

The background of the page is a photograph of a forest path, with a semi-transparent yellow overlay on the right side. The path is paved and leads through trees with green foliage. The yellow overlay is a solid color that tapers off towards the left.

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Recasting ethical dilemmas in participatory research as a collective matter of ‘response-ability’

Tine Friis

PhD fellow, Medical Museion, Department of Public Health, and Novo Nordisk Foundation Center for Basic Metabolic Research (CBMR), University of Copenhagen

DASTS is the primary academic association for STS in Denmark. Its purpose is to develop the quality and breadth of STS research within Denmark, while generating and developing national and international collaboration.

Abstract

This article investigates ethical dilemmas in a research practice of *collective memory-work* that experiments with articulating personal experiences of how the human gut and psyche connect. Memory-work is a group-based participatory research method, in which participants and researcher write down a personal memory in the third person, read the memory aloud and analyze it collectively. Based on memory-work with a group of women living with autoimmune diseases, I analyze how ethical dilemmas arose around new self-realizations in our articulations of 'gut' and 'psyche', and how the dilemmas brought up issues about the 'therapeutics' and 'matters of care' of memory-work. I discuss how the dilemmas were configured through objectifying our personal experiences by writing them down, creating unfamiliar care positions in relation to each other and our past and present selves. In dialogue with Donna Haraway's concept of *response-ability* and Svend Brinkmann and Steinar Kvale's notion of *ethical fields of uncertainty*, I argue that ethical dilemmas demand ongoing attention, rather than a solution. The analysis shows that ethical dilemmas, when discussed among research participants and researcher, can become useful tools for developing capabilities to attune and respond to ethically important moments in experimental practices. Thus, this article empirically recasts ethical dilemmas as a collective concern, and seeks to contribute to the fields of STS and Psychology by discussing researcher and participant positions, our responses and capabilities to act when facing ethical dilemmas, and the place ethics and *response-ability* have in participatory research practices.

Introduction

I think I need some help from a psychologist. I've been seeing a psychologist, but it was for anxiety. I've never talked about this. But I can surely feel, it is right *there*¹. Because there is clearly something being triggered that I haven't noticed for *many, many years*².

Jeanette³, a woman in her early sixties, spoke these words at a collective memory-work session after having read aloud a personal memory and discussed it with myself and the five other female participants. In this moment, we evaluated what it was like to use the method for the first time. *Collective memory-work* is a participatory research method, in which a group of participants and a researcher write down a personal memory in the third person, read aloud each memory and together analyze these memories. This textual objectification of participant memories means that the subject and object of memory-work are 'the same person' (Haug et al., 1999). Jeanette's statement invokes an important challenge to this method: Being both subject and object of a research practice can create realizations that touch and move us in unexpected ways. When we analyzed our personal experiences from the third person perspective, our relations to each other and ourselves were externalized, enabling us to 'look' at our experiences from the outside and to care about our past and present selves from unfamiliar positions.

Jeanette's realization mirrors the emancipatory aim of memory-work

¹ Jeanette used the Danish expression "det sidder da lige *der*", in which she uses the Danish verb 'to sit'. It refers in a figurative sense to appearance, to be expressed in a certain way or to feel something in a particular way. In this context, it seems like Jeanette is feeling something she has not been aware of before. This feeling appears and is now possible to place by verbally pointing to it, making it more tangible for herself and our conversation, although we in principle do not know what "there" refers to. We can only guess: it might appear in the topic, in her body or a third place.

² Quotations from the empirical material used in this article are author's translations. The material was transcribed in Danish and subsequently translated from Danish to English.

³ Jeanette, Lisbeth and Beatrice are pseudonyms used in the article to ensure the participants' anonymity.

as a feminist practice that experiments with articulating, in words, our bodies and selves to enable memory-work participants to free themselves from self-images that constrain and cause suffering (Haug et al., 1999). Her realization also illustrates the emergence of ethical dilemmas around new self-realizations, and called forth my own discomfort about how to respond appropriately to her statement given my background as a psychologist and novice researcher: I felt my position became ambiguous. While my immediate reaction was to draw on a classical way of conceptualizing ethical dilemmas as the sole responsibility of the researcher, I argue in this article that the conversation that followed Jeanette's statement recast the dilemma as a collective issue for cultivating a 'response-able' research practice. However, as hierarchies of power relations will always be present in research practices, ethical dilemmas will not concern participants and researcher equally, or in the same way.

In this article, I bring together elements from the fields of Science and Technology Studies (STS) and Psychology: I use feminist science studies scholar Donna Haraway's (2016) concept of *response-ability*—denoting capability to respond and care in collective practices of knowledge and doing—in dialogue with qualitative research and psychology scholars Svend Brinkmann and Steinar Kvale's (2008) notion of *ethical fields of uncertainty*—emphasizing ethically important moments as demanding ongoing attention and reflection. This pairing helps me articulate and understand what happened in the moment Jeanette stated that she might need to see a psychologist. It leads to the argument that ethical dilemmas can be useful tools for developing sensibilities towards others' motives and actions, thus cultivating capabilities to attune to ethically important moments as these emerge in participatory research practices. Ethical dilemmas can offer us *fields of uncertainty* in which *response-ability* can be cultivated both among participants and researcher(s). In arguing so, I also seek to contribute to the discussion of how ethical dilemmas are conceptualized within STS and Psychology. I invite consideration of researcher and participant positions, our responses and capabilities to respond in ethically

uncertain situations, and what place ethics and response-ability have in participatory research practices.

I begin by outlining collective memory-work as a participatory research method, and my use of this method in the setting of a medical museum to experiment with how we can talk about the connection between the human gut and psyche. I then discuss some of the ethical dilemmas of memory-work, and how they relate to procedural and relational concepts of research ethics in qualitative research practices. Next, I revisit Jeanette's statement and analyze the conversation that followed to discuss the implications of Jeanette's realization. The analysis traces ethical dilemmas about the 'therapeutics' and 'matters of care' of memory-work as they crystallize around the use of the third person narrator. I examine how these dilemmas can be recast as a collective concern, using the uncertainty of the dilemmas to cultivate response-ability and evaluate the impact of the research, while supporting trusting relations between participants and with the researcher.

Memory-work on 'gut' and 'psyche' as 'experimentation with articulation'

Frigga Haug and colleagues (1999) developed collective memory-work in the 1980s as a feminist project that sought to theorize and emancipate women's socialization processes within a Marxist framework. Memory-work enables investigations of personal experiences and their relations to established concepts and social categories by articulating these personal experiences—through written memories and collective analysis—and challenging what otherwise is taken for granted. Haug and colleagues used a procedure of *displacement* (Haug et al., 1999, p. 55)—in which they as a collective of women investigated the subject of the 'sexual' through topics such as hair, legs and body—to show that women's socialization is a process of sexualization of their bodies. They wrote short texts on these topics, depicting specific actions and

events they experienced while growing up. The texts were written in the third person, as this stylistic form created a distance between the author's self and the depicted self. Haug and colleagues (1999) argue that this distancing, in translating personal experience into the life of a third person, makes it possible to engage with the depicted actions and emotions from new positions, enabling the memory-workers to step out of conventional figure(s) of 'woman' built around the suppressing of norms and ideals that, in turn, restrict women's lives and self-understandings (Haug et al., 1999, pp. 45–46). Having written texts, Haug and colleagues then collectively analyzed them; deconstructing and rearticulating the absences, contradictions and coherences in the texts.

It is this practice that makes memory-work a highly participatory method, as it blurs the boundaries between studied object and subject, letting the memory-workers' personal experiences become object of their own theorization (Haug et al., 1999). In memory-work, deconstruction contributes to reconstructing the chosen topic, criticizing a restrictive societal ideology and formulating a new emancipatory ideology, creating awareness about suppressing societal structures and by doing so enabling women to challenge and change them. The 'deconstructionist' aspect in memory-work is therefore not just about breaking apart concepts and meanings, but serves as a pertinent step in Haug and colleagues' affirmative critique (cf. Raffnsøe, 2017) of the socialization of female sexualization.

Inspired by the memory-work method and its later developments in primarily Marxist or poststructuralist feministic research⁴, I began two memory-work groups at Medical Museion, a research department and medical museum at the University of Copenhagen, Denmark, where my research is located. My study used memory-work to investigate personal

⁴ See, for example, Davies et al. (2001), Gillies et al. (2005), Stephenson (2005) and Onyx and Small (2001).

experiences of how the human gut and psyche connect⁵, specifically how we might experiment with articulating this connection. I chose this topic of investigation in light of ongoing biomedical research elucidating the link between mental health and the microbes living in the human gut. Microbiome scientists argue for a bidirectional understanding of this relation, suggesting that gut microbes not only are key in regulating our physical health, cognitive abilities and emotions, but that our mental health also influences the constellation of gut microbes (Cryan & Dinan, 2012).

The possible implications of this recent biomedical research show themselves in ordinary lives outside the laboratory—for example, when people experiment with 'do-it-yourself' fecal transplantations that can be prepared on their kitchen counter (Rodgers, 2020). The travelling of biomedical research findings from the laboratory and into ordinary lives reflects a tendency of scientific developments to become interwoven with cultural discourses around the body and self, as happened previously in, for example, genetic research (Hoeyer, 2016).

The recent focus on microbes augments a longer history of cultural and scientific interest in the relations between the digestive system and emotional well-being (Whiteley & Bencard, 2020), and a growing mainstream appreciation of microbes in and on our bodies (Sangodeyi, 2014). Stephan Helmreich (2015, p. 65) describes an emergent 'microbiomania' in contemporary popular culture, representing the human body as a superorganism of microbial communities, although microbiome research is still in early stages. We could, for example, embrace the potentials of microbes by eating fermented foods such as sauerkraut with the intention of feeding the microbes in our gut, aiming to improve our cognitive abilities. Thus, scientific and cultural discourses around microbes and the human body not only describe the relation between gut microbes and mental health; they become

⁵ My research is part of the project *Microbes on the Mind*, which explores the connection between gut, brain and mental health across science, culture/media and personal experience. The project is led by principal investigator and Associate Professor Louise Whiteley and located in the research environment at Medical Museion and the Novo Nordisk Foundation Center for Basic Metabolic Research (CBMR), University of Copenhagen. It is primarily funded by the VELUX Foundation.

prescriptive in everyday and scientific practices by reformatting and socializing what should, could and might be (Paxson & Helmreich, 2014).

Surprisingly little has been published on microbiome research into how the connection between the human gut and mental health affects ordinary lives, potentially influencing people's perceptions of their bodies, selves and health. The cultural and scientific relevance of such investigations is exemplified in studies of how non-expert research participants culturally, emotionally and bodily relate to microbes (Greenhough et al., 2018) and in investigations of patient attitudes toward treatments such as fecal transplantation (Kahn et al., 2012). Collaborative research publications emphasize this relevance, suggesting agendas for future interdisciplinary research on the intersection between human and microbial life (cf. Greenhough et al., 2020; Rees et al., 2018).

With the aim of contributing to investigations of everyday perspectives on human-microbial relations and the implications for notions of self, body and health, my memory-work practice helped participants articulate personal perceptions of 'gut-psyche connections'. Focusing on 'gut' and 'psyche' was a way to displace (Haug et al., 1999) the problem of 'microbes': it was meant to shift the attention away from the physiology linking gut microbes and mental health towards everyday practices in which people's understandings of themselves and their bodies take form and are negotiated in social interactions. This displacement was also motivated by the notion of a 'gut-brain-axis' (see for example MacQueen et al., 2017), commonly used to denote the connection between gut and mental health. This notion and the language use around it easily seem to equate the 'brain' with the concept of the 'self'. Nicolas Rose and Joelle Abi-Rached (2013) discuss similar formulations in the field of Neurobiology. Despite the immediate equation, they suggest that—rather than reducing their meanings—such formulations are informed by concepts of the self from disciplines such as Psychology. When my study investigated how concepts of the self, health and body might be influenced by

microbiome research, nuances in language use mattered for how my participants and I could describe personal experiences of our bodies and selves. Therefore, I chose to engage with the 'psyche' as this notion seemed to enable my participants to use a vocabulary that both could include and challenge equations between 'brain' and 'self'⁶. Below, I conceptualize memory-work on gut-psyche connections as a practice of 'experimentation with articulation' as we cannot experience the connection between our gut and psyche phenomenologically in the same way as, for example, pain or goose bumps, or even our own hair and legs, as Haug and colleagues explored. So how can we remember and describe our experiences of this connection?

Despite the microbiomania in popular culture, microbiome research—still at early stages—has not become fully integrated into cultural understandings of the self and everyday speech. Our digestive system and mental health are also subject to taboo and personal histories of suffering (Hearn et al., 2020; Martin, 2009). Even though we sometimes talk about how they connect, we mostly do so through metaphors or images that unfold vague descriptions and maintain a socially appropriate distance to the topic, for example, by using romanticized expressions such as 'butterflies in the stomach' or unnuanced war metaphors (Brives, 2020) denoting microorganisms as 'our enemies.'

Experimenting with articulating in words our gut-psyche connections might seem like an attempt to speak more accurately about what is going on physiologically in our bodies. However, this article steps away from such an attempt by drawing on Bruno Latour's (2004) work on *articulation*. In this sense, articulation is not about the ability to speak authoritatively and definitively about a certain truth—either in biomedical language or in the vernacular. It is about "*learning to be affected by hitherto unregisterable differences through the mediation*

⁶ The foundational questions of Psychology as scientific discipline relate to 'what the psyche is' and 'how we can know what the psyche is.' It is outside the scope of this article to unfold the history and use of the theoretical concept of the 'psyche.' In my practice of memory-work, the term 'psyche' was used to invoke the connection to Psychology, but in particular as a broad, collective notion to refer generally to our mental life (e.g., feelings and self-understanding) and social being in society. In this way, the memory-work participants were able to interpret the 'psyche' according to what they felt meaningful.

of an artificially created set-up” (Latour, 2004, p. 209; Latour’s italics). Latour uses the expression “to be affected” in a double sense: it refers to being emotionally touched and moved, and to be enabled to act. Both senses involve humans and/or nonhumans that learn to be affected by each other, drawing attention to the various kinds of materiality that can enable this process of learning.

Memory-work as experimentation with articulation involved not only my participants and myself, but also our written memories, the setting of our practice and the collectivity that emerged when we did memory-work. As gut-psyche connections were articulated in our practice, we experimented with how to understand these connections, in order to mobilize our bodies and selves under conditions that did not immediately reinforce the well-known metaphors and images described above. This necessitated an open-ended form of experimentation that allowed us to become surprised and explore relations that we might not have been aware of (or thought possible) prior to doing memory-work. I will show what this implies in the development of the analysis presented later in the article.

Memory-work in a medical museum

I developed memory-work on gut-psyche connections in the context of Medical Museion’s exhibition *Mind the Gut*⁷. The exhibition examines the relationship between gut and psyche by showing glimpses of how we have attempted to understand this relationship in medicine, culture and personal experience (Bencard & Whiteley, 2018; Whiteley et al., 2017). Engaging with the exhibition in my practice of memory-work offered multi-modal ways of approaching the topic of gut-psyche connections, such as aiding the writing-down of memories by triggering memories, but also by using the exhibits and installations as concrete places to ‘meet’ and discuss the often intangible nature of gut-psyche connections.

⁷ For the exhibition webpage, see <https://www.museion.ku.dk/en/mindthegut/>.

My participants signed up to a memory-work group through an open call on Medical Museion’s webpage. To reach potential participants, the call was distributed further across social media, on posters, and in collaboration with the Copenhagen section of the Danish Colitis-Crohn Patient Association. As the exhibition *Mind the Gut* revealed a broad public interest in the human gut and psyche, my target group was anyone interested in exploring the connection between their own gut and psyche, and willing to share this in a group. During sign-up, each participant marked their preferred dates and briefly described themselves and their motivations for participating. I used this information to select and group the participants based on their preferred timeslot and how much experience they seemed to have reflecting on their gut and psyche. The purpose of this selection was to support the group dialogues by increasing the likelihood of shared experiences and touchpoints.

In this article, I analyze empirical material from a memory-work group with four female participants, aged 22 – 62. They are all diagnosed with autoimmune diseases, three in relation to their digestive organs and one in relation to her metabolic rate. Before delving into the empirical analysis, I unfold the notion of memory central to memory-work as experimentation and how this draws out the ethical dilemmas I seek to conceptualize.

Engaging with memories: Ethical dilemmas and response-ability

Memory-work is informed by a concept of memory that defines memories as reconstructions of past experiences. The act of remembering is seen as an agentic interpretational process in which the memory-worker reconstructs past experiences in light of the present. Memories and experiences are not understood as something people ‘have’, but as indications of how they in social interactions “constitute themselves and are constituted as experiencing subjects” (Davies et

al., 2001, p. 167). This conceptual frame implies that memory-work can be seen as a socio-material practice of subjectivity that brings “our changing sense of who we are and who we were, coherently into view of one another” (Keightley, 2010, p. 57) while engaging with the textuality of the written memories⁸.

This concept of memory contrasts with mainstream understandings of memories as ‘hard disks’ or ‘containers of past experiences’; understandings that have colored the majority of memory research within psychology (Middleton & Brown, 2005). Mainstream understandings focus on the individual person and see remembering as a neurological process enabled by the neural networks in the brain. They highlight remembering as processes of retrieving more or less correct, factual information and conceive remembering in terms of preservation and loss (Keightley, 2010).

Whereas mainstream approaches to memory point to the biological and psychic fragility of remembering, the concept used in memory-work implies that new self-realizations can emerge, exactly because the coherence and contradictions of each memory, and of the self-depicted within it, are open to questioning and experimentation. Haug and colleagues argue that “in making conscious the material out of which we have made ourselves, we are however not only undermining our own stability; at the same time, we are creating conditions for a more resilient fabric of our lives” (Haug et al., 1999, p. 48). This is a central aspect of memory-work, and the reason why memory-work is described as a feminist method with interventionist and emancipatory aims.

New self-realizations may emerge when, in memory-work, we experiment with articulating past experiences. Such realizations may touch and move us. Some might even experience this as ‘therapeutic.’ However, the therapeutic aspects that might come about from participating

⁸ Unfolding the extensive theoretical foundations of memory-work is outside the scope of this article. For a thorough discussion of the theoretical background, see Haug and colleagues (1999).

in research are crucially different from undergoing psychotherapy⁹. Judith Kaufmann and colleagues (2003) compare memory-work with psychotherapy, and argue that psychotherapy often aims at relieving personal suffering by helping the client live better within social norms and to cope with difficult life circumstances such as illness. Despite their different theoretical underpinnings, psychotherapies generally accept that social norms and demands are a given and not subject to change in psychotherapy (Kaufman et al., 2003). This is an important difference between psychotherapy and memory-work, since memory-work seeks to investigate and challenge social norms and demands. Memories are analyzed to understand how we, as individuals, appropriate social structures, and to use this newly developed understanding to start changing restrictive social structures.

Another noteworthy difference between memory-work and psychotherapy lies in the roles of the researcher and therapist respectively. Psychotherapy conducted by formally trained psychiatrists and psychologists relies on their expert knowledge to relieve suffering, for example, through psychoeducation or the therapist’s training in successful therapeutic strategies. The psychotherapeutic conversation is also relationally structured around this position of therapist as expert and client as ‘service user’. Although the researcher needs expertise in facilitating memory-work and can begin learning its craft through research guides such as the one developed by Haug (1999), the researcher also writes down her own personal memories and participates just like the other memory-workers. This is an attempt to flatten out the asymmetrical power relation between researcher and participants in memory-work. It allows the memory-workers to experience the research process as a ‘joint venture’ in which they can make a difference, contributing with their experiences. The dual position of the researcher as facilitator and as research subject and object like the other memory-workers, demands an ongoing negotiation of the

⁹ This article uses the notion of ‘psychotherapy’ to refer to evidence-based treatments, in which educated healthcare professionals such as psychologists and psychiatrists aim at relieving mental health issues in conversation with clients of all ages (American Psychological Association, n.d.).

researcher's role (Given, 2008). It also shows that a complete removal of such power relations is not possible, and I would argue that it would not be a desirable outcome in memory-work or psychotherapy. Rather than relieving suffering (as in psychotherapy), the researcher's position as facilitator in memory-work is important for ensuring a research practice in which the participants feel comfortable—for example, by knowing that the researcher is leading the discussion and taking responsibility for ensuring confidentiality, time-keeping and positive tone of communication in case of disagreements.

While new self-realizations may affect us while doing memory-work, the ways in which we might be affected cannot be predicted in advance. This is a general ethical dilemma of qualitative, participatory research such as memory-work. Marilys Guillemin and Lynn Gillam (2004) distinguish between 'procedural ethics' and 'ethics in practice' as two central ways of approaching ethics in qualitative research. Procedural ethics, such as approval from ethics committees, are institutional structures set in place to tackle ethical dilemmas prior to conducting a study, prepare for what might go wrong, and assure the accountability of the research team and institution. Historical examples of medical experiments that gravely mistreated their research subjects have shown the necessity of ethical principles for responsible conduct of research and for institutional adherence to such principles (Hilppö et al., 2019). Since its implementation, however, this formal regime of research ethics has been met with criticism from qualitative researchers who find it a poor fit for their methods where reflections on the researcher's role, responsibilities and impacts are an integral and evolving part of the empirical work (Ellis, 2007; Swartz, 2011). Here 'ethics in practice' is a better fit, because this instead highlights dilemmas that emerge *while researching*, and invites us to think ethics into the evolution of practice, as in the case at the center of this article.

Ethical dilemmas in practice show themselves in ethically important moments, which are "difficult, often subtle, and usually unpredictable situations" (Guillemin & Gillam, 2004, p. 262). They raise questions about how to respond appropriately in the moment, and where the

options for 'responding ethically' are not obvious. The notion of 'dilemma' employed in this article implies attention to conflicts and ambivalences, and an openness to giving opposing tendencies their proper weight. This notion of dilemma differs from an understanding of dilemmas as dichotomies (Guillemin & Gillam, 2004), as a dichotomy cannot adequately represent the possible array of conflicting tendencies that may emerge in practice.

I draw on Brinkmann and Kvale's notion of ethical *fields of uncertainty* to conceptualize ethical dilemmas as such a field: "Rather than seeing these fields as entailing questions that can be settled once and for all in advance of the research project, we conceptualize them as *fields of uncertainty*, i.e. problem areas that should continually be addressed and reflected upon" (Brinkmann & Kvale, 2008, p. 265). It is in the ongoing attention to the uncertain nature of the dilemma that ethical dilemmas become useful research tools in participatory research such as memory-work, rather than a problem to be solved. They allow the potential for ethically important moments to emerge within the group in a way that acknowledges the uncertainty and contingency of the moment and draws attention to what is happening in the moment, rather than to an external definition of the 'ethical parameters' of the situation.

The researcher's capabilities for ethical conduct are pertinent for both procedural ethics and ethics in practice. While the researcher's ethical role has been thoroughly discussed in qualitative research literature (Swartz, 2011), this article demonstrates that ethical dilemmas in practice can also become useful tools for developing the ethics of the memory-work collective in dialogue between memory-workers. In the following, I use Haraway's (2016) concept of *response-ability*, which articulates an ethical practice of collectively caring and responding. This enables me to nuance the conceptual frame of ethical dilemmas as fields of uncertainty: I draw attention to how we navigate the dilemmas emerging during research as means to collectively cultivate caring responses in participatory research practices.

Being 'response-able' differs from the similar-looking expression

'being responsible.' Response-ability denotes the capability to respond, react and acknowledge human and nonhuman others rather than having or taking an obligation upon oneself; for example, to keep a promise and be accountable for keeping it. Response-ability can be 'cultivated' and 'shaped' (Haraway, 2016) by taking part in collective practices of knowing and doing: these practices can develop sensibilities towards other's motives and actions, calling forth and enabling responses attuned to the specific situation.

I bring this concept together with the notion of ethical dilemmas being fields of uncertainty, thereby emphasizing the relational nature of ethical dilemmas. These emerge when we implicate ourselves in each other's lives, therefore concerning 'us' as a collective researching together. We recall that ethical dilemmas do not concern participants and researcher equally as there are always hierarchies of power present in research practices. This might, however, imply that the uncertainty of ethical dilemmas can be (or should be?) discussed in participatory research practices such as memory-work, exactly *because* it invites the memory-workers to voice the emotional implications of being both research subject and object as they experiment with articulating experiences of their bodies and selves.

Below, I revisit Jeanette's statement quoted in the opening of the article to discuss how the conversation that followed her statement exemplifies our way of collectively navigating the ethical dilemmas that emerged from our memory-work practice. The dilemmas discussed relate to the 'therapeutics' and 'matters of care' of memory-work.

The therapeutics and matters of care in memory-work

It was the second time I had met with my participants to investigate gut-psyche connections¹⁰. We all wrote a piece of text on the topic

¹⁰ There were four of us in total, including myself, as one participant canceled her participation that day.

One time my gut and psyche talked to each other... Each text described a personal memory of a specific action or event in which we experienced our gut and psyche somehow 'talking' to each other. Prior to our memory-work session, I had encouraged the participants to write from the perspective of a third person narrator as recommended by Haug (1999). I described the 'third person' as an aid to remembering the details of the memory, and as a way to distance ourselves from our experiencing 'I' in the memories, thus enabling new positions for interpreting the memories. However, if the participants experienced the third person as restrictive for their writing, I recommended changing the narrator or writing the memory as, for example, a letter or list of bullet points. We took turns reading aloud one of our texts and then analyzed together how it depicted gut and psyche. I asked my participants to avoid interpreting each other's experiences based on normative or categorical 'common sense'. The purpose of doing so was to avoid being dismissive by generalizing interpretations such as "she was always anxious as a child so of course she reacts emotionally as an adult."

Jeanette volunteered to read her text aloud. It was almost one page long and guided us through glimpses of her life. At eight years old, she was hospitalized for inguinal hernia in an adult ward, and was in a bed next to an elderly woman with an ostomy. Because of Jeanette's hospitalization, she missed the celebratory opening of a new shopping mall. She described her mother's stomach issues and change of diet, and her family's good-natured jokes about the mother's vegetarian "micro-macro"¹¹ food. As an adult, pneumonia changed Jeanette's otherwise healthy life after a dose of antibiotics "unsurprisingly" upset her digestive system. A year later, blood from her intestines revealed an autoimmune and chronic inflammatory bowel disease. From experiencing an "indomitable sense of strength and interconnectedness with her body," Jeanette described the diagnosis as a turning point creating

¹¹ The quotations here are from Jeanette's text. In the following, quotations from our memory-work appear in the same format. I transcribed audio recordings from the session in Danish, focusing on the content rather than conversation elements such as the length of pauses. Subsequently, I translated the transcriptions into English.

a “fundamental separation between her body and mind.”

After a short pause revisiting Jeanette’s text and thinking our own thoughts, we analyzed possible meanings laid out in Jeanette’s text and the resonances it generated among us. For approximately 15 minutes, Jeanette just listened to our discussion before participating in the collective analysis. The content of this analysis will not be discussed in this article. Instead, I direct attention towards our conversation following the reading and analysis of Jeanette’s text, and discuss the ethical dilemmas that emerged in our memory-work practice.

At the end of the day, we evaluated how we experienced doing memory-work together. Jeanette told us how “saying things you don’t usually say out loud” overwhelmed her at times, making her uncomfortable. She elaborated, stating the words quoted at the beginning of this article, which I now revisit in full to explore the implications for our memory-work practice:

I think I need some help from a psychologist. I’ve been seeing a psychologist, but it was for anxiety. I’ve never talked about this. But I can surely feel, it is right *there*. Because there is clearly something being triggered that I haven’t noticed for *many*, many years. That’s what was uncomfortable, you know, but there isn’t anything else to do except give yourself a break. I think everyone should know that. Otherwise, we can’t be here. I’m not sure everyone would react like me.

With the words “I’m not sure everyone would react like me,” Jeanette expressed reservation, as if excusing herself. Yet she wanted us to know how uncomfortable she felt, so we could “be here,” thus creating a form of double-bind situation. Her statement called for action while refuting the need for a response. Thus, no reaction to her statement seemed appropriate. It was in this tense field of uncertainty that ethical dilemmas started emerging in our memory-work practice.

We might approach Jeanette’s statement as a discursive expression

that places the liability of care on the invoked figure of a psychologist: if a conversation suddenly becomes too personal and overwhelming, you need to see a psychologist. Being educated as a psychologist and now working as a PhD student, I was at first surprised by Jeanette’s statement. I wondered what created this new self-realization and if we somehow were entering a psychotherapeutic realm. What would Jeanette and the rest of the group expect from me based on my disciplinary background, despite the fact that I am not a clinically trained psychologist?¹²

Jeanette articulated what I will call ethical dilemmas of the ‘therapeutics’ and ‘matters of care’ in memory-work. As these dilemmas emerged in our practice, I suddenly experienced my position as ambiguous, and I considered how to solve them. During recruitment of participants and in our memory-work sessions, I framed memory-work as neither psychotherapy nor medical counselling. As previously discussed, memory-work distinguishes itself from psychotherapy. However, memory-work on gut and psyche will most likely touch upon fundamental issues about being human, living with disease and unpredictable digestive organs. Indeed, the memory-work might very well generate new self-realizations as we experiment with articulating what is usually unarticulated, thus teaching us to become affected by our own and each other’s experiences (Latour, 2004). However, it would be impossible to predict how such realizations would influence us emotionally here-and-now, and in the long term after ending our memory-work practice.

Rather than trying to predict and solve the ‘therapeutics’ and ‘matters of care’ of memory-work, we might understand Jeanette’s statement as a reminder of ethics in practice. Jeanette created and performed her *self* (Cornett, 2003) in new ways when she talked about something she did not usually put into words, and even invited a group of memory-workers to analyze her experiences of gut-psyche connections. This might

¹² In Denmark, a university degree in Psychology can be followed by a two-year practical training, enabling the psychologist to become authorized by the Ministry of Social Affairs. The practical training is not a prerequisite for practicing as a psychologist, but is seen as an assurance of competence (Danish Psychological Association, 2015).

change the way she perceived herself, her digestive organs and disease, family, friends and newly acquainted memory-workers. Even though the focus in this article is on Jeanette's self-realization, this practice of articulating gut-psyche connections might also change the way the rest of us—listening to and analyzing Jeanette's text—see ourselves and our human and nonhuman others.

Instead of drawing attention to a procedural framework for dealing with ethical dilemmas, the ambiguity of my position highlights the emerging dilemmas and their potentials in our practice. In the analysis of this article, it therefore becomes a matter of understanding how the emerging ethical dilemmas were recast as a collective concern in our conversations and what difference this recasting made in our memory-work practice.

"I have never talked about this," Jeanette stated. While writing memory-work texts, we each revisited a previous experience and described it in detail. Smells, sounds and emotions reappeared when we revisited and reinterpreted our experiences, reminding us of how it was to experience that specific moment. While constructing our experiencing self in text, we engaged in a narrative practice that reconstructed our past experience in light of the present moment. Remembering and writing down experiences thus became interpretative processes encouraging self-reflection (Haug et al., 1999; Middleton & Brown, 2005).

The words of Lisbeth, another memory-work participant, reminded our memory-work group that qualitative, participatory research fundamentally differs from research where one hands in blood samples that are subsequently analyzed by a stranger somewhere in a laboratory. Lisbeth continued: "Taking care of yourself [in qualitative research] is important because we have different boundaries. Actually, it's entirely okay to take care of yourself because it awakens different things for us. We all have different backgrounds, and we're here with different motivations." Care became an individual issue of being careful of personal boundaries, rather than a matter of seeing a psychologist.

Lisbeth emphasized that we participated in memory-work as humans, relating to each other, but also to our own experiences; we were

not just neutrally listing the content in our medical journals (where health professionals noted our medical conditions etc.). Because of this, we had to understand and engage in memory-work as a practice of care. "Otherwise, we can't be here," as Jeanette said. In Danish "Ellers kan vi ikke være her", this sentence reflects a multiplicity of meanings. It might indicate there would be no room for us if we did not allow rest-breaks. With the word "here," she might also be referring to Medical Museion where we met to share our experiences of gut-psyche connections. In this sense, giving oneself or another participant rest-breaks indicated the necessity of stopping our investigation before we became too overwhelmed in the analytical process. However, we can also understand the 'being here' that Jeanette mentioned as a reference to existentially 'being here.'

Our written texts and spoken analyses might challenge our current conceptions of our bodies and selves. They might even surprise us and create ruptures in our pre-existing understandings, forcing us to ascribe new meanings to what we have experienced so far (Zittoun & Gillespie, 2016). In this sense, giving breaks is not simply necessary from a research ethics perspective; it is imperative so as to *take care of each other and ourselves*, because we were experimenting with articulating, in words, together, our human projects of becoming. This seems to challenge the previous notions of care as an obligation of a psychologist, and as an individual concern.

We might reformulate Jeanette's statement thus: 'Otherwise, we cannot exist as humans.' According to Haug, we "attempt in our everyday life to give coherent meaning to ourselves" (Haug, 1999, p. 25). We do so in relation to other humans and nonhumans and to ourselves whether we engage as participants in qualitative research or, as in Jeanette's comparison, share joys, vulnerabilities and frustrations in a mothers' group. In memory-work, we paused in the midst of our experiences and conceptions of care, challenged the very coherency of them and found glimpses that did not really fit together. This implied that we broke with "any assumption of the identity between an utterance, its motive, and its (emotional) impact on the receiver" (Nissen & Friis, 2020, p. 110).

Moreover, it drew attention to our experiences as 'dissensual' (Nissen & Friis, 2020): staging conflicts between different perceptions and significations of our bodies and selves.

Matters of care became a central subject of investigation in light of writing a personal experience in the third person. Although the 'third person' enabled us to analyze our memories from a distanced position, the very distance between ourselves as 'she' in the text and 'I' doing memory-work afforded us to consider *how* to care for each other and our past and present selves, rather than *whom* to care for (Puig de la Bellacasa, 2017). The matters of care in our memory-work emphasized the positions from which we were enabled to care, and the forms of care they made possible. Jeanette mentioned how she initially wrote her text with a first-person narrator and then changed it into the third person, editing the text accordingly:

Jeanette I wrote it as an 'I' narrator, and I thought maybe it'd be a bit more impersonal [in the third person]. Maybe you could distance yourself from it a bit. When I wrote it, I was affected by it, and I thought, I could rewrite it in the third person. Then it might distance itself a bit, but I actually think it had the opposite effect because my adult I started saying, "aww."

Lisbeth [laughs]

Tine [Okay, well]

Jeanette It was a way of saying: There is me and my rational 'I' and there is how I rationally make sense of this. After all, I don't walk around the hallways and scream everyday just because I have an autoimmune disease [laughs]. You learn that's how it is. That's life. It's not fair. But on the inside, you sometimes still need a hug. When it turned into the third person, it became more isolated. There was a sadness about it, and then there was how you live with it on a daily basis. It's not very often the other shows up in our ordinary life. Even though you might

need it.

Tine Interesting. I haven't previously heard about it having this effect.

Lisbeth I really get you. I don't know about you—

Beatrice Yeah, I feel exactly the same way. I'm here as an 'I' and it's easy to just say "I, I." When I started writing *Beatrice*, a completely different feeling emerged like, "ugh, I am really sorry for her". It was more personal compared to writing 'I'

Lisbeth Oddly enough.

Jeanette That's interesting to hear because for me it was a strange feeling. I actually expected the opposite.

Tine Yeah. Yeah.

Beatrice To distance yourself, but you didn't. You engaged yourself more because you saw your own name and looked at it from the outside.

Writing from a first-person perspective is a familiar way of revisiting experiences. It is "easy to just say 'I,'" as Beatrice commented. Although the 'I'-perspective seems personal, the personal relation to what was remembered changed unexpectedly when we wrote in the third person. Instead of extending the distance from the experience and reducing its affective intensity, the third person allowed us to engage with the experience through new relationalities. As an adult, Jeanette seemed to relate to her eight-year-old self through a caregiver relation. Beatrice articulated this as a form of externalization: The materiality of the written text objectivized the relation to herself, and she found herself looking at her name and actions from the outside, now able to respond to herself as a caregiver.

Maria Jansson and colleagues (2008) describe a similar externalization using the third person in memory-work. They emphasize how it "enables us to approach this 'she'-person [sic] with greater empathy and understanding; it is a form of textual distance that makes it possible to stay near 'her' and take her experiences fully seriously, in a way

that is more difficult when using ‘I’” (Jansson et al., 2008, p. 235). They describe this mode of writing as an important aspect of allowing memory-workers to theorize their affective and embodied experiences, thus minimizing the risk of normalizing analyses as these might restrain our sense-making processes.

The memory-work text, written in the third person, is an experimentation with articulation—and a particularly valuable one for topics that are hard to articulate. It was not only Jeanette and the rest of us who tried articulating our experiences of gut-psyche connections. Our memory-texts articulated them, too (cf. Latour, 2004). The texts coexisted (materially) with the bodies and selves we were remembering while writing down our memories, and were not simply an intermediary of our experiences. They articulated our experiences in the third person and thereby enabled us to learn to be affected by each other and ourselves anew with this strange, yet familiar, ‘she’-person. To return to the idea of ‘giving breaks’ discussed above, *writing down memories* and *reading them aloud* perhaps created a space where the process of articulation could unfold more slowly than in ordinary conversation, thus allowing us to pause and tinker in our experimentation. This underscores the importance of ‘the collective’ (e.g. memory-work group or research community) in experimental practices, as also shown in several studies of experiments in STS (see for example Danziger, 1990; Shapin, 1984).

Jeanette mentioned that the third person seemed to depict a sadness related to her autoimmune disease, but also illuminated the modes in which she makes sense of her disease and lives with it in her daily life. The modes of making sense seem rarely to crystallize in her daily life, although “you might need it,” as she said. Jeanette described a rational ‘I’ who makes sense of what she goes through. At first, this might seem to indicate a contrast to her sadness, denoting it as an irrational emotion in the raw reality of life, yet she used a humorous tone as she added, “I don’t walk around the hallways and scream everyday just because I have an autoimmune disease.” She seems to meta-comment on stereotypical and prejudiced images of how it is to suffer a chronic disease. By doing

so, she distances herself from such images (Martin, 2009). Instead of its being an irrational emotion, we might thus understand her sadness as a form of despair, which almost paradoxically makes it possible for Jeanette to keep trying to make sense of living with disease: “You learn that’s how it is. That’s life. It’s not fair. But on the inside, you sometimes still need a hug.”

With her memory-text, Jeanette invited us briefly to take part in her sense-making processes. It is a vulnerable process, and she was vulnerable in it, surprising herself and the rest of us with the affective intensity of doing memory-work. Jeanette’s statement “I think I need some help from a psychologist” became an ethically important moment in our practice as it allowed us to address how this intensity emerged, and how we could take care of each other and ourselves while doing memory-work—although we were strangers, our only shared interest being our gut and psyche. Discussing the ‘therapeutics’ of Jeanette’s self-realization and the ‘matters of care’ that emerged in our analysis and in the use of the third person, we as a memory-work collective were able to find ways of responding to our own and each other’s reactions to the ethical dilemmas we faced together. Responding appropriately to Jeanette’s statement was not only for me as the researcher to decide, although this was my initial impulse. As we were all both subjects and objects of our memory-work, her statement resonated with all of us, calling for a collective response. In my analysis, our response became the discussion of the ethical dilemmas of the ‘therapeutics’ and ‘matters of care’ which supported us in developing sensibilities towards each other. The discussion of our ethical dilemmas became a collective research tool for cultivating response-ability as we experimented with articulating gut-psyche connections.

Concluding reflections

The opening quotation from my participant Jeanette displays empirically an ethically important moment in our collective memory-work practice.

By stating she might have to see a psychologist, she drew our attention to ethical dilemmas about the ‘therapeutics’ and ‘matters of care’ in participatory research practices. Our participation as both subjects and objects of memory-work let us investigate our written memories of gut-psyche connections from unfamiliar care positions, creating new realizations and experimenting with articulations of the ways in which we more broadly make sense of each other and our bodies, selves and health. By applying Haraway’s concept of *response-ability* and Brinkmann and Kvale’s (2008) notion of ethical *fields of uncertainty*, I have traced how the conversation that followed Jeanette’s statement recast the emergent ethical dilemmas as uncertain matters for my participants, and also for myself as the researcher, to navigate. We discussed the dilemmas as an obligation of the invoked figure of a psychologist, as an individual issue of being careful of personal boundaries, and as an effect of writing our memories from the third person perspective. As we did so, we articulated how to care for each other and our past and present selves, thus developing our sensibilities, and capabilities for attuning to the situation, and responding accordingly.

Jeanette’s statement called for action while refusing the need for a response when she stated, “I’m not sure everyone would react like me.” My immediate response was to draw on a classical way of conceptualizing ethical dilemmas as a responsibility that rested upon my role as a researcher. If I had acted on my impulse and somehow tried to solve the dilemma, I might have cancelled out the potential of our ethically important moment, and perhaps even failed to recognize the affective intensity and ambivalence of Jeanette’s self-realization. Instead of trying to solve the ethical dilemmas, our conversation recast the dilemmas as a collective concern. Recasting the dilemmas in this way became our response to Jeanette’s statement and an important research tool for cultivating response-ability together.

The dialogue between the fields of STS and Psychology in this article enables me to problematize researcher and participant positions, our responses and capabilities to respond in ethically uncertain moments, and to question what place ethics and response-ability have in

participatory research practices. In doing so, I seek to contribute to conceptualizing ethical dilemmas within STS and Psychology, hoping to inspire future research to engage with ethical dilemmas as useful research tools for cultivating response-able practices. The concept of ‘response-ability’ provides the analysis with a vocabulary for understanding why it matters that we (memory-workers) discuss the emerging ethical dilemmas *together*. Our conversation reconfigured not only the ethical dilemma, but also our relations as a collective of women and the specific ways in which our memory-work practice made our memories available for interpretation through unfamiliar care positions. While the notion of ‘ethical fields of uncertainty’ emphasizes my responsibility to facilitate an ethical research practice, it also underscores the ambiguity and insolvability of ethical dilemmas and turns my discomfort and experience of the dilemma into an object of the analysis. If I had left out my presence in the analysis, I would have neglected the collaborative methodological underpinnings of memory-work. I might also have failed to understand the ethical dilemma as a collective concern, and as reflecting the emancipatory aim of the memory-work practice, thus dismissing Jeanette’s affective self-realization, so central in our experimentation with articulating in words our gut-psyche connections (cf. Latour, 2004).

The textual objectification of our experiences, written in the third person, externalized the relation to ourselves and to each other, and turned out to be the point at which the ethical dilemmas of ‘therapeutics’ and ‘matters of care’ crystallized. The textuality of memory-work raises new questions worth pursuing in future forms of participatory research. Today, the common and familiar use of first-person perspectives in for example SoMe or genres like autofiction and New Journalism might be reinforcing the first-person perspective as being, or appearing to be, more distanced than that of the third person. This seemed to be the case in our memory-work collective. We were surprised by the intimacy of the third person perspective. This indicates a historical difference in the meanings ascribed to narrator perspectives since Haug and colleagues developed the method in the 1980s, when they

highlighted the third person as more emotionally distanced than that of the first person, and as enabling unfamiliar positions from which to investigate personal memories.

In some ways, the first-person perspective already seems to externalize ourselves in the text, just like my chosen memory-work topic *One time my gut and psyche talked to each other...* externalizes gut and psyche from 'my' body and from 'my' self, almost ironically invoking a first-person perspective despite my suggestions of writing in the third person. I wonder what would happen if we wrote memory-work texts from a second-person perspective, addressing a 'you' difficult to identify, or if we write from a plural perspective, articulating an 'us' and 'we' experiencing, remembering, reinterpreting. *One time my gut and psyche talked to each other* surely evokes different experimental potentials, ethical dilemmas and response-abilities than *One time your gut and psyche talked to each other* or *One time our gut and psyche talked to each other...*

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