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Disease avoidance and ethnocentrism: the effects of disease vulnerability and disgust sensitivity on intergroup attitudes

Carlos David Navarrete^{a,b,*}, Daniel M.T. Fessler^{b,c}

^a*Department of Psychology, University of California, Los Angeles, CA 90095-1563, USA*

^b*UCLA Center for Behavior, Evolution and Culture, University of California, Los Angeles, CA 90095-1563, USA*

^c*Department of Anthropology, University of California, Los Angeles, CA 90095-1563, USA*

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Abstract

Extending a model relating xenophobia to disease avoidance [Faulkner, J., Schaller, M., Park, J. H., & Duncan, L. A. (2004). Evolved disease-avoidance mechanisms and contemporary xenophobic attitudes. *Group Processes & Intergroup Relations*, 7(4), 333–353.], we argue that both inter- and intragroup attitudes can be understood in terms of the costs and benefits of interacting with the in-group versus out-groups. In ancestral environments, interaction with members of the in-group will generally have posed less risk of disease transmission than interaction with members of an out-group, as individuals will have possessed antibodies to many of the pathogens present in the former, in contrast to those prevalent among the latter. Moreover, because coalitions are more likely among in-group members, the in-group would have been a potential source of aid in the event of debilitating illness. We conducted two online studies exploring the relationship between disease threat and intergroup attitudes. Study 1 found that ethnocentric attitudes increase as a function of perceived disease vulnerability. Study 2 found that in-group attraction increases as a function of disgust sensitivity, both when measured as an individual difference variable and when experimentally primed. We discuss these results with attention to the relationships among disease salience, out-group negativity, and in-group attraction.

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* Corresponding author. Department of Psychology, Harvard University 962 William James Hall, 33 Kirkland St, Cambridge, MA 02138, USA.

E-mail address: cdn@wjh.harvard.edu (C.D. Navarrete).

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Ethnocentrism is the technical name for this view of things where one's own group is the center of everything, and all others are scaled and rated with reference to it. . . Sentiments are produced to correspond. Loyalty to the in-group, sacrifice for it, hatred and contempt for outsiders, brotherhood within, warlikeness without—all group together, common products of the same situation.

W.G. Sumner, 1906

1. Introduction

The inclination to view members of other ethnic groups as not quite human is a persistent theme in the ethnographic and historical literatures that record the dynamics of intergroup relations (cf. Chagnon, 1992; Goldhagen, 1996; Lee, 1984; Markel & Stern, 2002; Suedfeld & Schaller, 2002). Such dehumanizing inclinations have often been interpreted as a necessary precursor to more hostile actions towards out-group members (Bandura, 1999). Often, members of foreign out-groups are compared to animals associated with disease transmission such as cockroaches, maggots, flies, rats, lice, and other parasites (Suedfeld & Schaller, 2002). Likened to vectors of harmful contagious pathogens, ethnic out-group members are often the targets of blame for disease outbreaks and are even sometimes extinguished with symbolic rationalizations that follow a disease model (e.g., “Jewish vermin,” “Tutsi cockroaches,” etc.), leading to the contemporary euphemism for genocide, “ethnic cleansing.”

Although a sizeable literature exists on the dehumanization of out-group members, until recently, relatively little attention has been paid to the empirical study of the connection between pathogen avoidance and ethnocentrism. Building on a budding body of work in this area (Kurzban & Leary, 2001; Park, Faulkner, & Schaller, 2003), Faulkner, Schaller, Park, & Duncan (2004) recently proposed a model linking disease avoidance and xenophobia, where negativity toward the out-group reflects an adaptive strategy to avoid possible disease vectors. This strategy is thought to be linked to evolved psychological mechanisms designed to facilitate the learning and detection of cues that heuristically identify the possible presence of contagious disease. Since out-group members are more likely to carry pathogens to which members of the in-group have not yet developed immunity, avoidance of out-groups can be adaptive when the threat of disease is salient. Likewise, members of foreign groups are more likely to engage in practices that violate local cultural rules adapted by a process of cultural evolution to protect in-group members from locally prevalent pathogens. Reasoning along these lines, Faulkner et al. (2004) predicted that people who feel most vulnerable to contagious diseases should react most negatively to subjectively foreign out-groups. Across several studies of Canadian undergraduates, the authors demonstrated that participants who felt vulnerable to disease contagion either chronically (as a stable individual difference measure) or temporally (as a result of exposure to a disease-salient prime) reacted more negatively towards out-groups, displaying increased opposition to foreign immigration to Canada.

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