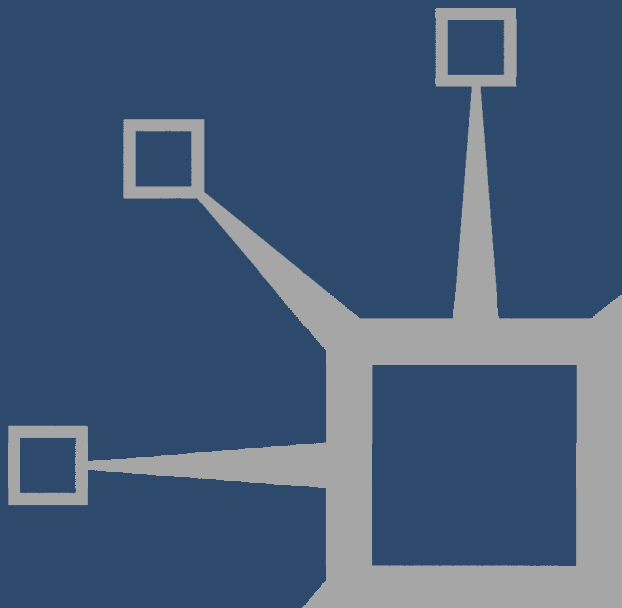


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# Psychology in the Bathroom

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Nick Haslam



## Psychology in the Bathroom

### Praise for *Psychology in the Bathroom*:

'Dr. Haslam should be congratulated for creating a unique compendium of information that is so entrenched in our human behavior but rarely thought about or discussed. *Psychology in the Bathroom* details a wide range of behaviors that are linked to excretory function. Topics such as the "anal" personality, latrinalia (toilet graffiti), flatulence, scatologic swearing (potty mouth) and medical conditions like irritable bowel syndrome are well covered with regard to their history, psychology and gender and cultural differences in their societal expression. Some topics, like whether the toilet seat should be up or down, are nicely discussed in a balanced attempt to solve a seemingly unsolvable domestic problem. I highly recommend this book to psychologists, health care professionals and anyone else interested in understanding such difficult to obtain areas of knowledge.' Douglas A Drossman, Professor of Medicine and Psychiatry, University of North Carolina at Chapel Hill, USA and Past President of the American Psychosomatic Society

'Why is it that the psychological study of eating and sex enjoy so much attention from psychologists and the general public, while a no-less universal feature of human experience is ignored? *Psychology in the Bathroom* argues persuasively for the importance of this overlooked topic, then comprehensively rectifies its neglect. In doing so, this glorious, witty and unerringly pitch-perfect book offers an unusual and compelling window to the human psyche. With a scope far grander than its subject matter, this meticulously researched and wide-ranging study of excretion and related phenomena, both typical and pathological, integrates fascinating and often surprising insights from intersections with psychoanalytic theory, clinical research, the study of emotion, the intimacy of body and mind, language, gender and more. Beautifully written with unflinching clarity, sensitivity and humour, this important, captivating and charming exploration of the psychology of a universal phenomenon is a must-read for researchers, clinicians and general readers alike.' Cordelia Fine (author of *Delusions of Gender*), Associate Professor, Melbourne Business School, Australia

'James Bond conducts a sex life that leaves little to the imagination. But does the virile Mr Bond ever use the toilet? The answer is no. Not in literature, movies or television, with rare exceptions... It is high time that psychiatrists have a clear view on the issues involved with toileting, and a book by Professor Nick Haslam, a social psychologist at Melbourne University, is an excellent introduction.' *Australasian Psychiatry*

# Psychology in the Bathroom

Nick Haslam

*University of Melbourne, Australia*

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Writing a book on the psychology of excretion is guaranteed to pique people's curiosity, but it may not be the best way to garner respect as an academic psychologist. I am fortunate to have received nothing but amused encouragement and advice from my colleagues. Several advice-givers suggested that readers might want to peruse the book during visits to the bathroom and one proposed that its pages might be perforated for that purpose. Many cover designs of questionable taste were put forward. For their support and example I am especially grateful to my social psychology colleagues Jenny Boldero, Cordelia Fine, Cassie Govan, Yoshi Kashima, Simon Laham and Luke Smillie.

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Olivia Middleton, Melanie Blair, Monica Kendall and the team at Palgrave Macmillan have been exceptional in seeing the merit in an unorthodox project and in steering the book through to completion.

This book is for Vikki, who indulges my desire to write and read obscure texts late into the night and who reminds me that there is more to life than books.

# 1

## Introduction

*Philosophy in the Bedroom* was published by the notorious Marquis de Sade in 1795. Sade's heroine, the adolescent Eugénie, is introduced to three libertines who alternate bouts of debauchery with lectures on the nature of freedom, morality and religion. Her innocence and ignorance not so much lost as tossed aside, Eugénie becomes a revolutionary who rebels against taboo, social convention and the state.

*Psychology in the Bathroom* is a different kind of book, switching disciplines and chambers. It is not primarily a study of large, philosophical ideas but an exploration of scientific knowledge about thinking, emotion and behaviour. Its setting is not the boudoir but the smallest room. Rather than studying sex, it examines excretion. This book is an investigation of the ways in which psychological research and theory illuminate elimination and the many phenomena, normal and pathological, that are associated with it.

The psychology of excretion might appear to be an unpromising topic for a book, unsavoury, puerile and trivial. However, it is crucially important and endlessly fascinating. Human waste is an abiding concern for individuals and societies, and our attitudes and reactions to it have implications for our health, our happiness and our environment. Inadequate hygiene and faecally contaminated water cause the deaths of more than two million children each year through diarrhoea and by exacerbating the effects of malnutrition. Faecal transmission is responsible for many debilitating diseases including typhoid, trachoma, schistosomiasis and the intestinal nematode infections that afflict one-third of the world's population (Prüss-Üstün et al., 2008; Rosenquist, 2005). Hundreds

of millions of people globally suffer from the shame, discomfort and general misery of gastrointestinal conditions. Billions of people need to be provided with sanitation, water and food in the coming years, and sustainable solutions to these challenges require us to overcome deep-seated attitudes towards excreta. Disgust and contamination fear are the primary sources of resistance to the use of recycled drinking water (Callaghan et al., 2012) and to the use of human excrement for fertilizer in places where chemical alternatives are expensive and food security is tenuous (Mariwah & Drangert, 2011).

Despite its importance, excretion is something that people rarely want to think about. Instead we try to put the greatest possible physical and psychological distance between ourselves and our waste. We prize the technologies we have invented for doing so, even if they are often taken for granted and hidden from view. One survey of the British public's judgements of the most important human inventions found that the flush toilet ranked 9th, one rank above the combustion engine and 73 ranks above Facebook. Toilet paper was ranked 22nd, above trains, pens and shoes. Nappies, ranked 62nd, were adjudged a better thing than sliced bread (70th).

These rankings might seem to inflate the importance of sanitation, but a case can be made that it is an essential foundation for the development of modern societies. The dread of parasite-borne disease, one consequence of deficient sanitation, appears to be a significant basis for prejudice, repression and tribalism. These forms of social exclusion and separation thrive on fears of contagion and the belief that other groups are impure and contaminating. People who are more xenophobic and ethnocentric tend to perceive greater risk of infectious disease (Faulkner et al., 2004) and people living in countries with higher levels of parasite stress tend to be more cautious and less open to new ideas and experiences (Schaller & Murray, 2008). This link between infectious disease threat and intolerance can be understood as a kind of behavioural immune system, guarding us against contagion at the cost of distrust and closed-mindedness. It has even been argued that democratic societies with liberal values and developing economies emerged as a result of reductions in parasite stress, due in part to improvements in sanitation (Thornhill et al., 2009). Indeed, Thornhill and colleagues found that countries with high levels of parasite-borne disease were much less likely than others to

have a robust democracy, individual freedom, equitable distribution of economic resources and gender equality.

In addition to having broad societal implications, excretion is psychologically important in a number of ways. As much as people tend to keep them quiet, hidden and deeply private, defecation and urination are universal parts of the human experience. They are also processes that remind us of our animality and our vulnerability to death and decay. Most people engage in these processes more frequently and with less choice in the matter than any other bodily function, with the exception of breathing. Acquiring control over excretion is a major landmark in human development and a matter of anxious concern for children and parents. Anxiety is only one of several intense emotions that excretion and its products evoke, along with disgust and shame. Numerous psychological disorders are associated with disturbed patterns of excretion or disordered relationships with excreta and many medical problems with gastrointestinal or urological symptoms have large psychological components.

Ideas, images and language associated with excretion provided further evidence of its psychological importance. Words referring to excretion, excrement and the responsible parts of our anatomy are key elements of slang, swearing and verbal abuse, rivalling and even outdoing words associated with sex. Scatological elements are common ingredients of jokes and other forms of humour. Just as abuse and scatological humour draw loud attention to human elimination, it is also obscured and minimized by various forms of linguistic delicacy and evasion. Even the word 'bathroom' is euphemistic: one does not go to the bathroom to bathe, nor does one normally go to a restroom simply to rest. Excretion conveys a rich assortment of psychological meanings and the wide circulation of these meanings reveals the depth of people's interest in it.

Besides offering a window onto excretion itself, the bathroom is also a laboratory for studying other fascinating topics. One such topic is the psychology of gender. In most parts of the world men and women use toilets differently, in a way that reflects their anatomical differences: men often stand to urinate whereas women do not. One indirect consequence of this difference in toilet behaviour is that men's and women's public restrooms typically remain separate at a time when few other public spaces are segregated by gender. A further consequence is tension between men and women over bathroom

access and etiquette. Inequalities in the provision and design of public restrooms for men and women are one focus for campaigners against sex discrimination, who argue that women should not have to wait longer than men to use restrooms. The 'potty parity' issue (Anthony & Dufresne, 2007) has led to litigation and changes to the required ratios of male and female facilities in building codes. Gender differences in urination-related behaviour also generate tensions in private bathrooms, with disputes over whether men should put the seat down disturbing the domestic peace in many households.

Gender raises its head in many other toilet-related phenomena that will be examined in this book. Girls tend to be toilet-trained earlier than boys. Women are more likely to suffer from irritable bowel syndrome, whereas men are more likely to have pathological fears of urinating in public restrooms. Women tend to be more disgusted by bodily waste products, more censorious of flatulence and more concerned about concealing their toilet smells and sounds. Men are more likely to use scatological language than women and are less offended by it. Women tend to write toilet graffiti that has less sexual and aggressive content than men. Men are less likely to wash their hands after using bathrooms. Women tend to be judged more negatively than men when they violate norms of toilet-related cleanliness and purity. Evidently the bathroom is a place that is intimately bound up with masculinity, femininity and the social codes and expectations that maintain them.

## **Excretion and psychoanalysis**

Excretion has attracted the interest of some of the great psychological theorists. People with only the slightest familiarity with psychology are aware of psychoanalysis and its prurient interest in those bodily functions and anatomical regions that we prefer to keep hidden. They know that Sigmund Freud believed that even small children were sexual beings, whose focus of erotic concern progressed through a series of psychosexual stages, each defined by a mucous membrane, on their precarious way towards adult sexuality. In the oral stage the infant's sensual life centres on the stimulation of its mouth, extracting pleasure as well as milk from the breast. During the anal stage the toddler develops increasing control over its voluntary muscles and in particular learns to control its anal and urethral sphincters in

the process of toilet training. According to Freud and his followers, children in this stage enjoy the release and withholding of faeces in a way that is sensual rather than merely the instrumental pleasure of learning a new skill.

Excretion figured not only in the psychoanalysts' accounts of child development, but played a prominent role in other aspects of their theorizing. They argued that certain forms of personality and mental disorder were 'anal' in nature, having their origins in conflicts during early child development. People with personality traits such as stubbornness, rigidity, perfectionism and miserliness were considered to have 'anal characters'. Patients suffering from obsessions – many of which involved feeling dirty and contaminated – and compulsions – which commonly involved cleaning or putting things in inflexible orders – were diagnosed with anal dynamics. Two of Freud's most famous case studies exemplified these dynamics: the 'Wolf man' was dependent on enemas and the 'Rat man' suffered from obsessive thoughts in which pots of rats were attached to the buttocks of his father or his beloved fiancée and bored their way inside.

Urination never received quite the same attention from psychoanalysts as defecation, but the neglect was not total. Freud (1908) speculated on the existence of a distinctive form of 'urethral erotism' – it was associated, he thought, with 'burning' ambition in adulthood – but the urethra never achieved parity with the anus by winning its own psychosexual stage. Freud (1930) also speculated that primal man's resistance of the infantile urge to urinate on fire was a key moment in the capture and exploitation of fire and hence a great step in the rise of human civilization.

Psychoanalysts other than Freud also gave excretion its due. Erik Erikson, who broadened psychoanalytic theory to encompass social development and used it in biographical studies, wrote of the importance of the toilet in the life and work of Martin Luther, founder of Protestant Christianity. Luther was troubled in his early life by anxiety, melancholia, unwanted obscene images and severe doubts about his calling as a monk. Erikson (1958) described how Luther, a man who had suffered lasting constipation and urinary retention, experienced a life-changing theological revelation about the importance of faith while seated on the toilet. In Erikson's view the place where Luther had his revelation was crucial to it, enabling Luther to change 'from a highly restrained and retentive individual into

an explosive person; he had found an unexpected release of self-expression' (p. 199). Luther was an enthusiast of anal vulgarity – referring to the Pope as 'fartass' and addressing anal affronts to the devil such as 'lick my posteriors' – and Erikson argues that it was only when he allowed himself to symbolically and literally 'let himself go' that he was able to transform and free up his spiritual life. Later psychoanalytic writers have gone further, seeing anality as a core theme not only in Luther's life, but in the expanding ripples of Protestantism, capitalism and money worship that his ideas set in motion (Brown, 1968).

Excretion may also have had some vivid personal relevance to some psychoanalysts. According to one biographer (Jones, 1964), Freud was plagued by constipation for many years and frequently alluded to his intestinal disorders in letters to friends. He also complained of bladder problems following his encounter with American toilets (Kaplan, 2010). Carl Jung, who split from Freud over what he saw as his overemphasis on carnal motivations, was also no stranger to matters faecal. In his memoir, Jung (1963) recalls how as a school-boy he experienced a sudden dread while looking upon a cathedral and knew that he must stop thinking about it or he would commit 'the most frightful of sins'. After three days of tormented suppression he gave in and saw God, seated on a golden throne, release 'an enormous turd' onto the cathedral. The young Carl wept with gratitude at this sign that he should not be bowed by the authority of the church. Other psychological thinkers have also been vulnerable to the vagaries of elimination: Charles Darwin suffered mightily from flatulence, and the sexologists Henry Havelock Ellis and Alfred Kinsey both engaged in urethral perversions.

## **Excretion in psychology**

In sharp contrast to the psychoanalysts, modern-day academic and popular psychologists rarely theorize about excretion or refer to it in their autobiographies. Psychoanalysis has suffered an eclipse within academic psychology, its ideas largely shut out of the curriculum and dismissed as pre-scientific and fanciful. Within clinical psychology and psychiatry, psychoanalytic ideas also receive scant recognition, although sanitized versions of some have been incorporated into clinical training and practice in the form of talk therapies.

This eclipse is only partial, psychoanalytic institutes, schools of therapy and practitioners continuing to operate in large numbers, but psychoanalytic ideas have much less currency within mainstream psychology than they did even two decades ago. One consequence of the diminishing voice of psychoanalysis is that discussions of the role of excretion in the human mind and behaviour are scarce.

If excretion has fallen from favour in psychological research and theory, the other end of the alimentary canal has fared much better. Numerous scientific journals are dedicated to the study of eating and drinking, including those that examine appetite and ingestion and those that analyse taste as a chemical sense. Thousands of articles explore the symptoms, causes and treatments of eating disorders such as anorexia nervosa and bulimia nervosa, and many professional journals publish research and theory devoted to understanding and treating them. However, there are no scientific journals in psychology dedicated to the study of elimination and its disorders, and psychologists make few contributions to the professional literatures in gastroenterology and urology, which address excretion from the standpoints of clinical medicine and biological science.

Just as psychology caters to the kitchen while closing the door to the bathroom, it also has a great deal to say about the bedroom. A multitude of psychological journals, monographs and textbooks explore sexual disorders, sexual development, sexual minorities, behavioural factors in sexually transmitted disease and forms of sex therapy. Thousands of research studies report surveys of bedroom behaviour, examinations of the role of sexual satisfaction in close relationships and clinical investigations of people who experience problems with sexual arousal and performance. This scientific fascination with sex stands in sharp contrast to psychology's embarrassed disregard of excretion.

This neglect of excretion cannot be excused by a lack of real world relevance or need. Returning to the comparison with eating, disorders that have lower gastrointestinal or urinary symptoms and a significant psychological dimension are vastly more common than eating disorders, which consume a great deal more media attention. Anorexia nervosa, for example, is a dreadful condition, but irritable bowel syndrome, urinary and faecal incontinence and intense fears of public bathrooms are each many times more prevalent in the general



population (e.g., Hoek & van Hoeken, 2003; Saito et al., 2002). Just as everyday people would rather not think about excretion and go to great lengths to conceal evidence of it, psychologists have also neglected and hidden it in their scientific work and theories.

### **A new psychology of excretion?**

Although mainstream psychology may have largely repressed elimination, following the discrediting of psychoanalysis and its excretory preoccupations, the field may now be ready to pay proper (or improper) attention to it. Several trends within psychology make this return of the repressed seem more likely. These include a renewed interest among psychologists in the content of mental life rather than abstract processes; a new interest in emotions that are intimately associated with excretion but that had been ignored until recent years; and an increasing recognition of the extent to which mental and bodily phenomena are interwoven. These developments signal that the time is ripe for psychologists to take a second look at excretion.

### **The new psychology of life domains**

One such development is academic psychology's revived emphasis on everyday domains of behaviour rather than broad psychological processes. As Paul Rozin (2006) has argued, research psychologists have traditionally aimed to understand the mind and behaviour in terms of laws of learning, memory, perception and reasoning rather than examining how people think and behave in particular areas of human activity such as sport, work, music, eating, morality or religion. Their goal has been to discover processes that generalize across domains of activity, rather than exploring the patterns that are specific to each domain. The content of particular life domains has frequently been left to the neighbouring social sciences such as sociology and anthropology, with their focus on institutions, kinship, religion and culture, and they tend to be de-emphasized in psychology's textbooks. Nevertheless, as Rozin observes, large changes are underway and a psychology that takes life domains seriously is on the rise.

Evidence of these changes can be seen in several developments in the field. One is the emergence in cognitive psychology of the idea

that many important psychological processes are domain-specific and that the human mind contains a collection of somewhat distinct 'modules' that are specialized for particular tasks, such as language or reasoning about social exchange. Another is the growing interest in cultural psychology, which points to the importance of content over abstract process in its analyses of food and sex taboos, honour codes and so on. Partly as a result there is now an expanding array of scientific journals and professional interest groups for psychologists interested in particular domains of life such as leisure, work, sex, eating, religion, morality, sleep and much more besides.

It is in this context of a psychology that examines the hitherto neglected variety of domains rather than processes that Rozin (2007) advocates the study of holes: underappreciated and understudied topics and problems. One neglected topic that he singles out for attention is the 'hole hole', or the psychology of human orifices, which psychoanalysis studied obsessively but which has been abandoned, Rozin argued, by later psychologists. Needless to say, this book aims to fill the hole hole.

## **Emotion**

Emotion has been an enduring topic for psychologists. Understanding the psychological and biological bases of emotion has always been a focus for research psychologists, and understanding and treating disordered emotion – too much anxiety, anger or sadness, too little happiness, embarrassment or guilt – has always been a focus for clinicians. However, psychologists have not paid equal attention to the vast territory of emotional experience, and some regions have been especially neglected. Two emotional outposts that have only recently begun to receive frequent visits from psychologists are shame and disgust.

Shame and disgust are intimately linked to people's concerns about their bodies, and in particular about the violation of norms to do with the body's cleanliness and purity (Nussbaum, 2004). We feel shame most intensely when our bodies have let us down in a way that compromises our purity or dignity, especially when our failure is exposed for others to see. Guilt, which people feel when they harm others or violate their rights, attaches to specific acts and motivates us to make amends, but shame besmirches the whole self and motivates us to hide away or sink into the ground. Disgust is felt in

response to a variety of unpleasant objects, such as bodily products and decaying or dead things, and is also a response to particular kinds of offensive behaviour committed by others. The two emotions not only share a close relationship to bodies, but are also closely related to one another: people feel ashamed when someone is disgusted with them and feel disgusted with others when they behave shamefully (Giner-Sorolla & Espinosa, 2011).

Psychologists only started to pay significant attention to shame in the 1980s, before which it was largely a poor cousin to other unpleasant emotions. A major database of psychology publications records only 16 articles mentioning shame in their title throughout the 1960s and 49 throughout the 1970s, followed by an exponential increase: 234 in the 1980s, 665 in the 1990s and 924 in the 2000s, or roughly one article every four days. This growing fascination with shame comes from the recognition that the emotion is a particularly toxic ingredient of a variety of mental disorders, more closely tied to psychiatric disturbance than guilt and less treatable than anxiety. It has also been shown to play a significant role in violence, addiction and responses to sexual abuse (Tangney & Dearing, 2002).

The rise of disgust scholarship has been even more meteoric. From a single article in the 1960s and none at all in the 1970s, disgust appeared in the title of 16 articles in the 1980s, 60 in the 1990s and 366 in the 2000s. The sharp upswing in publications is largely due to the work of Paul Rozin, Jon Haidt and colleagues, who showed how this emotion evolved from a simple way of signalling rejection of unpalatable food – expressed by the wrinkle-closed nostrils and clench-closed mouth of the disgust face – to a complex response to violations of purity, sacredness and reminders of human animality: an evolution of disgust from ‘oral to moral’ (Rozin et al., 2009). Other writers have explored the emotion as a key component of an adaptive system dedicated to the avoidance of disease (Curtis et al., 2011; Oaten et al., 2009). Disgust is increasingly being shown to play a key role in a variety of mental disorders, as well as underpinning a range of moral judgements and social prejudices, from obsessive-compulsive disorder to homophobia.

The explosion of interest in shame and disgust among psychologists indicates that the time is ripe for a new, post-Freudian psychology of the bathroom. Both emotions are tightly connected to our unreliable, dirty and incompletely controllable bodies. Both are