility of femininity and excretion is nicely expressed in Jonathan Swift's poem 'The lady's dressing room', in which a suitor sneaks into his beloved's room only to find evidence of her dirty corporeality, including sweaty garments, beslimed towels and encrusted combs. Upon discovering her chamber-pot he slinks away in horror, lamenting 'Oh! Celia, Celia, Celia shits!' The same sentiment is expressed less poetically by an American undergraduate: 'women are supposed to be non-poopers' (Weinberg & Williams, 2005, p.327). Despite our enlightened modern attitudes to gender equality, women are still judged more severely for

violations of this ideal of untaintedness than men. In one study (Goldenberg & Roberts, 2004), a female experimenter who excused herself to use the bathroom was evaluated more negatively than one who excused herself to get some paperwork: no such difference was found for a male experimenter.

Findings such as this reveal the richness and fascination of a topic that might seem, at first blush, to be merely puerile. Puerile or not, excretion is one of the neglected and underappreciated topics in psychology that Paul Rozin (2007) refers to as a 'hole' in the field. Rozin singled out for special attention the 'hole hole': a psychology of bodily orifices that has been largely abandoned following the partial eclipse of psychoanalysis. Our discipline may not be ready for the *Journal of Toilet Psychology*, but perhaps it's time to start filling the hole hole.

"In the affective realm excretion is most closely tied to disgust and shame"



Nick Haslam is Professor of Psychology at the University of Melbourne
nhaslam@unimelb.edu.au

irritable bowel syndrome and abuse explained by neuroticism? A population based study. *Gut*, 42, 47–53.
Thornhill, R., Fincher, C.L., & Saran, D. (2009). Parasites, democratization, and the liberalization of values across contemporary countries. *Biological Reviews*, 84, 113–131.
Tuk, M.A., Trampe, D., & Warlop, L. (2011). Inhibitory spillover: Increased urination urgency facilitates impulse

control in unrelated domains. *Psychological Science*, 22, 627–633.
Weinberg, M.S., & Williams, C.J. (2005). Fecal matters: Habitus, embodiments, and deviance. *Social Problems*, 52, 315–336.
Wheatley, T., & Haidt, J. (2005). Hypnotically induced disgust makes moral judgments more severe. *Psychological Science*, 16, 780–784.