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Gut Microbiome and Care of the Self

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Territorial acknowledgement and introduction

I'm Jane Dryden, from Mount Allison University in New Brunswick, in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people. I would like to respectfully acknowledge the territory in which we gather, the ancestral unceded homelands of the Beothuk and the island of Newfoundland as the ancestral unceded homelands of the Mi'kmaq and Beothuk.

I want to begin this way, partly because doing so has become a practice in our universities as we try to grapple with our responsibilities and relations on Turtle Island, but also to use this moment to acknowledge, with some

humility, that much of what Western philosophical traditions have been “discovering” about our relations with non-human others is already present within the Indigenous traditions, practices, and custodianship of this land.

My research interest lately concerns the kind of relationship we should pursue with our gut, which balances an acceptance of our bodily vulnerability with being able to make a good life for ourselves. I want to think about what it might mean to be in right relationship, and what kind of practices and habits it would be good to cultivate. This summer I plan to interview people with gut problems about some of the ways they have attempted to balance vulnerability and agency in their lives, and the forms of relationship they have developed with their gut. This paper is an attempt to see if Foucault can help me with some framework for this, and I particularly value feedback.

I will invoke both the *gut* (the gastrointestinal tract) and the *gut microbiome*, the set of microorganisms (mostly

bacteria) that live within that tract. In thinking more deeply about our *gut* and what it means for our gut to be “healthy,” more and more we are also thinking about the *microbiome* – “cultivating a healthy gut” often means taking probiotics, eating fermented foods, and so forth. My first paper here at philoSOPHIA a few years ago argued that our gut was a kind of “ambiguous other”; deeply a part of us (at our “core”!) but also other – its primary functions carried out by other species. I will also talk about “gut problems,” which can range from things like GI disorders to the way that anxiety can sometimes manifest in the gut – really, anything involving the experience of significant gut discomfort (which can include social discomfort!).

Recent research into the role of gut bacteria in shaping our health and diet outcomes has created a significant industry in monitoring and cultivating our gut microbiomes. This could be an opportunity to significantly rethink our conceptions of our selves and our embeddedness in our environments! Unfortunately, this possibility has largely been neglected in our public discourse (by “our”; I should

say that I've been engaging so far with examples and articles from Canada, the US, and France). The multispecies world of the microbiome has been funneled through a focus on individual health and individual consumer choices.

The current health paradigm is one that prioritizes individual decisions and individual responsibility (refer e.g. Nettleton 1996). There is a preoccupation with health as the primary marker of well-being; this is “healthism,” a term coined (as best as I can tell) by Robert Crawford in an 1980 article (Crawford 1980, 368).ⁱ Crawford notes that while “healthists” *acknowledge* that health problems are complex and often originate outside the individual, all responses require “the assumption of individual responsibility,” such that the “solution rests within the individual’s determination to resist culture, advertising, institutional and environmental constraints, disease agents, or, simply, lazy or poor personal habits” (Crawford 1980, 368).ⁱⁱ

There is a similar pattern in today's gut microbiome discourse. While the gut microbiome might *invite* reflection about our environments and our relation to that environment, the framework of individual responsibility has largely oriented us to individual treatments: whether dietary, probiotic, or pharmaceutical.ⁱⁱⁱ Many popular articles about the gut online, therefore, begin with a paragraph about the complex multi-species world of the microbiome, before focusing on what this means for individual responsibility, without ever opening up the question of what our relationship to that complex world might mean for *thinking* either individuality or responsibility.

Susan Wendell's 1996 *Rejected Body* spoke of the 'myth of control', the myth that we can and ought to have individualized control over our bodies, and that this is possible for us with adequate biomedical science and technology (Wendell 1996, 93-113). While this framework is heavily associated with the style of Western medicine that likewise draws from European Enlightenment ideals, it

affects our approach to other styles of medicine as well. Working with dietary changes and often home-made fermented foods as a way of cultivating a healthy gut is often perceived as an alternative to formal Western medicine practices. And yet the pressure to achieve control over one's gut health can be similar. Given an overall cultural context in which cure is expected, the myth of control is also present in the use of alternative therapies (Wendell 1996, 97).

So, when it comes to gut issues, we have an explosion of individual treatments and remedies: drugs, individualized diet plans, probiotics, and so forth. The problems posed by gut issues get filtered through products and services for an individual consumer to purchase or consume.

There have been a few high-profile advertising campaigns in recent years discussing gut problems, from “minor digestive issues” in the case of the Activia Challenge (encouraging people to take their probiotics), to more significant GI disorders like IBS.^{iv} Two highly visible ad

campaigns for products aimed at IBS-D (Irritable Bowel Syndrome with Diarrhea) ran in 2016; Viberzi ^v and Xifaxan, which had a Superbowl 50 commercial with a little gut sitting at the stadium for the big game and then having to make its way to the bathroom.^{vi vii}

The existence of these ad campaigns and the prevalence of gut treatments might suggest that we are more comfortable with gut problems, that they are seen as ‘normal’. But, as Foucault points out in *History of Sexuality vol. 1* about sexuality, increased discourse can serve to increase control and social policing (Foucault 1990a, 25); following Foucault, Amy Vidali argues that “GI disorders and distress are tightly regulated by common rhetorical routines” (Vidali 2010).

In the case of the gut talk exhibited in the ad campaigns, the visibility of the advertisements can enhance public awareness, but the emphasis is still on being able to control it. The solution for the main character in the Viberzi ads isn’t that her co-workers assure her that she will have

adequate access to bathrooms and that they don't mind if she needs to take frequent breaks; the solution is Viberzi. As Vidali notes about Zelnorm, a drug since taken off the US market which employed a massive advertising campaign,

The rhetoric of cure contained in Zelnorm's advertising was not a simple message from corporation to patient; instead, it introduced a new rhetoric of IBS into the general population. This advertising arguably created more awareness of, but less tolerance for, those with IBS, who were expected to obtain a cure. With Zelnorm, unsolicited medical advice from non-practitioners became a new way to respond to IBS, in the form of, "Isn't there something you can take for that now?" (Vidali 2010).

The existence of advertising for the *cure* to a condition does not equate with the increased social permissibility of *having* that condition.^{viii} This is, of course, a theme familiar throughout Disability Studies and disability activism, and is

rooted in the medical model of disability, which figures disability as an individual problem to be treated by experts. It relates to what Eli Clare calls the “ideology of cure,” the insistence that cure is required above all (Clare 2016). Clare’s recent work, *Brilliant Imperfection*, backs away from claiming that cure is never desirable, but argues instead that it should be situated as one tool amongst many (Clare 2016, 184). I’ll come back to this later, when thinking of the types of work on the self we may want to perform.

In this case, a focus on *curing* IBS via pharmaceuticals leads to the assumption that *there is something people can take*, and so the belief that *it is their responsibility to take it in order to be fixed*. This removes responsibility from those around to create a more accessible environment (i.e., one with bathroom breaks). Within this logic, it doesn’t matter whether the “cure” is pharmaceutical or probiotic or dietary; the assumption is that the *individual* ought to have fixed themselves.

With the rise of interest in the gut microbiome itself, we can see this same logic. The rhetorics employed focus on reclaiming control over unruly bodies (and minds!^{ix}) Obese bodies, as paradigmatic unruly bodies, figure frequently in the research discussions (Baty et al 2014; Beever and Morar 2016). One article, by Jonathan Beever and Nicolae Morar, suggests that doctors have fallen under the sway of arguments about the social determinants of health, and have apparently given up trying to counsel overweight patients about their weight (this would be a surprise given the research on fat stigma experienced by patients,^x but bear with me); their article suggests that new gut microbiome research might allow them to counsel their patients about better “ecosystem management” (Beever and Morar 2016, 41, 43). We see here the kind of ideological shift in focus mentioned earlier: the complexity of the gut microbiome (and the environmental factors involved) may be acknowledged; but they are obscured by the orientation toward individual responsibility.

Note as well in Vidali's example that *other people* ask her "isn't there something you can take for that now?" As Foucault notes, power and the pressure to normalization is not exerted top-down but circulates among us.^{xi} [If time, talk briefly about how this is gendered].^{xii}

Given this critique, what should we do? As Vidali notes, "For sanitary reasons, it's likely impossible (and perhaps unwise) to entirely do away with rhetorics of control related to bowels" (Vidali 2010). Similarly, I don't want to argue that medical and dietary research into the gut microbiome and treatments for those with GI disorders is bad. And, it makes sense that responding to gut issues is a concern for the individual who has them. How can we acknowledge this and yet avoid the dangers of healthism and individual responsibility for health rhetoric?

Foucault's discussions of care of the self and technologies of the self may help us to think of how we might frame the kind of work we undertake with (or on!) our gut, orienting ourselves differently to practices aimed at gut health. I am

inspired here by Cressida Heyes's "Foucault Goes to Weight Watchers" as well as Ladelle McWhorter's discussion in *Bodies and Pleasures* about the kind of freedom and pleasure that can come from the discipline of learning to dance.^{xiii} There is a pleasure and satisfaction in working on oneself that does not reduce to accepting oneself as a docile body (Heyes 2006, 137).

I want to explore what the idea of regimen might suggest to us today. As Foucault explains in volume 2 of *History of Sexuality, The Use of Pleasure*, regimen to the ancient Greeks was "a whole art of living" (Foucault 1990b, 101) that covers exercise, food, drink, sleep, sexual relations, baths, and so forth (Foucault 1990b, 101). He discusses ancient Greek prescriptions concerning these things in terms of how they portray certain beliefs and practices about working on the self.

The discussion of regimen seems to have several important components for us to consider. It is flexible depending on context, and based on the individual's own

needs/goals and their own agency in forming themselves as a particular subject; it also emphasizes one's own knowledge of one's body, with doctors and healthcare professionals in the role of persuading, not dictating.

Working on the self involves agency.^{xiv} The mode of subjectivation is “the way in which the individual establishes his relation to the rule and recognizes himself as obliged to put it in practice” (Foucault 1990b, 27); this can be done in multiple ways. Likewise, practices can be undertaken with multiple goals – the telos can be different, depending on how the subject wishes to shape themselves (27-8).

In the introduction to his text, Foucault makes a useful distinction between moralities which focus on systematic codes of behaviour vs. those which focus on forms of subjectivation and practices of the self (Foucault 1990b 29-30). Those which focus on codes must then also focus on authority and penalization for code infractions; as he notes, this has been very important in Christian moralities

and the development of the penitential system (30) (though he notes that Christian moralities ought not be reduced to this). Those which focus on subjectivation and practices of the self, however, need have only rudimentary rules. As Foucault writes,

Their exact observance may be relatively unimportant, at least compared with what is required of the individual in the relationship he has with himself, in his different actions, thoughts, and feelings as he endeavors to form himself as an ethical subject. Here the emphasis is on the forms of relations with the self, on the methods and techniques by which he works them out, on the exercises by which he makes himself an object to be known, and on the practices that enable him to transform his own mode of being (Foucault 1990b, 30).

Regimen is not concerned with penalizing an individual who fails to perform the correct behaviour in the correct way. There can be many ways of practising. As Foucault

writes, “Regimen should not be understood as a corpus of universal and uniform rules; it was more in the nature of a manual for reacting to situations in which one might find oneself, a treatise for adjusting one’s behavior to fit the circumstances” (Foucault 1990b, 106).

As well, Foucault points out: “One could not and one should not expect regimen to circumvent fate or to alter nature. What could be expected of it was that it would enable one to react, with some degree of readiness, to unforeseen events as they occurred” (Foucault 1990b, 106).

Regimen, thus, does not promise control, but the ability to negotiate and manoeuvre within one’s context. I am interested in the way this avoids healthism insofar as it does not prioritize the telos of physical health above all else. Greek writers warn against excess in regimen, either “athletic” excess which “overdeveloped the body and ended by making the soul sluggish” and “valetudinary” excess, “that is, the constant vigilance that one applied to

one's body, one's health, to the least ailment," noting that there is a danger in "exaggerating one's care of the body" (Foucault 1990b, 105). As Foucault writes, "The distrust of excessive regimens shows that the purpose of diet was not to extend life as far as possible in time nor as high as possible in performance, but rather to make it useful and happy within the limits that had been set for it. Nor was diet supposed to determine the conditions of existence once and for all ... The usefulness of a regimen lay precisely in the possibility it gave individuals to face different situations."

Regimen also involved developing one's own knowledge. With respect to diet, doctors ought to persuade rather than dictate, with no expectation of "unquestioning obedience to the authority of another" (Foucault 1990b, 107). Doctors ought to give explanations within a rational framework, rather than a prescription with no explanation.

Taking this up then involves taking notes and self-monitoring (Foucault 1990b, 108). "To become an art of

existence, good management of the body ought to include a setting down in writing carried out by the subject concerning himself” (Foucault 1990b, 108). This might seem risky -- there has been concern, often developed along Foucauldian lines, about the development of surveillance via fitness apps and so forth, and this concern is warranted.^{xv} However the practice of self-monitoring can also be undertaken in a different mode – a mode of enhancing one’s own capacities. As Heyes notes about the practices of Weight Watchers, there is

the possibility of uncoupling new capacities from docility, and of recruiting those capacities to care of the self. For example, the importance of method, structure, and consistency to any disciplinary project became clear to me (and, as Foucault pointed out, achieving greater freedom often involves discipline). I realized that strategies for observing and documenting self-limiting and self-destructive behaviors could be very useful as an awareness practice (Heyes 1996, 146).

The mode of subjectivation here matters – how am I relating myself to this rule, to these practices?

Foucault does not endorse the Greek way of life as something that we should retrieve, noting its problems,^{xvi} but hopes that discussing it may “suggest possibilities for the present,” in Rabinow’s words.^{xvii}

One aspect that is important to guard against which is common in the Greek view is the model of a hierarchically structured battle against the self. In discussing the Greek attitude to sexual practice, Foucault writes that “The effort that the individual was urged to bring to bear on himself, the necessary asceticism, had the form of a battle to be fought, a victory to be won in establishing a dominion of self over self, modeled after domestic or political authority” (Foucault 1990b, 91-92).

Given the critique earlier in this paper of the “myth of control,” I don’t want to endorse the notion of a battle to be

fought over oneself. Rather, with my remaining time, I want to imagine a different mode, which takes up the possibilities suggested by our new understanding of the gut microbiome and shifts away from top-down domination in favour of living with or alongside. This is a moment for imagining new pleasures, new relationships, new multi-species subjects.

New forms of subject

What does this kind of regimen look like? I suggest that it can serve as way of acknowledging the importance to the individual of tending to their own needs – of caring for their self –, while not succumbing to the cultural pressure of the myth of control and healthism.

For example, we can return to the kinds of the advice for diet, probiotic, and the making of fermented foods discussed earlier . What do these look like without the focus on healthism or control, but instead “enabl[ing] one to react, with some degree of readiness, to unforeseen

events as they occurred”? Incorporating them into a regimen oriented around a multi-species subject entails an acceptance of ongoing embodied vulnerability rather than the focus on control, and thus involves a form of resistance to cultural imperatives while working on the self (this resistance may draw sustenance from disability activism and solidarity). This would also allow us to pursue Eli Clare’s vision of cure as one tool among many. We might then think of the pleasure of working on oneself as involving the pleasures of cultivation, tending, and care, rather than hierarchy.

ⁱ For an overview of ‘healthism’ and how it has been taken up, <https://solidarity-us.org/healthism/>

ⁱⁱ A related discussion can be found in Anna Kirkland (2011), concerning the way that responsabilization means that an environmental approach to health (and obesity) is undermined by its focus on weight loss as a measurable outcome for individuals.

ⁱⁱⁱ Also thinking of Alison Reiheld, “With All Due Caution: Global Anti-Obesity Campaigns and the Individualization of Responsibility” IJFAB 2015; Have a look at Brownell et al, Kirkland, Welsh, re. healthism, obesity, and individual responsibility.

^{iv} The Activia Challenge encouraged people to take their probiotics for 30 days (this now seems to be 14 days); the 2015 advertisement emphasized that it was not just for “big digestive issues” but also “minor digestive issues like bloating, gas, discomfort, or rumbling.” <https://www.ispot.tv/ad/74rE/activia-challenge-digestive-system-issues>

^v <https://www.adweek.com/brand-marketing/ad-day-meet-irritabelle-your-irritable-bowel-sidekick-campy-ads-viberzi-170811/>

^{vi} <https://www.youtube.com/watch?v=3Hnldf3z4bY>

^{vii} Super Bowl commercials are widely-watched, and meanwhile Viberzi put together 3 minute clips online as well explaining IBS-D and its treatment in more detail, with a humorous edge. The Viberzi ads have some particularly good lines, such as Irritabelle, an anthropomorphic personification of IBS-D, saying “who makes the decisions around here – it’s me.” One of the 3 minute clips took the form of the main character’s friends, husband, co-workers, and boss staging an “intervention” with Irritabelle about how she’s “out of control,” finally asking “Is it time to have an intervention with your gut?” The AdWeek article quotes the makers thus: “ ‘By creating a manifestation of IBS-D symptoms using a real person, we were able to show the changing dynamics of their relationship [to the condition] more effectively and meaningfully,’ says Arnold executive creative director Gary Scheiner. ‘Many patients wait years before seeing a doctor about their symptoms, so we wanted this work to be highly relatable and effective in engaging patients, and to motivate them to take action.’”

^{viii} It is also worth noting that treatments themselves can also be stigmatized, as in the case of ostomies. The recent Brooklyn 99 episode, “Casecation,” features a woman (“Pam”) with a “twisted bowel” and an ostomy bag. First it is heavily implied that her bag smells (which should not be the case unless it is improperly fitted). Later on, when Jake is trying to prevent her from blowing up the hospital, they have this conversation: JAKE: “Sure, but is

this really how you want her to remember you? - As a murderer?”
PAM: “I'd rather be remembered as a woman who blew up a mobster to help her family rather than a librarian whose bowels are tied up like a sailor's knot!” JAKE: “Okay, that's a very strong argument.” Refer

https://www.springfieldspringfield.co.uk/view_episode_scripts.php?tv-show=brooklyn-nine-nine&episode=s06e12

^{ix} Autism is the other condition, along with obesity, that seems to be a prime focus of gut microbiome research; it would be well worth exploring neurodiversity as a challenge to the premises of this research.

^x Refer e.g. to Greene (2015), who cites a number of studies on anti-fat bias in healthcare.

^{xi} As Sandra Bartky wrote with reference to femininity rather than able-bodiedness, “the disciplinary power that is increasingly charged with the production of a properly embodied femininity is dispersed and anonymous; there are no individuals formally empowered to wield it; it is, as we have seen, invested in everyone and in no one in particular” (Bartky 1990, 79).

^{xii} Weinberg and Williams did a study of 172 university students about their comfort with what the authors call “fecal matters” – such as having a bowel movement overheard by someone in the next stall, or defecating at the apartment of someone they had only just started dating. The idea of someone discovering – through sight, smell, or sound – that they are defecating was greeted with a fair amount of anxiety. This was mediated by gender and sexuality in ways that reflected social pressures on non-heterosexual men and heterosexual women. (Weinberg and Williams 2005).

^{xiii} I am thinking in particular of her words, “The freedom, the release, and the power I felt on that dance floor that night were the result of discipline, the result of psycho-physical development carefully nurtured over a period of time. I began to love existing as a self-reflective, disciplined, and developmental organism spread

out in space, thinking itself” (McWhorter 1999, 172). Heyes makes a similar point: “as disciplinary practices seep into the minutest habits and strategies of (self-) management proliferate, we do not cease to act, or feel repressed-politically or psychologically. Quite the contrary: with the intensification of power relations comes the increase of capabilities [*capacités*] often interpreted by a liberal political tradition simply as the increase of autonomy (Foucault in Rabinow 1997, 317).” (Heyes 2006, 136). Refer also to Welsh 2011 for a discussion of healthism and the disciplining of female bodies in the “war on obesity.”

^{xiv} As Shelley Tremain notes, “Notice that Foucault is not a determinist about power. Power relations do not determine the constitution of the subject. Rather, subject formation, for Foucault, does involve “agency” and may involve conflict and acts of resistance ... Were disability theorists who criticise Foucault’s approach to the subject to give greater attention to his claims about modes of self-subjectification, they would likely recognise the trans-formative promise that these claims hold out for work on disabled identity” (Tremain 2015, 17).

^{xv} My initial plan for this paper involved much more extensive discussion of this aspect.

^{xvi} See Rabinow 1997 256-8, 294-5.

^{xvii} Paul Rabinow, “Introduction: The History of Systems of Thought,” in *Michael Foucault: Ethics, Subjectivity and Truth*, ed. by Paul Rabinow (New York: The New Press, 1997), xxvii.

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