

Revolting Bodies: the Pedagogy of Disgust in Public Health Campaigns

Sydney Health & Society Group Working Paper No. 4

Deborah Lupton
Department of Sociology
and Social Policy,
University of Sydney

Revolting Bodies: the Pedagogy of Disgust in Public Health Campaigns

Sydney Health & Society Group Working Paper No. 4

Deborah Lupton

Published by the Sydney Health & Society Group, Sydney, Australia, 2013

The SH&SG Working Papers series is coordinated by Deborah Lupton, Department of Sociology and Social Policy, University of Sydney: deborah.lupton@sydney.edu.au

This working paper may be cited as: Deborah Lupton (2013) Revolting Bodies: the Pedagogy of Disgust in Public Health Campaigns. Sydney Health & Society Group Working Paper No. 3. Sydney: Sydney Health & Society Group.

Abstract

The developers of public health campaigns have often attempted to elicit the emotion of disgust to persuade members of their target audiences to change their behaviour in the interests of their health. This article identifies and analyses the dominant types of disgust that were employed in a collection of public health campaign texts. It was found that 'animal reminder' disgust, 'liminality' disgust, 'matter out of place' disgust and 'moral' disgust were all used in various ways in the campaign materials examined. The implications for how the human body, health and illness are conceptualised and understood and the moral meanings that are related to disgust responses are discussed. It is argued that the use of disgust in public health campaigns has serious political and ethical implications. Advocates of using such tactics should be aware of the challenge they pose to human dignity and their perpetuation of the Self and Other binary opposition that marginalises and stigmatises already disadvantaged individuals and social groups.

Introduction

A recent Australian anti-obesity campaign features a television advertisement showing a middle-aged man in his kitchen (*Liveliighter Campaign* 2012). He reaches into his fridge to take out a slice of left-over pizza. As he holds it, wondering whether to go ahead and wolf it down, he glances down at his belly. His other hand squeezes the flesh there, as the camera suddenly swoops into the inside of the man's body. Viewers are treated to images of bubbling slabs of yellow fat covering glistening red body organs. The camera goes back to the man as he gazes pensively through a doorway at his young sons playing happily on a computer game. The voice-over continues: 'Fat around your waist is bad, but toxic fat around your vital organs is worse.' The viewer is left in suspense, wondering if this dad will let himself and his family down by indulging his desire for pizza and thereby adding to his 'toxic' visceral fat.

This advertisement, part of the 'LiveLighter' campaign sponsored by the West Australian health department, the Cancer Council and the National Heart Foundation, is yet another in a series of social marketing campaigns that are regularly conducted for health promotion purposes in wealthy developed countries such as Australia, New Zealand, the UK, the USA, Canada and northern Europe. In these countries government-funded departments and authorities (most commonly federal or state departments of health) and independent organisations such as foundations focused on specific diseases such as cancer, heart disease, stroke and HIV/AIDS or conditions such as obesity have funded numerous social marketing campaigns directed at health behaviours. These entities frequently collaborate with each other in developing public health campaigns, as in the case of the 'LiveLighter' campaign.

Social marketing campaigns directed at persuading people to change their behaviour to achieve better health have adopted a range of strategies drawn from commercial marketing. Instead of attempting to sell a product to consumers, however, public health campaigns using social marketing techniques seek to effect a behaviour change. This change may involve relinquishing a habitual practice deemed to be detrimental to health or adopting a new behaviour viewed as health-promoting (Brennan and Binney 2010; Grier and Bryant 2005; Suarez-Almazor 2011). As part of persuading their target audiences to take up or relinquish behaviours and practices in the interests of their health, public health campaigns, like commercial advertising, often seek to arouse an emotional response. Emotional appeals may include not only the fear of ill-health, disease, disfigurement or an early death, but also shame, humiliation, concern about appearing unattractive or sexually undesirable – and disgust.

Brown and Gregg (2012) describe the 'pedagogy of regret' used in public health campaigns against binge-drinking. Similarly, one might also use the term the 'pedagogy of disgust' to encompass the use of disgust as a motivating force in public health campaigns. Such campaigns have a pedagogical function because they are positioning themselves as authoritative voices, disseminating information to target audiences. This is a very common feature of public health campaigns, which tend to represent health

authorities as the ultimate authority on health matters and members of the public as ignorant or apathetic, requiring instruction and information about how to conduct their lives (Crawshaw 2012; Gagnon, Jacob, and Holmes 2010; Lupton 1995; Thompson and Kumar 2011; Tulloch and Lupton 1997). The pedagogy of disgust may combine facts and figures to bolster this authority, but it is essentially attempting to elicit a negative affective response in a very overt manner.

The contemporary health authorities that approve the creation of advertisements by the advertising agencies they employ clearly believe that provoking shock, fear, horror and revulsion in the viewer is a legitimate and effective means of persuading people to change their habits. For example, two official evaluations of the Australian Department of Health and Aged Care's 'Every cigarette is doing you damage' anti-smoking campaign that showed graphic images of diseased internal organs note approvingly that the advertisements 'produced a strong visceral "yuk!" response' in viewers (Hill and Alcock 1999, 14) and that the proportion of respondents describing smoking as 'disgusting' increased following of one of the campaign's phases, which was one of the campaign's objectives (Donovan and Jalleh 2004).

The logic underpinning the use of such images to evoke emotional responses from target audiences is that members of these audiences are apathetic or resistant to the health messages public health authorities are attempting to convey to them. As the proponents of such campaigns have commonly contended, audiences must be 'shocked' to inspire them to change their behaviour. This statement was commonly used, for example, when the notorious horror-movie-style Australian 'Grim Reaper' HIV/AIDS campaign was launched in 1987 (Lupton 1994, 56-8) and more recently in relation to a German HIV/AIDS campaign that showed a young women having sex with look-alikes of Adolf Hitler, Josef Stalin and Saddam Hussein to convey the idea that HIV/AIDS is a 'mass-murderer' (Connolly 2009) (see more detail of these advertisements below). Such campaigns, therefore, position members of the public as simultaneously undisciplined and unmotivated but also capable of change if sufficiently 'shocked'. These statements betray great faith in the power of advertising to motivate audiences, and particularly in negative, fear- or disgust-inducing tactics to do so.

There is an extensive literature debating the effectiveness of using emotional appeals in public health campaigns, albeit with much of this focusing on the use of fear elicitation rather than disgust. I do not intend to engage in this debate here. The aim of the present analysis is the following: to identify and analyse the ways in which disgust has been employed in various public health campaigns; to discuss what these advertisements suggest about how the human body, health and illness are conceptualised and understood, the moral meanings that are related to disgust responses and the types of individuals and social groups who tend to be positioned as the repellent Other in these texts; and to address the ethical and political dimensions of the use of disgust in public health campaigns, issues that have yet to be fully acknowledged and debated, particularly within public health itself.

The majority of the examples in this discussion are from an online collection of public health campaign advertisements from developed countries made for research

purposes. These advertisements were collected on the internet by using a Google search employing terms such as 'public health', 'health' or 'social marketing' 'campaigns' or 'ads/advertisements'. The images that were found were added to a Pinterest board that was constructed to curate these materials. (Pinterest is a social media site that allows for the collecting, curation and sharing of images available on the internet.) This Pinterest board is freely available for internet users to view. For the purpose of specifically researching the use of disgust in public health advertising, the internet was also searched for campaigns targeting smoking, HIV/AIDS, illicit drug use, binge drinking, sexually transmissible diseases (STDs), influenza and obesity, as it was clear from initial web searches and literature review that these topics have attracted several campaigns that have sought to employ disgust as a major persuasive tactic.

Given this approach and the fact that many public health materials are not freely available on the internet, it cannot be claimed that this collection is in any way comprehensive or representative of all public health advertisements using disgust. However this was not the objective of the research. Instead, I was interested in documenting and analysing some of the materials that are readily available and investigating the tactics they employ to achieve the appeal to disgust. At the time of writing, the overall collection numbers 128 public health campaign materials, of which a total of 64, according to my judgement, feature disgust as a primary emotional appeal or motivating force. The 64 disgust advertisements in my collection include some vintage STD posters from the early to mid-twentieth century and some HIV/AIDS advertisements from the 1980s, but as far as I can discern the rest are contemporary. It is not always possible to identify their country of origin, but of those where I was able to do so, 15 are American, 11 Australian, 9 British and 12 from other countries (predominantly France, Germany and Canada).

In undertaking the analysis presented below, I looked closely at each advertisement that I had decided employed disgust, analysed the ways in which this was achieved and then constructed the typology of disgust I present below. All the examples to which I refer in this article can be viewed on my Pinterest board (<http://pinterest.com/dalupton/public-health-campaigns/>).

Theorising disgust

There is an extensive literature on disgust that identifies the social, cultural, historical and political dimensions of this emotion (see, for example, Deigh 2006; Durham 2011; Haidt et al. 1997; McGinn 2011; Miller 1997; Nussbaum 2004; Rozin and Fallon 1987). As it is argued in this literature, disgust is a complex emotion that goes well beyond a simple physiological response. Some researchers, particularly in evolutionary biology (Curtis and Biran 2001), have sought to claim that what is variously labelled 'core disgust' (Haidt et al. 1997) or 'primitive disgust' (Deigh 2006) is inherent, instinctive, involuntary and shared to some extent across cultures, acting to protect us from possible infection or disease. When examined closely, however, even this type of apparently biologically-driven response is invariably mediated via social and cultural

understandings and expectations (Curtis and Biran 2001; Durham 2011; Haidt et al. 1997). Disgust reactions are the product of learning and acculturation. It is therefore extremely difficult to extricate the social/cultural meanings from the physiological response of disgust (Durham 2011; Haidt et al. 1997; Rozin and Fallon 1987; Rozin, Millman, and Nemeroff 1986). I would argue, therefore, that it is impossible to identify a universal 'core disgust' and I do not discuss this type of disgust further here.

A second type of disgust, 'animal reminder disgust' (a term first coined by Rozin and his colleagues), has been identified. This type relates to phenomena that remind people of the animality or fleshly reality underlying the veneer of human civilisation, confronting us with the idea of our physicality, our vulnerability and the inevitable decay of ageing and death (Haidt et al. 1997; McGinn 2011; Rozin and Fallon 1987). The phenomena that arouse this type of disgust includes human bodily products and breaches of the 'envelope of the body' (Haidt et al. 1997) such as wounds, views of internal organs, blood, vomit, excreta, the corpse and so on. This theory explains why bodily substances such as sweat, birth fluids, dandruff or ear wax are still viewed with disgust, even though they tend not be susceptible to infection with microorganisms and therefore do not pose any kind of health threat. Here it is the human body itself, its openings to the world, its physical sheddings or secretions that are subject to suspicion. The underpinnings of this type of disgust appear to be symbolic and philosophical, related to loss of rational containment of the body and the challenge to the Cartesian duality of mind and body that attempts to position humans as superior to other animals.

Some theorists have also made reference to what I have decided to term 'liminality disgust': that generated by the transgression or indistinctness of cultural boundaries (Douglas 1969; Kristeva 1982; McGinn 2011; Miller 1997). There are overlaps of liminality disgust with animal reminder disgust, but they also differ from each other in some aspects. Liminality disgust may be generated by in-between organic substances -- the slimy, the oozing, the mucoid, the viscous. Such matter cannot be rigidly categorised into binary oppositions such as inside/outside, solid/fluid and life/death and therefore provoke anxiety, unease and disgust (Kristeva 1982; McGinn 2011). However liminal disgust need not be elicited solely in response to organic matter. According to Douglas' (1969) well-known writings on purity and danger, any anomalous phenomenon, including individuals and social groups, may be identified as impure, contaminating and disgusting as part of a cosmology constructed of organising principles of understanding and dealing with the world. Those phenomena that are designated as anomalies are treated with revulsion because they threaten the ordering of a society and the principles by which it is governed. Kristeva's (1982) concept of the 'abject' -- that to which we respond with fascinated repulsion -- also incorporates a psychoanalytic dimension to the disgust inspired by the blurring of boundaries.

This leads us to a fourth type of disgust: 'matter out of place', a term I take again from Douglas' work. As Douglas (1969) has famously argued, phenomena are not in themselves 'dirty' or 'impure'. Rather, it is the cultural meanings we ascribe to these phenomena that render them such. An important dimension of how phenomena are conceptualised as either clean/pure or dirty/impure is whether or not they are in their

(culturally) proper places. Shoes on one's feet while walking outside are clean: shoes removed from one's feet and placed on the dining table are dirty. They are 'matter out of place' and therefore disgusting.

All three of these last-mentioned types of disgust may incite what has been termed by several commentators as 'moral disgust', a response that is primarily based on understandings of what is appropriate and just social behaviour. Practices considered morally wrong according to the accepted norms of behaviour in specific cultural or social groups may evoke disgust, even when there is no obvious or direct relationship to physical matter. These understandings are phrased through judgements that attribute 'rightness' to certain social groups and 'wrongness' to others that are based not on potential contamination but assessments of moral worth and social standing (Deigh 2006; Durham 2011; McGinn 2011; Miller 1997; Nussbaum 2004).

Examples of disgust in contemporary public health campaigns

Health campaigns showing internal parts or organs of the body that are slippery and mucoid incite animal reminder, liminality and matter out of place disgust. These types of disgust were elicited when the camera swooped inside the body in the 'LiveLighter' or the 'Every cigarette is doing you damage' campaigns described above. Not only were the internal body parts that were shown slimy, they were frequently portrayed as diseased and rotting or overwhelmed by fat deposits, cancerous tumours, black tar or viscous matter that was squeezed out of arteries: matter out of place within the body. The link of cigarette smoking and over-eating with disease and mortality is very overt in these advertisements.

So too, ageing, physically degenerating or dead bodies/skeletons have been frequently used in public health campaigns to inspire animal reminder and matter out of place disgust. American advertisements warning of the effects of drugs such as heroin and crystal meth have used 'before and after' images to show attractive young faces ravaged allegedly by their drug use: hollow-eyed, skin infested with sores, emaciated. This approach has been adopted for tobacco control purposes in advertisements showing a beautiful young woman smoking as her older, haggard doppelganger appears unnoticed in her dressing-table mirror. It has also been used in HIV/AIDS advertisements, such as a UNICEF text that juxtaposes an image of a young woman's smiling face as she hugs a man with a second image that is identical, save for her face being rendered into a horrific fleshless skull. Here the disgust aroused is that relating to the difference between the youthful, fresh-faced 'pure' young person and the aged, ill-looking, contaminated or skeletal visage. The appearance of illness, disease, old age and death is disgusting because it so profoundly contrasts with the highly valued youth, beauty and innocence. The skull beneath the flesh, the inevitability of youth and beauty degenerating into corruption and the corpse, is exposed in all its horror.

Adopting a similar tactic of using the anomaly, or matter out of place, some recent European HIV/AIDS advertisements have shown giant spiders or scorpions having sex with young men and women (France) and the German HIV/AIDS

advertisements showing Hitler, Stalin and Hussein look-alikes copulating with a young woman referred to earlier. In both examples the creatures or the mass murderer characters are ugly symbols of the death that is implicit within the body of the person infected with HIV/AIDS. In both cases they are shown sexually penetrating the body of the healthy young person. Disgust is aroused both by the confronting juxtaposition of a figure of death with youthful beauty and by the anomaly of the poisonous creature having sex with humans or the mass murderer look-alike mounting a young woman.

One aspect of disgust to which many public health campaign materials allude is that aroused by individuals' apparent inability to discipline their bodies, their excessive flesh and their loss of bodily containment. This has been used in many public health advertisements, particularly those concerning obesity (the 'grabbable gut' of the 'LiveLighter' campaign). It is not only Australian public health authorities that have used disgust in relation to fat bodies as part of anti-obesity campaigns. Several other countries have used campaigns featuring images of fleshy bodies with rolls of fat, held up as repellent in the effort to persuade people to lose weight. A number of American campaigns from various state health authorities have shown parts of very fat bodies such as thighs or stomachs, often with the anonymous owner squeezing their abundant flesh to emphasise the flabbiness, ugliness and excessiveness of their bodies. Animal reminder, matter out of place and moral disgust intertwine in such advertisements. The fleshy, flabby folds of fat are matter out of place because they are represented as not belonging on a 'proper' human body. Such grotesque bodies are both animalistic and morally transgressive because of their lack of civility and rationality, their apparent inability to contain and control their desires.

Anti-binge-drinking campaigns directed at young people have similarly frequently elicited disgust based on their protagonists' loss of control over their bodies. These advertisements have shown young people having unwanted sex while intoxicated, vomiting and lying in pools of their own vomit in grimy lavatories or collapsing onto glass tables and receiving bloody cuts. Several such advertisements, including the Australian federal government's 'Don't Turn a Night Out into a Nightmare' campaign, which ran from 2008 until 2010, have been directed at young women. A very similar campaign funded by a local English police authority, 'Safe Night Out', run about the same time, also targeted young women. Like the Australian campaign, it enacts a 'before and after' scenario, in which a young woman is first depicted happily enjoying her night out, but then is shown in an abject manner: in this case, lying on the ground having been sexually assaulted. The wording says 'Don't let a night full of promise turn into a morning full of regret'. As noted above, such campaigns attempt to evoke a 'pedagogy of regret' (Brown and Gregg 2012) by showing these young women compromising their dignity by losing control of their bodies. While the loss of containment of the body and the depiction of bodily fluids evoke animal reminder, liminality and matter out of place disgust, these advertisements also draw on moral disgust by evoking regret. It is suggested that such behaviour is unseemly, particularly for young women, and therefore flouts moral codes.

Another example of an advertisement that draws upon liminality and matter out of place disgust is a British National Health Service poster attempting to warn people of the infectious nature of nasal mucous during the 2009 swine influenza epidemic. It showed a man sneezing violently, his head surrounded by a cloudburst of tiny droplets issuing forth from his nose. There is less suggestion of morality related to this man's loss of control over his body in this advertisement: everyone understands that it is very difficult to control a violent sneeze. Here it is the slimy texture of the nasal mucous, the fact that it is escaping so explosively from the man's body (and is thus out of place) and its potential to contaminate bystanders both literally (with influenza germs) and symbolically (with slimy matter) that is predominantly the source of disgust.

In health campaigns other matter that is portrayed as 'out of place' and which thus inspires disgust are such entities as cigarette smoke, HIV-infected bodily fluids, hepatitis-infected blood and, as noted above, fat. According to public health campaigns, none of these phenomena belongs in the pure and healthy body, as they are all disease-carrying, dirty and toxic. The substance of dietary fat was also used in a 2009 New York City council media campaign attempting to deter people from consuming sugary soda drinks by rendering them disgusting. A television advertisement for this campaign featured a man thirstily gulping down a liquid from a drink can which was not soda, but rather thick yellow fat. Print advertisements showed the same substance being poured into a glass from a soda can.

These advertisements draw upon a current prevalent cultural distaste for dietary fat, a substance that once was privileged as a luxury but has now been transformed into a toxin that must be avoided at all costs (Forth 2012; Lupton 1996). It is this disgust for fat, particularly the viscous kind, which underpins both the 'LiveLighter' campaign and the New York City soda campaigns. Both feature vivid imagery of this fat: smothering body organs in the former and consumed incongruously in the latter. In both cases this fat, which is also a slimy, liminal substance and a reminder of our animal origins, is matter out of place: on body organs, exuding 'toxic chemicals', or in a drink can and then readily entering the consumer's body.

Some public health campaigns make an explicit appeal directly to moral disgust. Thus, for example, an Australian web advertisement for the 'Break the Habit' campaign against childhood obesity showed a mother entering a kitchen where her young son (who looks about four years old) is drawing, seated at the kitchen table. As forbidding music plays, she sits down at the table and proceeds to unpack injecting drug apparatus from a paper bag: a syringe, a substance wrapped in foil, a spoon. She places the drug in the spoon, heats it and draws it into the syringe. The woman is then shown tying a tourniquet around her son's arm and prepares to inject him with the drug (presumably heroin) as he gazes at her innocently and uncomprehendingly. The image changes to the boy holding a hamburger, about to bite into it. The advertisement ends with the words: 'You wouldn't inject your children with junk. So why are you feeding it to them?' A similar appeal was made in an American television advertisement, also directed at childhood obesity. The advertisement, funded by the state of Georgia, is shot in black-and-white with harsh lighting. It shows a chubby boy (looking around 10 years of age)

and a fat woman walking into a stark room, empty save for two chairs. They sit down opposite each other. The boy looks at the woman and asks 'Mom, why am I fat?' She responds by hanging her head in shame and despair.

While both these advertisements also draw on matter out of place disgust (heroin/junk food in a child's body, fat on a child's body) both also seek to arouse self-disgust and shame on the part of parents (particularly mothers) who feed their children 'junk food' and allow them to become fat, as well as moral disgust from others, directed at such mothers. These mothers arouse disgust because they have transgressed the social norm that mothers should protect their children's health and wellbeing by ensuring that matter out of place does not enter their pure and innocent bodies.

Discussion

The above analysis has shown that public health campaigns directed at arousing disgust tend to employ several key devices which can be mapped on to the typologies of disgust introduced above. These devices include: drawing attention to the physical vulnerability, ageing, disease and degeneration suffered by the human body ('animal reminder' and 'matter out of place' disgust); showing slimy, often diseased internal organs ('animal reminder', 'matter out of place' and 'liminality' disgust); portraying bodily fluids escaping the body that are slimy, viscous or mucoid ('liminality', 'matter out of place' and 'animal reminder disgust'); depicting human bodies that are grotesque and excessive, lacking containment and self-discipline ('liminality', 'animal reminder' and 'matter out of place' disgust); and using confronting anomalies ('liminality' and 'matter out of place disgust'). Many of these devices also inspire moral disgust by positioning certain behaviours as inappropriate, compromising one's dignity or flouting social expectations.

Haidt *et al.* (1997, 114) contend that all categories of disgust act as either literal or symbolic 'guardians of the temple of the body' against disease, pollution, loss of dignity or spiritual desecration. I would further argue that all types of disgust centre on distinctions between Self and Other. As I have shown above, public health campaigns featuring disgust as a motivating force rely upon concepts of Otherness that represent the Other as deviant and different, inspiring repulsion because of this difference. The fat person, the smoker, the binge-drinker, the illicit drug user, the mother who fails to protect her children's health and the HIV-infected individual have all been routinely positioned as Other in such campaigns. Animal reminder, liminality, matter out of place and moral disgust meet when individuals or out-groups are considered to be behaving in an animalistic, uncontrolled or impure manner, where they are seen to transgress cultural boundaries or cannot easily be categorised within binary oppositions.

Such judgements of behaviour are often discriminatory, directed at marginalising and stigmatising out-groups. There can be said, therefore, to exist a 'politics of disgust and shame' (Deigh 2006). Those members who rank the most highly in social hierarchies tend to be considered less disgusting than others. The ideal body in western

societies is that which is tightly contained, controlled, its boundaries regulated, its flesh tight. The ideal body, indeed, is the body that is 'absent': that does not make itself known by its demands, excesses, discomforts, permeability or illnesses (Crawford 2004; Leder 1990; Longhurst 2000). When this ideal of the contained or absent body is challenged or flouted, disgust is often aroused. Young, slim, healthy, able-bodied white and middle-class male bodies top the list of the least disgusting type of body. These bodies are viewed as the most tightly contained, controlled and the least permeable compared with other bodies (Grosz 1994; Longhurst 2000).

A repeated motif across the centuries in portrayals and descriptions of the infected and diseased is their representation as the uncontained and feared Other. The Other has routinely been conceptualised as 'risky': polluting, the bearer of disease and as threatening the integrity and social or physical health of an individual or group (Lupton 1999). In relation to disease, throughout history groups such as Jewish people, Chinese and other foreigners, non-white people, prostitutes or other 'licentious' women and the poor have been constantly singled out as particularly worthy of disgust for their supposed immorality, lack of hygiene and inability to control their bodily urges (Lupton 1995; Nelkin and Gilman 1991; Risse 1988; Rozin and Brandt 1997; Taylor 2007). Thus, for example, in Nazi anti-Semitic tracts, Jewish people were continually linked to disease, impurity and corruption, portrayed as rats, maggots, lice and bacilli, all agents of disease, contamination or putrefaction (Taylor 2007, 601).

Disgust is closely associated with the emotions of fear and hatred incorporated into such responses as racism, sexism, homophobia and discrimination against fat people, people with disabilities and the elderly. Contemporary examples include negative portrayals of Chinese Canadians in relation to the SARS epidemic (Ali 2008), the representation of elderly people with Alzheimer's Disease as 'zombies' or 'walking corpses' (Behuniak 2011) and of the aged body generally as ugly, decayed, incontinent and diseased (Van Dongen 2001), outraged responses to the notion of people with disabilities as sexual beings (Shildrick 2007), portrayals of fat people in the news media as repellent and grotesque (Boero 2007; Lupton 2012; Puhl et al. 2013) and representations of people with HIV/AIDS as the 'living dead' (Niehus 2007). When members of social groups are portrayed as the disgusting Other, there is often a slippage between 'monsters' and 'people'. Such individuals become dehumanised and demonised, no longer treated as 'real' humans due the kinds of rights and privileges to which others are entitled (Behuniak 2011; Crawford 1994; Nussbaum 2004; Shildrick 2007). Thus, for example, smokers are often portrayed as immoral, stupid and impure and even as less deserving of medical attention (Chapple, Ziebland, and McPherson 2004; Rozin and Singh 1999).

The overriding moral imperative in public health endeavours tends to be focused on the attempt to pursue a utilitarian 'health for all' ideal. As a consequence, other ethical issues and their moral underpinnings can sometimes be neglected. Little commentary from within public health has sought to examine the ethical questions associated with inspiring negative emotions in target audiences. There appears to be a widespread, unexamined agreement that if a public health issue is at stake, then it is

appropriate to use confronting tactics to persuade people to change their behaviour. When negative emotional appeals are held up to scrutiny within the public health or health communication literature, this is generally on the basis of debating whether or not they are effective rather than the ethics of their use.

An ethical critique, however, is not so much interested in the effectiveness of these tactics but rather in their implications for justice. If there is a convincing argument that a public health campaign fails to meet ethical principles, unless a simple utilitarian ethical stance is taken (whereby the ends always justify the means) whether or not it is effective is beside the point. Such questions may be asked as: To what extent do audiences for these campaigns give their consent to be exposed to these disturbing images or language? How do such campaigns contribute to the stigmatising of certain individuals or social groups? Do the negative emotions aroused by such campaigns contribute to the intensity and longevity of psychological states as anxiety, shame, guilt, self-loathing and fear of social rejection or death on the part of audiences, and is this a desirable outcome? At what point does 'persuasion' slide into 'coercion'? To what extent do public health campaigns present illness and disease as fault of those who develop them – effectively 'blaming the victim' -- in the face of evidence that such conditions are the product of a complex interaction of social and economic as well as self-chosen lifestyle factors? (Gagnon, Jacob, and Holmes 2010; Guttman and Salmon 2004; Hastings, Stead, and Webb 2004; Lupton 1995).

Outside the domain of public health ethics, it has been contended by some scholars that attempts to arouse disgust in relation to specific individuals or social groups are an affront to human dignity and serve to reinforce social inequity (de Melo-Martin and Salles 2011; Deigh 2006; Nussbaum 2004). In relation to the use of disgust and shame in the law, Nussbaum (2004) contends that disgust is an unreasonable emotion because it projects our fear and anxiety about physical decay and death onto the certain individuals and social groups, people who are already socially marginalised and stigmatised. Instead of attempting to reduce their social disadvantage, our disgust positions them as inferior. We turn away from them, representing them as less than human as ourselves. It is here that disgust poses a threat to the worth, equality and dignity of those who are positioned as its object. Nussbaum argues, therefore, that disgust should have no role in constructing and enforcing laws, as it fails to recognise the humanity of all people.

Nussbaum's argument may be extended to the domain of public health. It may be contended that public health endeavours that use disgust to persuade citizens to change their behaviours are unreasonable attempts to instil the ideal of human bodily perfection, purity, non-animality and integrity upon them. They are attempts to deny the reality of the flesh: ironically by focusing on this flesh in its most repugnant form. So too, employing the argument that disgust is based in in-groups' disdain for the baser habits of out-groups, it may be asserted that public health campaigns using disgust are yet another means by which the in-group is able to express its repugnance for out-groups' behaviours and further marginalise these individuals.

Many of these issues are simply ignored or discounted by public health authorities who continue to use negative emotional appeals in social marketing campaigns in ways that expose the whole community, not just the target groups, to the fear- or disgust-evoking images they have created. There is little recognition of the consequences that may result from the fear, shame, revulsion, guilt, humiliation, self-loathing and anxiety that such campaigns deliberately seek to inspire, or even of the discomfort audiences may feel when forced to view these images, whether they are members of the target audience or not. The psychologically or socially vulnerable may be most affected by these appeals. Psychological research suggests that people who already feel disempowered, psychologically distressed or who are socioeconomically disadvantaged tend to feel worse or to feel powerless after exposure to such campaigns (Hastings, Stead, and Webb 2004). As a qualitative study investigating underprivileged people's responses to social marketing campaigns using negative emotional appeals found, common responses were anger, retreat, guilt, passive helplessness and despondency, rather than empowered decisions to act. Despite these findings, the authors then go on to advocate future research into how best to use shame as a motivating emotion (in their words how it might be 'usefully deployed') in such campaigns (Brennan and Binney 2010, 145).

Most critiques of such tactics have tended to come from the humanities and social sciences. Thus, for example, sociologists have commented critically on the ways in which smokers have been marginalised and stigmatised by public health campaigns and have questioned the focus on arousing disgust of one's own body or moral disgust about one's lack of self-discipline in these types of campaigns. They have pointed out that behaviours such as smoking have a strong relationship with social disadvantage. Singling out such individuals only contributes to their existing marginalisation and positioning as Other (Chapple, Ziebland, and McPherson 2004; Graham 2012). In the 1980s and 1990s an extensive body of literature was published in the humanities and social sciences commenting on the ways in which certain types of people or social groups, such as gay men, sex workers, people with many sexual partners and injecting drug users, were singled out in HIV/AIDS public health campaigns and news media coverage and portrayed as the uncontrolled, deviant Other (for example, Brandt 1991; Brown 2000; Carter and Watney 1989; Crawford 1994; Lupton 1994; Sontag 1990; Tulloch and Lupton 1997). In the 2000s, this literature has been complemented by an equally prolific and growing critique addressing how fat people have been singled out for shaming and stigmatising in public health measures directed at containing the 'obesity epidemic' (see, for example, Evans, Colls, and Horschelmann 2011; Kent 2001; LeBesco 2011; Lupton 2012; Monaghan 2005; Murray 2008).

It is evident from such research and from the comments of activist groups that the marginalised individuals and social groups to whom disgust is directed are highly aware of their positioning. European HIV/AIDS activists criticised the German campaign that used mass murderers to represent the threat of HIV/AIDS as they viewed it as contributing to the already strong moral opprobrium directed at people with HIV/AIDS (Connolly 2009). Smokers are also highly aware of their status as 'disgusting' that is

perpetuated via some anti-tobacco campaigns. People with lung cancer have noted that they are often treated as if they 'deserved' the disease because of its strong association with the now deviant activity of smoking (Chapple, Ziebland, and McPherson 2004). Fat activists have commented on the abuse and discrimination they have endured, not only from strangers but also family members since the intensification of public discourse on the risks of obesity, including the representation of fat bodies as diseased and grotesque in public health campaigns. They have noted that being positioned as disgusting can lead to intense feelings of self-hatred and shame (Kent 2001; Lupton 2012; Murray 2008).

Another aspect to consider in relation to the use of disgust in public health campaigns is the possible resistance that may be generated. Public health campaigns directed at arousing fear, shame or disgust as a means to promote the self-disciplined citizen almost completely ignore the pleasures that may be involved in transgressive behaviours. As cultural theories of disgust or abjection have noted, that which arouses disgust can also be fascinating (Haidt et al. 1997; Kristeva 1982; McGinn 2011; Miller 1997). Just as transgression and the disgusting may be fascinating, difficult to turn away from at the same time as they repel, behaviours or bodily fluids that are culturally coded as disgusting may also be a source of pleasure. Loss of control of the body, the opportunity to engage in revelry, to use pleasurable substances, to invite the grotesque and transgressive body to take over the 'civilized' body for at least a short while, can often be very enticing (Bunton and Coveney 2011; Lupton 1995, 1999, 2012; Thompson and Kumar 2011). In such a situation the capacity for disgust to motivate self-discipline is weakened significantly.

Thus, for example, young women using Facebook often represent a 'big night out' of binge-drinking as involving transgressions such as vomiting, urinating or even defecating in public. They typically portray these transgressions as humorous indications of how drunk they were, how little able to control their bodies, rather than as evidence of a shameful or humiliating loss of control. In this context, loss of bodily control and the release of disgusting bodily fluids indicate how 'big' the night of drinking was, and therefore are badges of pride and honour. Engaging in these activities as part of a social encounter with friends becomes a means of bonding, including telling stories on social media sites or face-to-face with friends the next day of how drunk oneself and one's friends were. In such a context there is little or no regret about humiliating or shameful bodily loss of control in front of others. Rather this loss of control is an indicator of how enjoyable the evening was. It has been claimed, in fact, that public health advertisements which emphasise the excessive and transgressive nature of such activities as binge drinking can serve to support the positive meanings people may attribute to loss of control as part of a hedonistic Friday or Saturday night social drinking session (Brown and Gregg 2012).

Research investigating the cultural meanings of illicit drug use has found that awareness of the potential damage such drugs may have on one's body, even their potential to kill the user, may contribute to the transgressive pleasures of their use (MacLean 2008). So too, for some young men the pleasure of losing control after

excessive drinking and engaging in violent acts is an important part of why they seek out certain locations for drinking (Jayne, Valentine, and Holloway 2010). Similarly, the erotic nature of sexually transgressive acts may be predicated on their association with potentially disgusting acts or body fluids (Miller 1997; O'Byrne 2010). Even the idea that one is courting disease or death, as in gay men who 'bare-back' or have anal sex without using a condom, can provide a powerful erotic charge (Holmes and Warner 2005).

Final remarks

I have argued in this article that the use of appeals to the emotion of disgust in public health campaigns has serious political and ethical implications that require examination. While such campaigns are formulated with the best of intentions – to promote the health of their target audiences – the manner in which this objective is sought and the unintended consequences that may possibly eventuate need to be acknowledged. There is an underlying moralistic tone to many of these campaigns that suggests a desire, however subconscious, to punish members of the target audiences for their lack of self-control, their inability to discipline their own bodies, or in the case of mothers, those of their children. Advocates of using such tactics should be aware of the challenge they pose to human dignity and their perpetuation of the Self and Other opposition that marginalises already disadvantaged individuals and social groups and represents them as inferior. They should also recognise that campaigns that depict transgressive acts may unintentionally be contributing to their enticing qualities.

References

- Ali, SH, (2008) Stigmatized ethnicity, public health, and globalization, *Canadian Ethnic Studies*, 40 (3): 43-64.
- Behuniak, SM, (2011) The living dead? The construction of people with Alzheimer's disease as zombies, *Ageing & Society*, 31 (1): 70-92.
- Boero, N, (2007) All the news that's fat to print: the American 'obesity epidemic' and the media, *Qualitative Sociology*, 30 (1): 41-60.
- Brandt, A, (1991) AIDS and metaphor: toward the social meaning of epidemic disease. In *In Time of Plague: The History and Social Consequences of Lethal Epidemic Disease*, edited by A. Mack. New York: New York University Press, pp. 91-110.
- Brennan, L, and W Binney, (2010) Fear, guilt, and shame appeals in social marketing, *Journal of Business Research*, 63 (2): 140-46.
- Brown, R, and M Gregg, (2012) The pedagogy of regret: Facebook, binge drinking and young women, *Continuum*, 26 (3): 357--69.
- Brown, T, (2000) AIDS, risk and social governance, *Social Science & Medicine*, 50 (9): 1273-84.
- Bunton, R, and J Coveney, (2011) Drugs' pleasures, *Critical Public Health*, 21 (1): 9-23.
- Carter, E, and S Watney, eds. 1989. *Taking Liberties: AIDS and Cultural Politics*. London: Serpent's Tail.
- Chapple, A, S Ziebland, and A McPherson, (2004) Stigma, shame, and blame experienced by patients with lung cancer: qualitative study, *British Medical Journal*, 328 (7454): 1470.
- Connolly, K. (2009) German Aids ad causes controversy over images of Hitler and Stalin. *The Guardian (online version)*, <http://www.guardian.co.uk/world/2009/sep/07/germany-aids-advertisement-hitler-stalin?intcmp=239> (accessed 18 November 2012).
- Crawford, R, (1994) The boundaries of the self and the unhealthy other: Reflections on health, culture and AIDS, *Social Science & Medicine*, 38 (10): 1347-65.
- Crawford, R, (2004) Risk ritual and the management of control and anxiety in medical culture, *health*, 8 (4): 505-28.
- Crawshaw, P, (2012) Governing at a distance: social marketing and the (bio)politics of responsibility, *Social Science & Medicine*, 74 (1): 200-07.
- Curtis, V, and A Biran, (2001) Dirt, disgust, and disease, *Perspectives in Biology and Medicine*, 44 (1): 17-31.
- de Melo-Martin, I, and A Salles, (2011) On disgust and human dignity, *Journal of Value Inquiry*, 45: 159-68.
- Deigh, J, (2006) The politics of disgust and shame, *The Journal of Ethics*, 10 (4): 383-418.
- Donovan, R, and G Jalleh, (2004) Tracking the 2000 national tobacco campaign. In *Australia's National Tobacco Campaign Evaluation Report Volume Three*. Canberra: Australian Government Department of Health and Ageing.
- Douglas, M, (1969) *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London: Routledge & Kegan Paul.
- Durham, D, (2011) Disgust and the anthropological imagination, *Ethnos*, 76 (2): 131-56.
- Evans, B, R Colls, and K Horschelmann, (2011) 'Change4Life for your kids': embodied collectives and public health pedagogy, *Sport, Education and Society*, 16 (3): 323-41.
- Forth, C, (2012) Melting moments: the greasy sources of modern perceptions of fat, *Cultural History*, 1 (1): 83-107.
- Gagnon, M, JD Jacob, and D Holmes, (2010) Governing through (in)security: a critical analysis of a fear-based public health campaign, *Critical Public Health*, 20 (2): 245-56.
- Graham, H, (2012) Smoking, stigma and social class, *Journal of Social Policy*, 41 (1): 83-99.
- Grier, S, and C Bryant, (2005) Social marketing in public health, *Annual Review of Public Health*, 26: 319-39.
- Grosz, E, (1994) *Volatile Bodies: Toward a Corporeal Feminism*. Sydney: Allen & Unwin.

- Guttman, N, and C Salmon, (2004) Guilt, fear, stigma and knowledge gaps: ethical issues in public health communication interventions, *Bioethics*, 18 (6): 531-52.
- Haidt, J, P Rozin, C McCauley, and S Imada, (1997) Body, psyche, and culture: the relationship between disgust and morality, *Psychology and Developing Societies*, 9 (1): 107-31.
- Hastings, G, M Stead, and J Webb, (2004) Fear appeals in social marketing: strategic and ethical reasons for concern, *Psychology and Marketing*, 21 (11): 961-86.
- Hill, D, and J Alcock, (1999) Background to the campaign. In *Australia's National Tobacco Campaign Evaluation Report Volume One*. Canberra: Commonwealth Department of Health and Aged Care.
- Holmes, D, and D Warner, (2005) The anatomy of a forbidden desire: sex, penetration and semen exchange, *Nursing Inquiry*, 12 (1): 10-20.
- Jayne, M, G Valentine, and S Holloway, (2010) Emotional, embodied and affective geographies of alcohol, drinking and drunkenness, *Transactions of the Institute of British Geographers*, 35 (4): 540--54.
- Kent, L, (2001) Fighting abjection: representing fat women. In *Bodies Out of Bounds: Fatness and Transgression*, edited by J. Braziel and K. LeBesco. Berkeley, CA: University of California Press, pp. 130--50.
- Kristeva, J, (1982) *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press.
- LeBesco, K, (2011) Neoliberalism, public health, and the moral perils of fatness, *Critical Public Health*, 21 (2): 153-64.
- Leder, D, (1990) *The Absent Body*. Chicago, IL: University of Chicago Press.
- Liveliighter Campaign (2012) http://www.liveliighter.com.au/the-facts/about-liveliighter/see_our_ads.aspx.
- Longhurst, R, (2000) *Bodies: Exploring Fluid Boundaries*. London: Routledge.
- Lupton, D, (1994) *Moral Threats and Dangerous Desires: AIDS in the News Media*. Bristol: Taylor & Francis.
- Lupton, D, (1995) *The Imperative of Health: Public Health and the Regulated Body*. London: Sage.
- Lupton, D, (1996) *Food, the Body and the Self*. London: Sage.
- Lupton, D, (1999) *Risk*. London: Routledge.
- Lupton, D, (2012) *Fat*. London: Routledge.
- MacLean, S, (2008) Volatile bodies: stories of corporeal pleasure and damage in marginalised young people's drug use, *International Journal of Drug Policy*, 19 (5): 375-83.
- McGinn, W, (2011) *The Meaning of Disgust*. New York: Oxford University Press.
- Miller, W, (1997) *The Anatomy of Disgust*. Cambridge, MA: Harvard University Press.
- Monaghan, L, (2005) Discussion piece: a critical take on the obesity debate, *Social Theory & Health*, 3 (4): 302-14.
- Murray, S, (2008) Pathologizing 'fatness': medical authority and popular culture, *Sociology of Sport Journal*, 25 (1): 7-21.
- Nelkin, D, and S Gilman, (1991) Placing blame for devastating disease. In *In Time of Plague: The History and Social Consequences of Lethal Epidemic Disease*, edited by A. Mack. New York: New York University Press, pp. 39-56.
- Niehus, I, (2007) Death before dying: understanding AIDS stigma in the South African low veld, *Journal of Southern African Studies*, 33 (4): 845--60.
- Nussbaum, M, (2004) *Hiding from Humanity: Disgust, Shame, and the Law*. Princeton, NJ: Princeton University Press.
- O'Byrne, P, (2010) Eroticizing the object: understanding the role of skeeting in sexual practices. In *Abjectly Boundless: Boundaries, Bodies and Health Work*, edited by T. Rudge and D. Holmes. Farnham: Ashgate, pp. 81-99.
- Puhl, RM, JL Peterson, JA DePierre, and J Luedicke, (2013) Headless, hungry, and unhealthy: a video content analysis of obese persons portrayed in online news, *Journal of health communication*, early view online.

- Risse, G, (1988) Epidemics and history: ecological perspectives and social responses. In *AIDS: The Burdens of History*, edited by E. Fee and D. Fox. Berkeley, CA: University of California Press, pp. 33-66.
- Rozin, P, and AM Brandt, eds. 1997. *Morality and Health*. New York: Routledge.
- Rozin, P, and A Fallon, (1987) A perspective on disgust, *Psychological Review*, 94 (1): 23-41.
- Rozin, P, L Millman, and C Nemeroff, (1986) Operation of the laws of sympathetic magic in disgust and other domains, *Journal of Personality and Social Psychology*, 50 (4): 703-12.
- Rozin, P, and L Singh, (1999) The moralization of cigarette smoking in the United States, *Journal of Consumer Psychology*, 8 (3): 321-37.
- Shildrick, M, (2007) Dangerous discourses: anxiety, desire, and disability, *Studies in Gender and Sexuality*, 8 (3): 221-44.
- Sontag, S, (1990) *Illness as Metaphor and AIDS and Its Metaphors*. New York: Anchor Books.
- Suarez-Almazor, ME, (2011) Changing health behaviors with social marketing, *Osteoporosis International*, 22 (Suppl 3): 461-63.
- Taylor, K, (2007) Disgust is a factor in extreme prejudice, *The British journal of Social Psychology*, 46 (3): 597-617.
- Thompson, L, and A Kumar, (2011) Responses to health promotion campaigns: resistance, denial and othering, *Critical Public Health*, 21 (1): 105-17.
- Tulloch, J, and D Lupton, (1997) *Television, AIDS and Risk: A Cultural Studies Approach to Health Communication*. Sydney: Allen & Unwin.
- Van Dongen, E, (2001) It isn't something to yodel about, but It exists! Faeces, nurses, social relations and status within a mental hospital, *Aging & Mental Health*, 5 (3): 205-15.