

Relational Autonomy and the Context of Eating

CSWIP 2019: Feminism and Food

University of Guelph, October 26, 2019

Jane Dryden

jdryden@mta.ca

Preamble

This paper has shifted from the abstract I initially sent. I was going to talk about how a conception of relational autonomy could help us navigate some of the messiness of ethical food choices, as we think about our relations with both human and non-human others (including gut microbes). Instead, I'll be pulling back from the food

choices themselves and focusing more on the conditions that enable those choices. Hence the new title.

To set the stage, let's acknowledge that food choices are messy! (My original title had “the messiness of ethical eating”). When thinking about eating ethically, we may consider criticisms of the treatment of animals, the treatment of laborers, the use of chemicals, the environmental cost of transporting food over long distances, and so forth, and all of that may lead us to want to divest ourselves of all of this, or focus on only sourcing locally grown etc., etc. Yet, as Kim Hall points out, many of the expectations of “ethical” food consumers are not possible for many disabled people and people living in poverty. She argues that “self-sufficiency is an illusion

rooted in the able-bodied assumption of control over one's body and life.”¹

After all, decisions around food aren't abstract decisions made on a disembodied action chessboard. Our bodies can't adapt at the speed of willing. Feminist geographer Ann Bartos tells a story of having long since given up meat, but being on a fieldwork visit where her politics around locally-raised food and feminist research led her to accept a meat dish from her hosts. As she writes, while the meal “seemed to represent [her] ideal food politics,” her body – unprepared for animal meat – revolted.² And she was quite ill, all night.

¹ Kim Q. Hall, “Toward a queer crip feminist politics of food,” *philoSOPHLA* vol. 4, no. 2 (Summer 2014), 188.

² Ann E. Bartos, “The body eating its food politics: reflections on relationalities and embodied ways of knowing,” *Gender, Place & Culture* vol. 24 no. 2 (2017), 155-6.

It really isn't easy. Alexis Shotwell suggests that "we should understand eating as illuminating our bodies as mere way stations in complex, entwined systems. The eating and excreting body is always entangled, enmeshed, a mess."³

Given this, why talk about autonomy?

I want to acknowledge the complexity of our food politics, but I also think that when it comes to relations affecting and including our bodies, some conception of autonomy is warranted. We do *make* choices, even when those choices are constrained or imperfect. Further, being *denied* autonomy with respect to food choices, can be

³ Alexis Shotwell, *Against Purity: Living Ethically in Compromised Times* (Minneapolis: University of Minnesota Press, 2016), 114.

harmful to our sense of well-being, emotionally and also physically. And gastro-intestinally.

I've been working on an ongoing project about the relationship of vulnerability and autonomy with respect to our experiences with our guts. Specifically: how our gut, which is deeply part of us both metaphorically and physically, and which enables us to live, can also frequently frustrate our plans; I'm interested in the unruliness and often unpredictability of our gut, and what this enables us to notice about our vulnerability, and the kinds of autonomy that are possible. This past summer, I began interviewing people with "gut issues" in order to explore their experiences and ideas. (I used the vague term "gut issues" in order to include people with a wide

range of conditions and situations -- so, I talked to people with Crohn's and people with celiac disease, but also people with anxiety, or migraines, or no diagnosis yet at all).

Food and eating are not the specific focus of this project, but obviously it came up repeatedly in the interviews.

People's relationships to food were connected deeply with feelings of vulnerability, and both the achievement and the frustration of autonomy.

So, as I said, what I want to talk about today is less the question of what an individual might happen to choose to eat, but the context in which we make our choices and how we are supported in them by the others around us (or

not!). As my title suggests, I use a relational conception of autonomy to frame this. (I'll assume a CSWIP audience is familiar with work on relational autonomy, but in case no, it is an approach to thinking of autonomy that sees us as enmeshed in relations with others, who play a role in facilitating or impeding our agency.⁴ It works well with social models of disability, which focus on how our environments enable or hinder.)

Methodology

A note about methodology. I want to say that this has very much been a pilot project! My training is not just in philosophy, but in history of philosophy -- I am good at carefully reading old texts by dead people. Last summer,

⁴ Useful key texts: Jennifer Nedelsky, "Reconceiving Autonomy: Sources, Thoughts and Possibilities," *Yale Journal of Law and Feminism* 1 (1989), 7-36; Catriiona Mackenzie and Natalie Stoljar, eds., *Relational Autonomy: Feminist Perspectives on Autonomy, Agency, and the Social Self* (Oxford: Oxford University Press, 2000).

though (summer of 2018), I was working on a paper about relational autonomy and vulnerability and how we might understand them with respect to our gut experiences. It made use of texts from disability studies and feminist philosophy and feminist bioethics and anthropology and all sorts of lovely things (it was on this work that the original version of my paper was going to be built). I realised, however, that I was getting dangerously close to telling people what their relationship with their gut ought to be. I realized that I should probably try to know more about what I was talking about -- not just from the medical perspective, as from the perspective of people with gut issues and how they navigate their lives.

Initially⁵, I planned to do 5-7 interviews, so that I could really go deeply into each person's experiences in my analysis. I got a lot of interest, and ended up doing 20 interviews. I currently plan to develop this into a larger project in a couple years once I am on sabbatical. (So, if you were interested in talking to me and we never actually made a plan, hit me up in a year or two!)

The first parts of the interviews concerned people's experiences -- with their guts specifically, but also with the experience of diagnosis (or misdiagnosis!), their encounters with medical professionals, their experiences with their families, friends, colleagues, their quests for bathrooms, their quests for safe foods, their habits and

⁵ (following the advice of a qualitative methodology textbook and social sciences and historian colleagues who have, crucially, Done This Sort Of Thing Before)

regimens. The second part of the interviews invited them to explore what “autonomy” and “vulnerability” meant to them, both in general and specifically when they thought about their gut experiences. Then I would briefly explain the concept of relational autonomy, and invite them to consider whether it was something that would fit any of their experiences, whether good or bad.

My interest in autonomy focuses on how it helps us make sense of what we are doing and why, in the context of our values, goals, and commitments.⁶ I don’t want to suggest that participants taking up the idea of relational autonomy in this or that a way would constitute any kind of philosophical or empirical proof of that particular

⁶ Diana Meyers talks about autonomy as involving self-discovery, self-definition, and self-direction; this seems about right to me. Diana Tietjens Meyers, “Decentralizing Autonomy: Five Faces of Selfhood,” in *Being Yourself: Essays on Identity, Action, and Social Life* (Lanham, Maryland: 2004), 69-70.

formulation being *true*. However, I do think that it can be a guide to what might be worth continuing to explore.

I'm not finished (at all!) analyzing the data that I have, but based on what I have so far I do continue to think that a framework of relational autonomy is useful, especially as it draws our attention to social and relational supports for *and* hindrances to agency. Even within the context of such a *highly* embodied experience as gut pain.

That's the overall project! Now back to the conference theme -- I think that (amongst other things) this framework can be used to help turn us toward social and environmental conditions needed to support people's agency around food. This last bit would then connect up to

the particular ethical choices we might make (which I won't have the time to get to, but we might be able to fill in together this weekend).

Experiences Around Food and Agency

Here are some of the things that came up with respect to food and eating. (A quick note: I asked participants whether they wanted to be referred to by pseudonyms or not. One who wanted her real first name used explained that she wanted it used to recognize her agency. Others preferred pseudonyms since they wanted to feel like they could say whatever they wanted. I will try to briefly note which is which, but if you are reading the copy on my weebly site, people with pseudonyms have an asterisk after their name).

One of the biggest themes had to do with what helps create a feeling of trust, safety, or home. This includes people who ‘get it.’ Melissa* said, about the transition of moving away from her family,

“there’s just been people who … really… don’t understand, and … cause a lot of anxiety about it at home. So, 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 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.

Amanda (who has celiac disease) identified the freedom of food not having to be an issue:

“Because my home is gluten-free, my friends know not to bring gluten into it, and so if we have a dinner party or something there is this freedom of just being able to eat anything and not talk about it. Like, when that happens in the environment that I have built, ... it isn’t a topic, but like in every other food-related context in my life it is something that we talk about.”

The context of people who “get it” isn’t necessarily restricted to people with the same gut issue. Lisa* noted that since it is normal for athletes to have very particular food choices (such as a particular energy bar over another

one) and have to regulate their gut carefully for highly active and intensive activities, that getting into cycling was helpful, “because it’s kind of regularised, it’s sort of normalised that, you know, everybody has to pay attention to this.”

Safety is also affected by contextual factors like having an escape plan. Katie notes that since their partner has a car, it makes it easier for them to be able to escape if they need to because of gut and anxiety issues (and thus also makes it easier to be willing to go out somewhere in the first place).

This feeling of trust also enabled some participants to try different things, or eat foods that might normally be a

problem. For example, Erin* described herself as being able to take “calculated risks” when she is “at home or in a place that I am familiar with,” saying “when I’m in control of my surroundings, it doesn’t bother me.” (Obviously for some of my participants this would still not be an option! But it was interesting how often this did come up.)

Stressful situations, or absence of a feeling of safety often led to increased food restriction. One participant, Dave, who currently works part-time in a highly demanding job noted that

“when I’m working, the stress of work does have an effect on my diet, and I’ve learned when I’m working, to only eat really bland food.”

Many participants noted careful strategizing in order to be able to do the things they wanted to do. Shawn* reported,

“If I’m going to have like a social night with drinking, then I can’t eat X amount of hours before I go out because if I eat ..., then I’ll get bloated and full, and I’ll be tired and cranky. ... if I don’t carefully plan out meals, if I don’t strategize ... —there’s countless times I’ll leave a social situation early because I just feel like shit.”

Meanwhile Lisa* described making plans for the day with friends on a trip, and checking in about what pooping possibilities would be available, noting, “I decided not to get coffee because I knew that I was going to be out in a non-poop-friendly environment.”

All of this strategizing really brings home Amanda's point about the *freedom* of not having to talk about it.

On that note, I found it interesting that even though being able achieve a sense of safety involves making plans and often enlisting others' aid, many participants noted a difficulty or reluctance to ask for what they needed, or that this was something they could only talk about with people they really trusted. For example, Lisa* in the story just now connected being able to bring up the need to poop in connection with feeling

"like I am a part of a community. I'm like them; they're like me; I'm not different. And that makes me feel more secure. And because of my social

connections, I can be trusting, and say, “Oh, I will have to poop.”

(This is in contrast with *not* talking about her gut issues within her family while she was growing up).

Another participant, Bo, described being invited to eat at her then-boyfriend’s house:

“we didn’t have a lot in common so one of the things was eating ... His mom is like an amazing cook, ... he’s Caribbean, and ... 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 ..., I felt like I couldn’t eat his mom’s cooking, and it was hard to explain to her why ... 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 don't really drink either, so then it just felt like I was being such a party pooper, literally.”

Meanwhile Nathan* said,

“I am less comfortable in, in our own family group [laughs] than when I could eat everything. I have noticed that my anxieties that way has, has picked up since I can’t just gorge on whatever anybody’s eating. And I feel like an asshole, because people are like, ‘Oh, we’re making this for dinner.’ And I’m like, ‘Yeah, I can’t eat that. I’ll bring rice cakes.’ ”

(There were a few participants who talked about feeling guilty or bad about themselves in some way when they brought up their needs – I haven't pulled all these out, but I plan to).

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'm for sure will need to go poop in the woods over there. So, why can't we talk about them the same way?"

(Incidentally, this is a point discussed at length by Cindy LaCom, in a great piece on the way that even within Disability Studies it is hard to talk about shit and diseases like Crohn's. It is open access, go read it.⁷)

Another recurring point is that even people who care about you may not 'get it' or may not feed you well. This means that even social situations amongst people who care about each other can be fraught. As one participant, Tara,* who

⁷ Cindy LaCom, "Filthy Bodies, Porous Boundaries: The Politics of Shit in Disability Studies," *Disability Studies Quarterly* vol. 27, no. 1-2 (Winter/Spring 2007), <http://dsq-sds.org/article/view/11/11>

has a number of allergies in addition to celiac disease, said,

“I don’t have many people I trust to... they love me, they care about me, and they just fuck it up too much, and the consequences of fucking it up are literally life and death for me, and that’s not just about the gut.”

She 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...”

It's evident that the kinds of choices people with gut issues make around food are highly shaped by the context of whether they feeling supported and safe, and whether their environment around them enables them.

This is especially noticeable given the strong interrelation between mood, stress, and anxiety and gut issues. (I have excerpts speaking to this from 15/20 participants, and I think the ones that I don't is because I hadn't developed

the tag yet and still need to go back over them. A whole other paper will be born from this theme, especially as it's in such intriguing tension with how many folks *also* reported being at odds with their guts, externalizing it – one (Sarah) called it a “little temperamental baby demon” and another (Katie) talks about their “accidental Cartesianism”. But anyway!).

As Katie pointed out in their interview,

“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.”

Autonomy:

Given this, what's the use of talking about autonomy? As one participant (Lisa*) said, “Autonomy's such a man word. ... It's such a Kantian word. And you know ... I just don't think about Kant when my stomach hurts.”

Meanwhile, Katie was concerned that the over-focus on autonomy within bioethics risks obscuring the power imbalances between medical professionals and patients, asking what kind of autonomy they had in various instances when they were incredibly sick and vulnerable. On the other hand, that also points to its value; speaking

of a hospital visit related to her Crohn's, Natalie describes agency as "very much on my mind all of the time ... because you are reminded so constantly that you don't have it"—and one of the places where that really stood out to her was in food choices – "you can pick from several terrible options but that's it." (To underscore this, she sent me photos of her lunch menu and actual lunch after the interview). And as we heard, in Tara's* case, being able to be in control of her food choices is a matter of life or death.

There's a whole lot to say there, and I don't have the time, since I really want to hear your questions. What I do want to say for now, is that even if people are skeptical about autonomy in general, we can nonetheless ask cogent questions about how people are supported in being able to

make choices about the food they eat. This isn't just going to be about education about nutrition, food production, or animal welfare, but also about normalizing gut talk and creating trusting social and relational contexts.

Doing so will be messy, because there's a lot of social norms to work through there. But maybe we can learn to embrace the mess of the eating and excreting, human, body.