**The Gut and Vulnerability as Embodied and Relational**

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Here's the basic point I want to make. Our gut is important to us. Gut discomfort, gut pain, gut problems – these are usually thought of as deeply private; partly in the way that pain in general is taken to be private or individual, but also because gut stuff generally is very stigmatized. Examining the way in which the range of gut-related experiences are affected, shaped, and constituted in and through social relations is important for making life better for folks with unruly guts. This also gives us a good lens through which to view vulnerability more generally: as something that is an inescapable part of our human condition, but also as

something that can be mitigated in and through the ways we organize our social relations and attitudes.

Recently there has been a significant push to rethink vulnerability as something to be accepted and even embraced. Within philosophy, we can look to work by Judith Butler, arguing that we have a "primary human vulnerability," rooted in our fundamental relationality (Butler 2004, 28[i]). Erinn Gilson calls it "a basic kind of openness to being affected and affecting in both positive and negative ways" (Gilson 2011, 310). Political philosopher Martha Fineman still sees vulnerability as a form of susceptibility to harm, but argues that vulnerability is universal due to our embodiment, and that reconceiving the basis of citizenship around vulnerability rather than autonomy would lead to a better conception of the roles and responsibilities of the state (Fineman 2008).[ii] Of course there is also social work researcher Brené Brown, who has published a number of books advocating vulnerability, notably *Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent,*

*and Lead* (2012), and her 2010 TED talk, “The power of vulnerability.” (This talk is one of the most popular TED talks, and has had over 45 million views.[iii])

This recent push for acceptance of vulnerability is often accompanied by the argument that it can lead to increased empathy for others, and be a building block of solidarity: after all, we are all vulnerable, trying to muddle through, and so should help each other.[iv]

I think that there is a lot of value to this! But there are obviously limitations. Vulnerability does not affect us all equally. We have differential relationships to vulnerability depending on a range of factors, be they bodily, social, economic, geographical, psychological, or other. These forms of *vulnerabilities* are generally the topics of research ethics and bioethics. Within these fields, there has been much discussion about how to characterize those individuals who are *particularly* vulnerable.[v]

Meanwhile, as Carol Gill points out “Because people with disabilities have had to fight tenaciously to counter stereotypes of weakness and incompetence, discussions of our vulnerability feel risky from the outset” (Gill 2006, 183).[vi] While discussion of the vulnerability of nondisabled, white professionals works to humanize them; discussion of the vulnerability of disabled people risks connecting them to a state of pitiability. As Kate Kaul writes of Fineman’s proposals about universal vulnerability, “the force of this concept, its radical possibility, is in the shift to where it is most counter-intuitive—in the vulnerability of subjects whose subjectivity has never, as such, been challenged or open to question” (Kaul 2013, 104).

This problem of the universal and the particular in vulnerability pulls me in as a puzzle. How can we both build on vulnerability as an essential shared part of the human condition, while also recognizing the very real differences in how people are situated, and without creating additional difficulties through a kind of well-

meaning “we’re all in this together!” that erases real needs.

I’ve been interested in this as a general problem for some time, but over the last few years have come to center my attention on the gut, as a particular focus from which to examine the various factors that affect our vulnerability. By exploring our relationship to and experiences with our gut, I can explore both the *feeling* of vulnerability (which, as it links up with anxiety and other moods, can reinforce and engender further vulnerability!) and the *structural aspects* of vulnerability – what creates vulnerability, etc.

I’ll clarify what I mean by the gut. I mean the whole gastrointestinal system, from mouth to anus. On the one side, it is a crucial part of us, both biologically – it digests our food, absorbing nutrients and medicines, thereby keeping us alive – and phenomenologically, in terms of how it *feels* to us – we talk of ‘gut instinct,’ ‘feeling something in our gut’, being punched in the gut by bad news – and it’s right there in the middle of us. Our anxiety

often lives here. Sara Ahmed talks about a feminist gut (Ahmed 2017, 27 and 255).

On the other side, it's *other* to us – again, both biologically and phenomenologically. Biologically: 1) the gastrointestinal tract is a long tube, which means we can think of the human as a complex cylinder.[vii] 2) Much of the work of the gut is performed by microorganisms like bacteria (our gut microbiome) and so by a *genetic* other. Phenomenologically: It is often a source of significant discomfort and pain, which is itself often overladen with feelings of shame. Gut issues can affect our ability to pursue our plans and move around freely. The gut can feel like a hostile other.

This duality means we might consider the gut a kind of "ambiguous other" (see Dryden 2016).

As Elizabeth Wilson notes, the gut "is one of the most important means by which the outside world connects with the body" (Wilson 2004a, 44). The gut is already, through

its biological function and structure, deeply relational. But also, the way that we *live* with our guts is embedded in relations. Our eating and food practices are self-evidently social. While we may consider an unruly gut a “private” matter, our experiences and responses do not occur in isolation, but within contexts where we are in relation to (and often dependent on) others. These others include partners, friends, family, co-workers, medical professionals, pets, and microbes, as well as the designers of social spaces (such as workplaces, transit, and bathrooms).

The gut is embodied and relational, and it serves as a place from which to think about vulnerability as embodied *and* as relational.

To avoid totally romanticizing the gut or vulnerability, I wanted to try to anchor my work in lived experience. As a pilot project, I interviewed 20 people last summer who identified as having “gut issues.” I chose a vague term in order to speak to people with a wide range of conditions

that affect the gut -- from Crohn's to anxiety to migraines to IBS. I asked about their experiences with their gut – symptoms, but also how it affected self-image, relations with others, and their habits – and then I asked about what autonomy and vulnerability meant to them both in general and in the context of their gut. For today I'll focus on vulnerability.

A quick note: I asked participants whether or not they wanted to be known by a pseudonym. Some preferred to, since it made them feel more comfortable disclosing certain experiences. Others preferred their real names, as a form of agency. Some had no preference. If you are following along in the access copy, names with asterisks are pseudonyms.

Participants described a range of experiences with their guts and relationships to their guts. One participant, Sarah, called it a "little temperamental baby demon," and another, Laura, considered it like the enemy in *The Walking Dead*.[viii] On the other hand, another participant,

Amanda, who has celiac disease, thinks of herself and her gut as being on the same side, noting that it's "the world outside of my gut that I'm obsessed with" as she tries to avoid "being glutenned."

One of the things we talked about were the relational aspects to dealing with "gut issues." These often revolved around a sense of some contexts as "safe" and others as engendering vulnerability. Often this is as basic as the presence or absence of a nearby bathroom for feeling vulnerable – as participant Bo joked, her life is "dictated by poop."

Another participant, Amanda, described the safety of her home (a gluten-free home, where her friends also know not to bring gluten in) vs. the vulnerability involved in the outside world. She described a recent experience at a conference where, despite the promises of conference organizers, there was no food that was safe for her to eat. This came up when she was asked what "vulnerability" meant to her:

> “it’s part of feeling vulnerable for me, is that I have to do this on my own, and I’m not supported... And I think when you don’t have a predictable relationship with your body that can also create some vulnerable feelings related to vulnerability because it’s embarrassing and uncomfortable so you’re kind of out, ... you’re sort of isolated, because ... you have to remove yourself from what everybody else is doing because you’re like, I don’t feel well, um... which then yeah, you’re on your own.”

Meanwhile, as Shawn* describes:

> if you’re in that social situation that I have to get out of or go to the bathroom frequently, I have to be—I’m often forced to be vulnerable. Like, I want to hide it, but I have to be vulnerable... I have to let my guard down and say, like, “I’m having stomach problems and I need to leave.” ... So, I have to share with people this stuff a little bit more readily than, than I might want to. Which is,

> I don't know, I guess it's kind of, it can be scary, embarrassing.

For Shawn*, having to disclose isn't just connected to a *feeling* of vulnerability, but of *being* vulnerable. Relationship can protect against vulnerability. Being with people who "get it," who understand one's gut issues, can diminish the sense of vulnerability. Melissa* said that she had a lot of anxiety about her gut at home because her family didn't understand, but "once I got into a safer environment, I started to enjoy food a little bit and let myself try different things and have fun with it." She said she still wouldn't want to go to an event in an unfamiliar space without what she calls a "safe friend," who would understand if she suddenly needed something or felt unwell. There were several participants who talked about taking more risks with food if they were amongst "safe" people or in a "safe" place (vs. needing to have, say, a long subway ride home).

Some participants also invoked a difference between *emotional* vulnerability and *physical* vulnerability. Emotional vulnerability was described largely in terms of relationship, and opening themselves up to someone else. Physical vulnerability was their body's susceptibility to gut issues. So, for example, Ryan* described vulnerability like this:

> Vulnerability is basically being defenceless and… [laughs] and sensitive and uh…. I mean, it's so funny, because you think about the word, I think about like vulnerability in a relationship is supposed to be a good thing [laughs], right? But vulnerability as I think about my gut, it's about being really defenceless, being open to attacks, is the real thing that I think about, being open to attacks. ...When I said that, I'd literally just visualize, like, a war trench, which was really weird [laughs]. Like an unguarded territory, or…. So vulnerability, I think being open to attacks is really key there, because that's the whole thing

> when I talk about access to bathrooms and timing and scheduling, it's all, that's the vulnerability.

Erin* also invoked this difference, but acknowledged them to be intertwined, insofar as both physical and emotional vulnerability involved not having control. She associated physical vulnerability with not knowing what her body was going to do, and emotional vulnerability with being "willing to be challenged on something and...be a little bit introspective." She tries to control her surroundings in order to minimize gut vulnerability, but noted that it is still an issue. She said that she had been lately on antibiotics, which affect her gut, and that since the bathroom in her workplace was not very private, this was causing anxiety. When I asked her what vulnerability meant, she replied:

> I think of... being in my office this last week and I felt very vulnerable. Like I bike to work ...I can't just get in my car and be like "I'm going home for lunch."[ix] ... I was feeling quite vulnerable there in terms of not having any control over what my gut

was doing, and not even any of my predicable warning signs because it was related to medication, I couldn't even exercise the small amout of control that I normally do. And so that was a bit weird. And then, also weirdly professionally vulnerable because I don't need all of my coworkers hear me poop. So, was particularly vulnerable. But again, it sort of limits– – I guess I can sort of see both of those sides coming in of the emotional vulnerability of like "well, am I willing to let this happen? Like do I care so much about what other people might think of me that I'm willing to spend an hour in discomfort before I can do this?" Which that was probably stupid, but I couldn't get past it, and then the physical, the more physical vulnerability is not having control over my surroundings or… what was going to happen.

Here, gut vulnerability doesn't just have to do with the immediate physical risk from the gut, but also from a lack

of control over the situation, and the stigma of being exposed. Part of the reason that the physical vulnerability is such a big deal is because of the professional and emotional context of being at work.

The biological and the social dimensions of gut issues were regularly intertwined in what my participants shared. This is especially the case when considering anxiety – many participants noted that their anxiety would drive their gut issues, and then in turn their gut issues (or fear of gut issues arising) would drive their anxiety.

Exploring the experiences of people's gut issues challenges the neatness of the division between the biological and the social.

This likewise challenges attempts to neatly categorize sources of vulnerability.

For example, bioethicists Wendy Rogers, Catriona Mackenzie, and Susan Dodds developed a taxonomy of

sources of vulnerability, in which “inherent vulnerability” is “those sources of vulnerability that are inherent to the human condition and that arise from our corporeality, our neediness, our dependence on others, and our affective and social natures,” noting that these will vary according to various factors and resources (Rogers et al 2012, 24).

Meanwhile, situational vulnerability is “caused or exacerbated by the personal, social, political, economic, or environmental situation of a person or social group” (Rogers et al 2012, 24). They note that it may be “short term, intermittent, or enduring.”

Now, as Mackenzie notes in a later article, inherent and situational vulnerability “are not categorically distinct” – she writes:

> Inherent sources of vulnerability reflect to a greater or lesser extent features of the environment in which individuals are born and raised and live ..., while situational causes of vulnerability will have greater or lesser effect

> depending upon individuals' resilience, itself a product of genetic, social and environmental influences. Nevertheless, the distinction is useful for identifying the variety and context specificity of sources of vulnerability. (Mackenzie 2016, 89).

But, if gut issues are exacerbated by workplace stress and/or the availability of certain foods and/or placement of bathrooms and/or transportation, and also by the social need to perform certain kinds of health, where do the "inherent" sources end and "situational" begin? (This is even aside from noting that gut issues are often connected to the state of one's gut microbiome, which is even further connected to things like travel, taking antibiotics, and how popular C-sections were when and where you were born).[x]

My main point is that even something seen as paradigmatically *of the body* like the gut acting up is also deeply relational and social.[xi] [On the very small chance there is time, tell Bo's story as example & unpack].[xii]

One of the things that also really stood out to me, once I started talking to people, was the need to carefully consider **audience** when theorizing about vulnerability. As I mentioned, in discussing vulnerability as an universal ontological condition of all humanity, we risk glossing over the very real differences between different kinds of vulnerability.

So, for example, while we all need help, as UK disability activist and writer Jenny Morris points out, “to depend on others for assistance in intimate tasks is not the same as depending on a mechanic to service your car” (Morris 2001, 13). But this perspective, coming from disabled writers, is largely absent from the vulnerability literature, which alludes to disability without engaging disabled people (for the most part).

(As a side note, only one participant identified as being disabled; the connection between theories of “what counts” as disability and things like chronic illness and gut

disorders is a whole other issue – though disability theory has informed much of this talk.)

This is why I wanted to interview people this summer, in order to not make assumptions about what work vulnerability might do.

So, for example, when Laura first developed ulcerative colitis, she spent three weeks in bed, followed by a month in hospital. In one week she lost 20 pounds. She was very skeptical of the idea of vulnerability, writing in an email after our interview:

> I listened to Brené Brown's TED talk on vulnerability, and read stuff online. Brown et al talk about how numbing emotional vulnerability is a bad thing. But I feel that my feeling of physical vulnerability needs to be numbed, otherwise I can't function. I can't live my life afraid of my body and food.

Further, while much of my argument – especially as I move into the conclusion – will involve suggestions about removing gut stigma and paying attention to the social and built environment, I do want to note that this won't address all forms of gut vulnerability. This can persist even in otherwise relationally strong environments, amongst loved ones. One participant, Tara,* who has a number of severe allergies in addition to celiac disease, said that she didn't have very many people she trusted when it came to providing food for her – while her loved ones care about her, they couldn't be completely relied on to get food *right*, and the consequences of a mistake would be "literally life or death".[xiii]

Context matters, not only for how vulnerability is *experienced*, but also for what it makes sense to focus on as a concept. (I hope to do more work another time on *whose* gut vulnerability gets taken seriously and who is believed, especially when dietary needs can sometimes be dismissed as "trendy."[xiv])

In one of Shelley Tremain's interviews with disabled philosophers, *Dialogues on Disability,* she talked to Nancy Stanlick, who has a colostomy as a result of a digestive disease. She said that she had experienced people telling her directly that they would rather be dead than have a colostomy like her. She recalls speaking at a memorial service for a student who died of complications relating to a GI disease, saying she could understand what he had gone through and that it was important to care for folks with digestive diseases and to get checked out regularly, and that they could honour the student's memory through awareness of digestive diseases and conditions. As she describes, "My brief three-minute speech met with dead silence. Then, a minute or so later, the student who had coordinated the memorial service ended it by saying that Jake never talked about his condition and that, out of respect for him, no one else would talk about it either because it is embarrassing" (Tremain 2015). [xv]

As Cindy LaCom writes, "Shit has incredible power to silence and to shame us in troubling and deeply

problematic ways, and for that reason alone I think it is useful to talk about it" (LaCom 2007).[xvi]

Responding to gut vulnerability is not just a matter of individual medical, nutritional, or naturopathic actions. The relational component of gut issues leads to things that we could be doing collectively, such as engaging in a collective fight for material and environmental goods: access to breaks, bathrooms, transportation, and food. This requires us to be able to talk about gut issues.

Coming back to vulnerability: we see in the example of gut issues a place where mitigating vulnerability can happen alongside acceptance of it. But this is not just about individuals accepting their *own* vulnerability, but us making space for that of others, both in terms of our social expectations and our material environments.

I'll give the last word to a couple of the participants I talked to this summer:

Shawn* after talking about having to leave due to gut stuff being scary or embarrassing, noted:

> More often than not, when I say that, somebody's going to be like, "Oh yeah, I have this problem, I have that problem." So, it's an opportunity for everyone to be vulnerable and to share so I suppose there's kind of an upside to it.

Erin* noted that while she could speak comfortably about her gut issues with close friends, it was frustrating that this was not more widely accepted:

> even though I talk about feeling separate from this aspect of my body, I know I'm not and this is as much me as anything else. And so, it doesn't…we can add it to "I can't go for long runs because I have an ankle problem." Like that is another fact about me like I can't go for a super long hike because I ate something last night and I for sure will need to go poop in the woods over there. So, why can't we talk about them the same way?

[i] As she writes, “Let’s face it. We’re undone by each other. And if we’re not, we’re missing something” (Butler 2004, 23). Also: “Precariousness is not the effect of a certain strategy, but the generalized condition for any strategy whatsoever” (Butler 2009, 181).

[ii] Though she argues that it is universal, she still frames it as a “state of constant possibility of harm” (Fineman 2008, 11).

[iii] The link to the talk is here: https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=en As of Jan. 12, it had 45 414 076 views.

[iv] Or, alternately, that insistence on *invulnerability* is an obstacle for caring about (vulnerable) others; Gilson 2011.

[v] For example, the Canadian Tri-Council Policy statement revised its definition of vulnerability from its first to second edition, moving to a more relational and contextual account (CIHR et al 2010 and 1998). Florencia Luna argues for a relational concept of vulnerability that occurs in layers, emphasizing that it means that rather than “thinking of someone is vulnerable,” we can consider “a particular situation that makes or renders someone vulnerable” (Luna 2009, 129). As she notes, “if we are all vulnerable ... there is no need to avoid it or protect some persons from it” (Luna 2009, 128).

[vi] She goes on to say, after giving examples: “Experiences such as these illustrate not only that disabled people may *feel* vulnerable in medical settings, but that they *are* vulnerable … The attitudes and actions surrounding me there tell me that I am too disabled to live. Although I feel robust and even fairly healthy around people who are familiar with my way of life, in the hospital I am made to feel fragile, critical” (Gill 2006, 186).

[vii] Gut facts! The kind of interaction that exists between the gut and the mind shows that there is a material dimension to our *experience* of our gut talking to us. Communication occurs via the vagus nerve – roughly 90% of the information carried by the vagus nerve is from the gut to the brain (not the brain to the gut). The enteric nervous system, located in the gut, has 200-600 million neurons, compared with, the 100 million in the spinal cord. Michael Gershon (called “the father of neurogastroenterology”) points out that “the structure and components of the enteric nervous system are more akin to those of the brain than to those of any other peripheral organ” (Gershon 1998, xiii). (Hence the idea of the “second brain”; I also want to give Hegel some credit for mentioning “little brains” in our gut back in his *Philosophy of Nature*, 1830). The attention to the relationship with the brain gets highlighted in the recent shift of speaking of Functional GI Disorders (such as IBS) to Disorders of Gut-Brain Interaction

(Drossman 2016). Also, roughly 95% of our serotonin is in our gut (Wilson 2004a, 36[vii]; 2004b, 85). Elizabeth Wilson refers to “CNS [central nervous system] chauvinism,” which locates the “mind” solely in the brain (Wilson 2015, 172).

[viii] Laura: It’s like the enemy within. It’s actually—I’ve watched—over the years, I’ve always been a science fiction fan, but over the years I’ve been more drawn to things where… like, *The Walking Dead*. Where the thing that is the enemy, that is killing people, is the thing that’s inside all of us. So like, this biological entity is not a friendly one. And it’s—maybe in *The Walking Dead* they all have colitis. [Laughter] Maybe that’s what makes you wake up after you die and you’re still hungry, right? I don’t know but it’s, like, yeah, it is a relationship and, at times, like, I see the gut as my enemy, and I can’t fight it; I can’t live with it. But I’m at its mercy at times. Sometimes I think I’m in control and then something will happen and it’s like, “Oh my God, I wasn’t in control at all.”

[ix] Several participants evoked transportation as a factor in gut-related vulnerability. For example, long public transportation rides might be planned with the knowledge of where they permitted bathroom breaks, or decisions about attending an event (particularly one with food) might be made based on whether they could get a lift or were dependent on public transportation.

[x] As Florencia Luna notes, “reality is too much to try to exhaust it with a taxonomy” (Luna 2009, 135).

[xi] Alyson Patsavas (2014) has also explored this with respect to chronic pain.

[xii] Bo: “And then personally it did too because especially with my ex-boyfriend like, we didn’t have a lot in common so one of the things was like eating, like we would love to go out to eat like, you know share—and his mom is like an amazing cook, he like, he’s Caribbean, and like, but they use a lot of flour as like beginners in their delicious like ox tail, and [laughs] goat, and so then like I couldn’t eat. And then I felt bad because I was like, well I just felt bad all the time, I felt like I couldn’t eat his mom’s cooking, and it was hard to explain to her why, and then I didn’t want it to turn into like a race thing, and like, there was just like all these things. And so then sometimes I’d try to eat a little bit, but then I wouldn’t feel good, and then I’d be anxious—and oh my god, it was just like an endless cycle. And I um, I don’t really drink either, so then it just felt like I was being such a party pooper, literally. ... And so that put I think kind of an additional strain on our relationship, of me like not being able to eat or to go, or like not being able to go out to eat, or like not wanting to go out to social gatherings and stuff like that because what would I eat, or I’d need to eat something beforehand, and it’s just so annoying [laughs].”

[xiii] Tara* also pointed out: “How many times do you hear like, ‘Everyone loves to get together and share a meal,’ or ‘Getting together and sharing a meal is how we show we love each other.’ ... that is never questioned... And it can’t just be the handful of us who are like, ‘Getting together and sharing a meal is terrifying, and the fact that you want me to do that is my—... it’s emotional work, it’s not paid—... it’s about me performing gratitude so you feel good that you did something for me, rather than actually doing something for me...’ ”

[xiv] On a related note, as one participant, Katie, noted: “the more removed you are from certain kinds of privilege the more your self-trust gets undermined, and one of those ... factors is disability ... and so I think ... especially because my gut stuff is so tied to my anxiety, I think that... it probably undermines my self-trust about certain decisions.”

[xv] Compare as well this moment from the season 6 Brooklyn 99 episode, “Casecation,” which features a woman (“Pam”) with a “twisted bowel” and an ostomy bag. Earlier in the episode 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.”
https://www.springfieldspringfield.co.uk/view_episode_scripts.php?tv-show=brooklyn-nine-nine&episode=s06e12

[xvi] Full context: “Grosz’s point that the human body is always ‘psychically invested, never a matter of indifference’ (1994, p. 81) is writ large when we realize that some consider euthanasia as justified by the (culturally-based) ‘indignity’ of having someone else have to wipe their ass. On a recent DREDF [Disability Rights Education & Defense Fund] website, Marilyn Golden cited an assisted suicide advocate who argued that ‘ “Pain is not the main reason we want to die. It’s the indignity. It’s the inability to get out of bed or get onto the toilet . . . . [People] say “I can't stand my mother, my husband wiping my behind”’ (n. pag.). Shit has incredible power to silence and to shame us in troubling and deeply problematic ways, and for that reason alone I think it is useful to talk about it.” (LaCom 2007).

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