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 unceded territory of the Coast Salish Peoples, including the territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

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 the Western philosophical traditions that I am trained in 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 work is out of my usual academic comfort zone, and so 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. I have previously argued that our gut is 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!). [Acknowledge that the language of “gut problems” might risk individualizing the problem, but focus on one’s experience & relation to one’s gut]

Recent research into the role of gut bacteria in shaping our health 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 consumer choices.

This is in keeping with the current health paradigm, which 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).iii Crawford noted 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).iv

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.vi 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, allopathic, medicine that 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; also refer to Piepzna-Samarasinha 2018, 103-104).

Treatments for “gut problems” – whether from allopathic or alternative medicines – are frequent topics of discourse, including major advertising campaigns. The emphasis is consistently on being able to control the gut, a responsibility left to the individual. As Amy Vidali notes about Zelnorm, a drug since taken off the US market which employed a massive advertising campaign,
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). viii

With the rise of interest in the gut microbiome itself, this same logic plays out. The rhetorics employed focus on reclaiming control over unruly bodies (and minds! ix). For example, in bioethics articles on gut microbiome research, obese bodies -- as paradigmatic unruly bodies -- figure frequently (Baty et al 2014; Beever and Morar 2016). One article 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 it is obscured by the orientation toward individual responsibility.

Given this, 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. Responding to gut issues is a concern for the person who has them. And yet, how can we avoid replicating the individualist and ableist focus of healthism, taking the complexity, multiplicity, and interrelatedness of our selves seriously?

One possibility is to draw from Foucault’s discussions of care of the self and technologies of the self. 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. Both discuss the pleasure and satisfaction in working on oneself that does not reduce to accepting oneself as a docile body (Heyes 2006, 137).
Foucault discusses the idea of “regimen,” which was used by the ancient Greeks to describe “a whole art of living” (Foucault 1990b, 101) that covers exercise, food, drink, sleep, sexual relations, baths, and so forth (Foucault 1990b, 101). I’m interested in these features of regimen: it is responsive to context, and based on the individual’s own needs/goals and their own agency in forming themselves as a particular subject, and it emphasizes one’s own knowledge of one’s body, with doctors and healthcare professionals in the role of persuading, not dictating.

In the introduction to *The Use of Pleasure*, 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 (30). 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; it is not a set
of universal rules, but rather, as Foucault writes, “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” so that we can “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. This can avoid
healthism insofar as it does not prioritize the telos or goal of
physical health above all else. In fact, Greek writers warned
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.” It is up to the subject to determine their own relation to the recommendations of regimen and how it suited their goals and how they wanted to shape themselves (Foucault 1990b, 27).

Regimen thus also involved developing one’s own knowledge, with advice from medical professionals, presented within a rational framework; there ought be no expectation of “unquestioning obedience to the authority of another” (Foucault 1990b, 107).

Practicing this involves taking notes and self-monitoring (Foucault 1990b, 108). The practice of monitoring 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. However the practice of self-monitoring can also be undertaken in a different mode – a mode of enhancing one’s own capacities. (And different forms of self-monitoring, disconnected from commercial fitness apps or particular quantitative measurements, may be possible).

It is up to me to determine: how am I relating myself to this rule, to these practices?

Crucially, Foucault does not endorse the Greek way of life as something that we should retrieve, noting its problems, but hopes that discussing it may provoke possibilities for us.

One feature of the Greek view that that is important to guard against 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 ascesis, 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. As Foucault recognizes, the Greek regimen is tied to metaphysics/worldview of hierarchy – but what changes when we take multi-species subject seriously, with possibly very different accompanying metaphysics? 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 which 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 tending to one’s own needs – of caring for one’s 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, probiotics, 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 would seem to entail an acceptance of ongoing embodied vulnerability rather than a focus on control, and thus can involves a form of resistance to cultural imperatives. Taking seriously a multi-species subject also offers up different ways of conceiving of our interrelatedness with human and non-human others. I am interested in how people may practice gut-oriented regimens with different understandings of that interrelatedness, and how we might continue to imagine different modes of developing ourselves that do not rely on myths of control and individualism.
Thus far I have also been looking at memoir, especially Julie Devaney’s *My Leaky Body: Tales from the Gurney.*


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

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

Reiheld (2015), Kirkland (2011), and Welsh (2011) have useful discussions of healthism, obesity, and individual responsibility.

The advertising for these products sets up a rhetoric around GI disorders and gut problems. There have been a number of 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. 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. Two highly visible ad campaigns for products aimed at IBS-D (Irritable Bowel Syndrome with Diarrhea) ran in 2016; Viberzi 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. https://www.adweek.com/brand-marketing/ad-day-meet-irritabelle-your-irritable-bowel-sidekick-campy-ads-viberzi-170811/

https://www.youtube.com/watch?v=3Hnldf3z4bY 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.’” The existence of the advertising and the products 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).

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.

In this case, a focus on curing IBS (or other gut problems) 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. Note in Vidali’s
example that other people ask her “isn’t there something you can take for that now?”

 ix Autism is the other condition, along with obesity, that seems to be a prime focus of gut microbiome research.

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

 xi 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.”

 xii 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).

xiii My initial plan for this paper involved much more extensive discussion of this aspect; am happy to discuss afterward.

xiv 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).

xv See Rabinow 1997 256-8, 294-5.

Bibliography


