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Negotiating Bodies at the Borderlands of Eating Communities

An Ethnographic Study of Oat Milk Consumers' Relations to Health, Identity
and Social Life

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Abstract

Negotiating Bodies at the Borderlands of Eating Communities: An Ethnographic Study of Oat Milk Consumers' Relations to Health, Identity and Social Life

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This thesis conducts a cultural analysis of the social implications of food allergies and intolerances and analyzes the interaction of individual experience and social structures by asking what it means when one chooses not to follow the normative food culture, such as with vegetarian and vegan diets, or when one physically cannot, such as in the case of food allergies and intolerances, specifically Celiac.

By focusing on lifestyle and dietary eaters, that is, consumers adhering to 'alternative' diets, such as veganism or vegetarianism, and individuals diagnosed with (or affected by) food allergies and intolerance, this research analyzes how (non)participation in the mainstream eating community is both a challenge and source of how people removed from the eating community understand themselves via social interaction.

With theoretical structuring from Pasi Falk's eating communities, Bryan Turner's phenomenology of sickness, Erving Goffman's rules of conduct, and Pierre Bourdieu's taste, distinction, and habitus, and using my insights from work with the Swedish non-dairy food manufacturer Oatly as a case study, I address what happens when one is suddenly outside the mainstream eating community. In order to address the tensions between eating communities, which grew from an analysis of participant responses, I analyze the following insights:

- How does the separation affect one's relationship to food, to one's self, and to society and what does it mean for (re)establishing community?
- How are people deliberately using food as distinction to distance themselves from the food culture, while others actively employ camouflage strategies?
- What, how, and by whom is disease legitimized?

From these questions I have identified several analytical themes, including: 1. the problems raised from the interaction of competing versions of food culture, 2. the construction of an individual and community self via consumption, 3. conflicting definitions of 'food' and what is edible, 4. food as the manifestation of the border between eating communities, and 5. visibility and the loss of control.

Keywords: eating community; alternative food; food allergy; food intolerance; lifestyle; oat milk; non dairy; Celiac; food culture

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Table of Contents

Introduction.....	1
Aim	1
Main Questions	2
Background	3
Previous Research	4
Social Dis-ease.....	4
Consumption	5
Diet and Disease	6
Application.....	6
Materials and Methodology.....	7
Materials.....	8
Ethnography	9
Participant Observation	10
Interviews.....	11
<i>The Go-Along.....</i>	<i>13</i>
<i>Timeline</i>	<i>13</i>
Netnography.....	13
<i>Photo-Prompt.....</i>	<i>14</i>
Auto-Ethnography and Reflexivity	15
Theory.....	17
Falk: Eating Communities and the Self in Modern Consumer Society.....	17
Closed Bodies and Communicative Signs	19
Edible and Inedible	19

Negotiating Bodies at the Borderlands of Eating Communities	iv
Atypical Consumer	20
Goffman: Social Obligations and Expectations	20
Turner: The Gaze, Legitimacy, and Social Consequences of Categorization ...	22
The Gaze	23
Legitimacy	24
Visibility	24
Bourdieu: Distinction, Habitus, and Establishing Social Hierarchies	25
Taste as Embodied Practice	26
A New Eating Community: Choice and Distinction	26
Empirical Findings.....	28
Removal from the Eating Community	28
Friction and Camouflage	29
<i>Battle and Defense</i>	30
<i>Judgement</i>	31
New Definitions	32
Food.....	32
Shared Meal	34
Loss of Control and Choice	35
Decisions and Management.....	36
Victimization.....	37
Forced Visibility.....	39
The Inedible Edible and the Manifestation of the Border.....	42
Analysis.....	44
'Let food be thy medicine and medicine be thy food': Frictions in the Borderlands of Competing Eating Communities	44
The Third State	45
The Consuming Gaze	46

Negotiating Bodies at the Borderlands of Eating Communities	v
Seeing is Believing: Problematizing the Gaze.....	47
Closed Bodies	47
In the Eyes of Others	49
Judgement.....	50
Loss of Control: Bodies, Diet, and Transgression.....	50
<i>Diet and Transgression.....</i>	<i>53</i>
Discussion and Applications	54
Food Movements	55
Medicine	56
Marketing and Product Development.....	57
Institutional Policy	58
Conclusion.....	59
References	59
Footnotes	63

Introduction

Food is identity, language, and unavoidably social. It is used to say something about ourselves in everything from personal tastes to political ideation; it is a source of nutrients and a tool for communication. Food is consumed as a cultural symbol communicating shared values, experiences, and memories that serve to shape our identities.

Food as culture is governed by norms and rules for eating habits and food choices; what to eat, how and in what context creates a shared routine that shapes everyday culture and contributes to our personal and cultural identities (Sylow, 2008). As much as food is subject to the norms and cultural practices surrounding eating behaviors, it informs our identities on both a physical and psychological level; by eating it, we incorporate the surrounding world into our bodies and allow it to physically shape what we look like¹.

Eating habits, food choices, and even taste preferences, i.e., food culture, are dictated by cultural values delineating appropriate consumption environments and behaviors, taboos, 'health' versus 'junk', necessary or luxurious.

In both knowing these rules and adhering to them with others belonging to the same food culture, a group identity forms, defining 'us' from 'them' by what is allowed into the eating community (the communal and individual mouths) (Falk, 1994). This influences our personal and cultural identities, as well as how the self and body are constructed and perceived. It also affects views of what is available for *consumption*, in the sense of being physically edible but also digestible by the gaze of others as visible, communicative signs within modern consumer society.

Aim

The aim of this thesis is to conduct a cultural analysis of the social implications of food allergies and intolerances and to analyze the interaction of individual experience and social structures by asking what it means when one chooses not to follow the normative food culture, such as with vegetarian and vegan diets, or when one physically cannot, such as in the case of food allergies and intolerances, specifically Celiac.

By focusing on lifestyle and dietary eaters, that is, consumers adhering to 'alternative' diets, such as veganism or vegetarianism, and individuals diagnosed with (or affected by) food allergies and intolerances, I hope to better understand the interactions at play in regard to food, community, and both the individual and social body. The discussion of these communities is facilitated through an analysis of oat milk products as, despite their varying motivations, these individuals consume the same product.

Main Questions

This research is an analysis of how (non)participation in the mainstream eating community is both a challenge and source of how people removed from the eating community understand themselves via social interaction. Using my insights from work with Oatly as a case study, I address what happens when one is suddenly outside the mainstream eating community, isolated by either lifestyle choice or dietary needs. In order to address the tension between dietary-and-lifestyle eating communities versus the mainstream eating community, which grew from an analysis of participant responses, I discuss the following questions:

- How does the separation affect one's relationship to food, to one's self, and to society and what does it mean for (re)establishing community?
- How are people deliberately using food as distinction to distance themselves from the food culture, while others actively employ camouflage strategies?
- What, how, and by whom is disease legitimized?

From these questions I have identified several themes which will be analyzed over the course of this thesis, including: 1. the problems raised from the interaction of competing versions of food culture, 2. the construction of an individual and community self via consumption, 3. conflicting definitions of 'food' and what is edible, 4. food as the manifestation of the border between eating communities, and 5. visibility and the loss of control.

Background

New food communities are taking shape around us all the time. One of these ways is an increasing awareness of and possibility to eat special diets, for example as with the rise of functional foods, probiotics, and the access to and manufacture of lactose-free and gluten-free foods. Another is that the ability to maintain a lifestyle through food choices changes the role of eating by introducing a consumer who deliberately forms new eating communities outside of the mainstream food culture.

I chose to conduct my fieldwork at Oatly, a Swedish company manufacturing a line of oat-based, non-dairy "milk without the lactose" alternatives ("Our history," n.d.). There, I was asked to look into consumer behaviors and motivations towards non-dairy alternatives. This company in particular presented an interesting case for study because despite the products being targeted broadly towards "people who want to eat more healthily" ("About Oatly," n.d.), its consumers were not only those who *wanted* the product, but needed it due to dietary restrictions.

Oatly products were used mainly for meeting dietary needs, such as food allergies and intolerances. Within this thesis, the discussion of food allergies and intolerances will be facilitated particularly through consumers dealing with Celiac disease, which is defined by the National Foundation for Celiac Awareness (NFCA) (2012b) as "an autoimmune digestive disease that damages the small intestine and interferes with absorption of nutrients from

food...triggered by consumption of the protein called gluten, which is found in wheat, barley and rye.”

As the research revealed, Oatly products also appealed to ‘lifestyle’ eaters. Lifestyle is a category defined by Oatly and maintained here as those who *choose* to consume ‘alternative’ foods in deviation from the traditional food culture. Although the two groups are part of the same eating community connected by the same product(s), as I will show they are still very different eating communities as far as motivations, definitions, and desires.

From the results of detailed ethnography, I discuss these new eating communities’ interesting interdependencies and tensions based around ‘alternative’ products like Oatly. Treating both aspects at the same time reflects the aims of this thesis in dealing with the use of relatively new food products and the eating communities that form and reform around them. This includes a discussion of the formation of new eating communities around changing roles of eating and consumption.

Previous Research

Within this section I focus on research of experiences of living with food intolerances. though there is also relevant research in, for example, community and bonds created through food which I will address in the theory section.

Social Dis-ease

Previous research has been done detailing complications and dilemmas in the everyday lives of allergic persons, such as Sverker, Hensing, & Hallert’s (2005) study which located 195 dilemmas for Celiac individuals and categorized them into three components of everyday life. Though it identified specific emotions and issues in relation to the disease (Sverker et al., 2005),

it did not expand on why they were problematic, i.e., how they were produced and reproduced as socially problematic via the (historical) interplay of social and individual selves.

Studies have also been done on social burdens (MacKenzie, Roberts, Van Laar, & Dean, 2010), judgement (Gunnarsson & Hyden, 2009; Olsson, Lyon, Hörnell, Ivarsson, & Matsson Syner, 2009) and visibility (Olsson et al., 2009), again locating everyday aspects of disease maintenance as made problematic via the interaction of food, health, and the individual and social selves. These all make important points about the relationship between the individual and society as mediated through health and are indicative of the lived experiences of disease management. This thesis, however, aims to move beyond locating specific problems to the underlying causes of the discomfort, primarily, that the social nature of eating at times necessitates the public negotiation of their disease in a society where bodies are closed off and private; it is a social disease in that it creates social dis-ease.

Consumption

Cherry, Ellis, & DeSoucey (2011) assert that what one does or does not consume is central to group membership and that material consumption practices state an individual's values and alignment with a given cultural movement. This supports the idea that part of the challenge facing dietary users is the relegation of their needs to 'trend' or personal 'tastes' (preference as judgement) and thus a self-determined and pretentious isolation from the eating community, rather than a health-driven removal.

Cherry et al. (2011) also states that because "food viscerally connects individuals and social bodies" (p. 233) there is a need to focus on how practices complement identity in understanding lifestyle and consumption actions (Cherry et al., 2011). An important element unaddressed here, as it relates to this thesis, is choice; in modern consumer society identity-building via lifestyle and consumption presuppose freedom to determine the signs of our distinction, i.e., a choice. This is significant in terms of how bodies are read (and judged) as cultural texts on the basis of consumption choice and a choice unimagined.

Diet and Disease

Richard Burghart's (1990) study of Indian Hindu eating behaviors emphasizes that relationship between diet, disease, and what is edible is mediated through varying conceptions of the human body. What is salient from the standpoint of this thesis is his idea that different body concepts mean different definitions of what is needed to sustain them, meaning different ideas of what constitutes food (Burghart, 1990). This, combined with Douglas' (1966) observation that the social body shapes how the physical body is conceived implies that what is defined as 'edible' is culturally bound and that those cultural definitions influence perceptions of the self, an idea developed in this thesis as an aspect central to the problems arising from conflicting versions of the eating community.

Burghart also calls for the dis-privileging of biological conceptions of the body and asserts that "diet related diseases and disorders are medical problems only for the medical profession...or if there is a medical problem then it cannot be readily divorced from the social experience of well-being," (Burghart, 1990, p. 323), a conclusion met by several studies (Sverker et al., 2005; Nettleton et al., 2009; Hu, Paed, Grbich, & Kemp, 2008) and further supporting my argument for the necessity of a phenomenological perspective.

Application

Because food and eating are culturally bound and experienced socially, there is not only potential, but a need to consider the exclusion of people from eating communities when working within the field of food. This research has application within the medical field and in marketing practices, providing an understanding of how these peoples relationship to food changes necessarily, however willingly, their relationship to food, ideas of health, social interactions, shared meals, and their own bodies. 'Exclusion', for example, poses an interesting opportunity for marketing and product development.

This is also an important concept within the public sector and medical fields, for instance, in considering meal plans at schools and hospitals, or in helping physicians to better understand the daily experiences of living with Celiac and other dietary diseases. This could lead to improved doctor-patient communication and development of realistic treatments by understanding that social interaction is often a factor in how patients manage, and relate to, their disease within everyday life.

Materials and Methodology

The ethnographic methods of participant observation, interviews, and both ‘timelines’ and ‘photo-prompting’ were applied to explore the intersection of health, lifestyle, and culture in researching the role of the eating community in everyday life.

These research methods were used to generate empirical material during my internship project at Oatly, which asked why consumers without dietary needs use non-dairy products if they do not have to. Investigating the meaning of Oatly products in lifestyle and dietary users’ everyday lives presented insights into how and why consumers actually use Oatly products and where value is created. The research from the initial project was continued in this thesis in order to expand upon interesting patterns in the data that were originally treated as variables rather than aspects indicative of larger social conflicts centered around interactions with food. This thesis reflects the development of those elements as they relate to the intersection of the self, culture, and food.

Also discussed are the methods’ affordances, limitations, and influences on data analysis, as well as how the theoretical orientations from the section previous have guided the methods selected, and data collected and analyzed (Davies, 1999). The research uses multiple and combined methods as is common within the ethnographic tradition in order to explore the multifaceted nature of human experiences and interactions.

Materials

By focusing on two consumer segments: needs-based (dietary) and lifestyle (choice), ethnographic methods were used to investigate the meaning of Oatly products in users' everyday lives, i.e., how and why consumers actually use Oatly products. The research project investigated these user-related issues by developing several supplementary questions:

- What factors were working on consumers when making food choices?
- What was the story of the users' everyday lives and what role did Oatly play?
- What did Oatly products allow them to do or accomplish?

Eleven interviews were conducted, both in-person and online via Skype. The informants were chosen through in-store interviews and netnographic inquiries. This meant conducting participant observation on location in stores, noting who approached and took the product, and then approaching them for an interview after check-out. Others were found by searching social network groups, organization websites, and blogs.

The respondents were six 'lifestyle' users and five dietary users, approximately 20-60 years old, primarily women, and from a variety of backgrounds: kitchen managers, mothers, dietitians, food consultants, trainers, vegans, allergic/intolerant users, and vegetarian/vegans. Though they usually identified with either 'dietary' or 'lifestyle' user categories, there was often overlap between the two, which indicated that the two categories were not mutually exclusive.

The interviews followed a semi-structured organization and two sets of questions were developed, one for each consumer 'segment'. Questions were often drawn from both sets, however, as the experiences of the two user types often merged on the basis of both being outside the eating community.

A discussion of the data collection process and outcomes continues in the next section.

Methods

Although research has been done on food allergies from a medical perspective, cultural analysis serves as another way to understand this meeting of food, lifestyle, and culture. By viewing the mainstream eating community from the 'outside' perspective of people living with food allergies, cultural analysis can contribute to a new understanding of the wider context of food cultures and add another voice to the discourse of cultural values, norms, and behavior.

The interviews and participant observations as methods for data collection were not so much chosen as they were necessitated, that is they were the most blatantly efficient for the purposes of meeting the aims of the research, namely in entering the subjective worlds of individual consumer narratives.

Netnography, go-alongs, timelines, and photo-prompts were suitable to the aims of the thesis as they helped to tell the story of the consumer-product interaction. These methods were a way to collaborate with respondents and start discussions about certain topics or further ideas and themes emerging as relevant to the research, such as food culture.

Ethnography

Ethnography, as defined by Pink (2006), is an approach to experiencing, interpreting, and representing culture and society that informs and is informed by sets of different disciplinary agendas and theoretical principles. It focuses on

“the everyday life of ordinary people...exploring what they are interested in and what they are valuing, but also things that are unconscious or forgotten...seeing whole situations where others are seeing fragments...[putting] trends, patterns of behaviour, and changes in lifestyles in a new light,” (Ehn & Löfgren, 2009, p. 36).

In relation to this project's data collection, ethnographic methods like in-depth interviews, participant observations, go-alongs, and visual methods helped to understand what informants actually did in their every day lives and then to see where the product was situated within their

everyday. From there, themes emerged from consumption patterns, pointing to motivations that stemmed from the impact of removal from the eating community and the subsequent social and food culture conflicts.

This research also employs a phenomenological approach which involves focusing on and interpreting descriptions of experience in order to reflect on the underlying structures of the experienced situation (Moustakas, 1994). As reality is constructed by the meeting subjectivities of the researcher and respondent, it is important to consider “how identities are constructed and understood by the people who whom they work, as these subjective understandings will have implications for the knowledge that is produced,” (Pink, 2006, p. 24) especially in regard to auto-ethnography and reflexivity.

Participant Observation

Participant observation was done in markets and food stores, among consumers, and focused on how people approached the product at the point of purchase. The aim of the observations were to understand the purchasing decision from the point-of-view of the consumer, including how they saw and chose the products as situated next to other non-dairy options. This also served as a method of identifying current users to a approach for interviews, either in-store or after purchase.

Participant observation is often characterized as an authentic or objective technique in providing a view of events as they occur ‘naturally’ (Kusenbach, 2003). This, however, assumes that an observer can understand an informant’s subjective experience of an event by mere observation.

Due to this potential weakness, Czarniawska’s (2007) approach was adopted in which I, as a researcher, assumed the role of a participant seeking “to gain as complete an understanding as possible of the cultural meanings and social structures of the group and how those are interrelated,” (Davies, 1999, p. 67).

It has been argued that the ideal state for a participant observer is one of detached involvement (Bruyn, 1966) which would make my inability to completely sever my lived experiences from my research problematic. But, as stated by Czarniawska (2007), employing detached involvement does not eradicate non-bias.

Participant observation was used primarily to facilitate more meaningful discussions with the respondents (Davies, 1999). This meant that interviews were necessary to add to build knowledge of the consumers' experiences, as observation alone would fail to access the larger perceptions and experiences of the respondents (Kusenbach, 2003).

Interviews

Through semi-structured, in-depth interviews with current users I identified factors of respondents' everyday lives as immediately informed by their own dealings with dietary restrictions either medically necessitated or by personal choice.

As a method, interviews were important phenomenological tools in conjunction with the participant observation because they "go beyond what is visible and thus observable" (Kusenbach, 2003, p. 462) providing access to respondents' interpretations of their own lives and social interaction (Kusenbach, 2003).

The interviews were conducted primarily in English, lasting between 30 minutes and two hours and it should be noted that while most interviews were done in English, several were conducted in Swedish. This is relevant to the data collection in that while they had the benefit of explaining in their native language, I was working in my second language. Though I am proficient, this does have implications for researcher interpretation and the type of knowledge constructed during such a situation. When material from the Swedish interviews is introduced in text, I have translated it into English. To ensure the anonymity of each respondent, I have also substituted names with a letter designation.

The semi-structured interview began with a core set of questions which were asked to all respondents, but maintained the flexibility to alter wording and order, ask new questions, ask for

elaboration, or even let respondents introduce their own topics, as pertinent to the interviews on a case-by-case basis (Davies, 1999). This was beneficial, for instance, when one respondent briefly mentioned power relations in her experience with Celiac and I was able to follow that unprompted thread to interesting conclusions (further discussed in the Empirical chapter).

This semi-structured interview was chosen over more quantitative approaches which are limited to a set of questions and were thus too restrictive for the kind of information about everyday life for which I was aiming. Respondents told stories about their experiences that were often non-linear; to be restricted by a fixed set and order of questions would then be counter-productive to the aims of the fieldwork, missing the opportunity for follow up statements, clarification and elaboration, or delving more in-depth into personal motivations.

Also, because the responses were open-ended and in the respondent's own words, they were not subject to potential researcher biases or preconceived categorizations, as would be the case with quantitative methods with fixed-response options that lack room for personal explanation (Davies, 1999).

Another advantage of the semi-structured interview over more quantitative methods was that people do not necessarily know why they make the decisions they do, or at the very least find it difficult to articulate them as such. Because purchasing decisions are often not logical choices but emotional ones with complex factors, they are difficult to explain, especially once removed from the time and place of the purchasing environment. Because "individuals are not able simply to provide uncontested knowledge about their social world" (Davies, 1999, p. 96), interviews were an opportunity to create knowledge about the social and cultural intersections of food and identity *with* the respondent. In order to access their social reality, I needed them to "construct their knowledge of the social world (Davies, 1999, p. 98)" as much as they needed my voice as an outsider pointing to aspects of, or alternatives to, their daily lives that would otherwise go unnoticed to them (Czarniawska, 2007).

The Go-Along

As a form of interview, I also did what Kusenbach (2003) calls a 'go-along'. This entailed meeting a previously interviewed informant and her child and accompanying them to a meeting of a local Celiac organization in which a doctor spoke about the history of Celiac Disease, the current science and research, and related illnesses, primarily auto-immune.

This was beneficial from a research perspective because I was able to "observe their informants' spatial practices in situ while accessing their experiences and interpretations at the same time," (Kusenbach, 2003, p. 463). Whereas in the interview she had *told* me about the challenges and concerns of being a mother of a Celiac/food allergic child, at the event I was able to observe her *performing* that concern: from the choice of a meeting location where she could purchase 'safe' food for her child, to the types of questions she asked the doctor and her participation in that dialogue, to the eating/mingling session afterwards.

Timeline

The timeline was integrated as an interview method in which the respondent drew a line on a sheet of paper and marked out memories or events significant to him/her over the course of his/her life, for instance, graduating university, traveling abroad, and a child's Celiac diagnosis. This showed that not only was the diagnosis a major life event, but provided an opportunity to ask further about why and how it was so, leading to discussions of food safety, product substitutes, social judgement, and a changed family dynamic around the kitchen table.

Netnography

Alongside interviews, an analysis of blog postings and online discussion forums was conducted in order to see what kinds of words and images consumers were connecting to the brand and its products. This was beneficial to the analysis because, once juxtaposed against

the company's own marketing material, it revealed whether the message the company was trying sending to matched the message that consumers were both receiving and wanted.

Netnography was used for the Oatly project but was less relevant for the thesis work, functioning primarily as a tool for recruiting respondents. Due to the diasporic nature of the eating community using this 'alternative' product, and because waiting in-store for customers to purchase this product was counter-productively time consuming, netnography offered a way to locate and contact current users directly. This was done via an exploration of Facebook groups, micro-blogging sites, tag tracking, Celiac and allergy support sites, and blog postings, as mentioned.

Because of the 'translocal' (Rokka, 2010) aspect of the internet, many of the respondents were located throughout Sweden and outside my immediate geographical region. As a result, a type of netnographic interview was conducted with several respondents online via Skype, thus bringing a different dimension to the standard interview. Though most were 'face-to-face' by webcam, two were done text-based over the instant messaging function. This was a benefit in that the users were able to write in their native language, but had a weakness in that I was not able to read their non-verbal communication. They also had the luxury of formulating their responses, thus missing the opportunity to explore hesitations and frustrations which were important aspects of the research given the emotionality inherent in social interactions like shared meals.

Another allowance of the 'netnographic interview' was the opportunity to introduce visual aspects such as the photo-prompting method.

Photo-Prompt

'Photo-prompting,' also referred to as a "photographic interview" (Pink, 2006, p. 84) was a way for the researcher and respondent to discuss images and their different understandings thereof in order to collaborate and build a "bridge between different experiences of

reality,” (Pink, 2006, p. 84). It was done during online ‘face-to-face’ interviews wherein the respondent sent images in realtime via chat of what ‘health’ meant to her.

It was useful not necessarily in seeing what kinds of foods were ‘*healthy*’ per se, but what kinds of things were *excluded*, and thus not.

This method was not central to the research, but was useful in combination with other methods as an alternative to word-based thought (Pink, 2006). The visual was then a means to explore other discourses, a way to engage the informant in discussing other relevant themes, thus referencing aspects of their experience through the visual (Pink, 2006).

Auto-Ethnography and Reflexivity

In regard to my role as a researcher living with Celiac disease and food intolerances, it is important to address this thesis’ auto-ethnographic aspects, especially my own subjective experience outside the eating community in relation to the analysis of my respondent’s narratives.

While the basic research focus originated in observations and questions from my own experiences with food allergies and intolerances, the research project and subsequent analysis are not autobiographical. My own experiences were the catalyst, not the subject. Instead, as stated by Davies (1999), ethnographic knowledge is influenced by the social situation, personal histories, and disciplinary and broader sociocultural circumstances of ethnographers, which have an effect on the topics selected for study.

The research’s insights are genuine indicators of social factors that shape and restrict the lives of those removed from mainstream eating communities and is committed to an understanding of a social reality outside of myself (Davies, 1999). That is, self-indulgence and narcissism are avoided by not describing the body and eating community of the *researcher*, but the social and cultural phenomena that are reproduced in *others’* experiences and as such are valid and salient subject matter for ethnography (Davies, 2006).

Although theoretical foundations structured and framed the fieldwork and data analysis, essentially, theories for all their objectivity, are tools developed, used, and interpreted by humans who cannot escape that they 'are', that they are physical bodies that react to and create the world. I experienced this in my in-store observations and during interviews in which I was an observer, seeking a level of objectivity and distance, but at the same time unable to escape that like my respondents, I was person with Celiac and food allergies; that first, having a shared situation changed the dynamic of the interview in how people communicated how they related to their own allergies and second, I was a person with Celiac meaning observations were also linked to participation and as such required a degree of reflexivity. My situation as a Celiac researcher helped me to *relate* to respondents, to have a shared common ground, to know where to start in locating possible conflicts, but it was not a *substitute* for the experiences of others; their experiences were then similar to mine, but not identical and as such were relevant to the research.

The auto-ethnographic aspects of this research are not weaknesses of objectivity, but are beneficial to understanding the subjective experiences of the respondents' daily lives. Further supporting this idea is Reed-Danahay (2004), who suggests that ethnographers need to convey the emotions of the 'lived experience' through a shared language, as well as Michael Jackson's (1983) advocacy of fieldworkers adopting routine bodily habits in the field in order to "grasp the sense of an activity by using my body as others did," (p. 340). Also relevant is Cherry, Ellis, & DeSoucey's (2011) questioning of how the lifestyles and consumption practices of researchers might shape data collection, and how these movements affect researchers.

The research and analysis proceed from an interaction of the ethnographer as both *researcher*, informed by theory and in dialogue with a social scientific community, and as an *informant* with access to a degree of knowledge and experience of an outsider (Pink, 2006).

Theory

In order to approach the dynamic of the food culture and changing eating communities, several theoretical traditions were adopted as frames for data analysis and subsequent emergent themes.

First, the work of Finnish sociologist Pasi Falk was used to develop the concepts of eating communities and the self in consumer society. His theory of modern consumption and self-expression, especially the edible vs. inedible and food taboos were relevant to understanding the intersection of food, culture, and the individual and social selves.

Second, the British and Australian sociologist Bryan S. Turner's phenomenology of sickness and his point on the social construction of cultural categories was used to understand the interplay of socio-cultural structures and the individual, especially in relation to sickness, norms, and legitimacy.

Third, briefly discussed is American sociologist Erving Goffman's work exploring the ways we attempt to create and manage impressions in social situations. This was used primarily to frame the respondents' emotions towards the social consequences of deviating from the normative food culture.

Lastly, French theorist Pierre Bourdieu's discussion of distinction and taste as elements of habitus provided perspective on embodied social practice and the way things become normalized. I expand from this theory pointing towards blurred distinctions and a change in the role of eating (and consumption) to those outside the traditional food culture.

Falk: Eating Communities and the Self in Modern Consumer Society

Pasi Falk develops the eating community as the site of solidarity formation based on reciprocating bodies during shared eating, where self formation is connected, through eating, to the larger society itself as an eating community (Falk, 1994). Eating a ritual meal within an *eating* community both actualizes and reproduces the community, while the sharing and (bodily) incorporation of food incorporates the eater into the community, i.e., the eater is 'eaten into' the community by sharing food (Falk, 1994).

The eating community is then a medium for companionship, a community based upon the sharing of bread. Falk (1994) argues that shared eating is an important moment in (re) constituting the community, noting that a 'companion' ('*com*' meaning *with*, and '*pan*', meaning *bread*) is literally "one who takes bread with someone" (p. 70). This was an interesting point in understanding this thesis' material, as it begs the question: what happens if one cannot share food? What is communicated if food is rejected because the bread itself is poison to one eater, but not the other? While Falk notes that (sharing) bread creates community, for those with food related diseases, bread instead removes and reinforces isolation from the community.

Falk (1994) develops modern consumer society on a conceptual framework of binaries: 'us' versus 'them', and 'me' versus 'you', or rather, what is let in and what is kept out. This is described through the metaphor of the social body with the figurative mouth as the gatekeeper and site of consumption and judgement. The mouth determines what is brought into the body physically and metaphorically, on the basis of taste. Taste is understood as both a biological sense and, more importantly, the sum of cultural preferences, expectations, and taboos, predicating individual judgements.

Falk argues that the sense of self in contemporary society is connected to the idea of unlimited personal consumption: "I consume therefore I am" (Turner, 1994, xiii). Social and personal self construction thus is rooted in consumption which provides the material for separating ourselves from others (distinction) and self-completion (as tied to the idea of the body as a project) (Falk, 1994).

Closed Bodies and Communicative Signs

The consumer is then 'consuming' goods as symbols and tools to set him/herself apart in order to build a social and individual identity. This turns the signs surrounding the body into a part of the system of classifications and distinctions (Falk, 1994). As emotional expressions and body functions become private, there is an emphasis on the visible body to communicate (Falk, 1994).

As a part of distinction through communicative signs, what the body lets or takes in is important from both social and individual points of view (Falk, 1994). What this means in terms of eating is that if the mouth is the site of judgement, controlling what enters the body and self, then eating is an important aspect of self-building (Falk, 1994).

This concept has important implications for those removed from the eating community, because if the mouth is of the body, and bodies are used to communicate something, then the refusal of food on the basis of (invisible) food-related disease (if not verbally communicated) says something to the Other.

This is indicative of the conflicts for dietary eaters in that as taste is understood as judgement or 'freedom' of individual choice and control, what enters one's body is a reflection of individual taste (Falk, 1994). Dietary eaters have, however, had the element of choice removed so their food purchases and eating habits are less a reflection of individual judgement, but still regarded as such.

Edible and Inedible

This also questions the role of definitions of edible versus inedible, i.e., that which can be accepted into the body and which must be kept outside it (Falk, 1994). In Falk's discussion, the edible versus inedible taboo is primarily a cultural definition, though for those removed from the eating community by health, it is rooted in the physical body also. If 'edible' is something allowed into a community and, ultimately, into bodies, what happens if one belongs to the same

society, but has a body which differently defines what is edible and what is inedible? That is to say, what if what the mainstream eating community defines as edible, such as bread, is instead individually defined as inedible matter “which cannot be assimilated into the body or which the body as an organism simply rejects,” (Falk, 1994, p.69) to others?

Atypical Consumer

Falk writes primarily about those frictionless norms, i.e., people choosing to transgress the norms of the eating community, not those whose interactions are based *without* choice. This does not consider the individual who does not necessarily want to maintain distance from others or distinction, but is trying to actively lessen the distinction as much as possible, by non-disclosure, ‘cheating,’ and purchasing substitutes.

Falk speaks of a generic ‘modern man’ but does not address the body *unstandard*--the marginalized modern man, though I feel he might problematize them as niche consumers in terms of the economic man and individual fulfillment. He speaks of distinction/separation and self fulfillment as being the primary components of the modern consuming body, though I question here whether those same points hold fast in the face of a body both consuming and consumed. Of a body whose symbolic and physical consumption is not driven by autonomous choice, but rather determined by its deficiencies.

I intend to build upon Falk’s theory of the self by analyzing instead bodies that not only consume but are *consumed*; bodies that, in trying to be eaten into the community, consume themselves and are instead eaten out of it via the transgression of social norms.

Goffman: Social Obligations and Expectations

In alignment with Falk’s discussion of communicative signs on closed bodies is Erving Goffman’s (1956) concept of the body as a facade which conceals and expresses inner being, thus turning the body into a shell and means of expression. As the body’s surface and actions

turn to expression, the *self* then is conceptualized in a setting of generalized and or abstracted social interaction (Goffman, 1956).

Goffman argues that rules of conduct, that is, meeting and maintaining social obligations and expectations, transform action and inaction into expression. This is important in relation to the respondents' experiences as the act of refusing food or requesting alternative foods expressed something to the Others inside the mainstream eating community. Often this was misunderstood as being dismissive, unfriendly, vain, pretentious, or being overly troublesome.

As Goffman (1956) explains, something is communicated in the decision to either abide or break the rule. The rule here being that if one expects to be read as a good sign, such as a good guest, one is obligated to meet certain expectations, such as accepting food and not inconveniencing the host. Relatedly, one cannot give oneself the title of the 'good guest', it must be given to oneself by the Other. We maintain rules then to remain committed to a particular image of self, especially as acts and events become sign vehicles carrying ceremonial messages (Goffman, 1956). The self is a ceremonial thing that we present to others and ritually perform (Goffman, 1956).

This is significant to the findings of this thesis because it addresses the conflict at the borderland of eating communities, but also identifies how the experiences of dietary users are affected by the actions of lifestyle users. For example, respondents with dietary needs did not necessarily want to use rule-breaking as a communicative act, but used alternative products as a way to camouflage and not stand out. Lifestyle users, however, used alternative products like Oatly specifically to communicate something to the Other, such as a part of their consumer voice towards food production practices, and ethics in animal welfare. For this reason, dietary eaters felt judgement from the Other, who assumed that they were trying to 'be different' or 'be like' a certain lifestyle.

Goffman (1956) states that when the individual is subject to extreme constraints in expressing deference and demeanor, he/she is automatically forced from the circle of the

proper. That is, such as in the case of the dietary eater, the sign vehicles through which the customary ceremonies are performed are unavailable and the ceremonial grounds for selfhood are taken away (Goffman, 1956). In this way, Goffman's concepts explain the social pressure and anxiety felt by respondents at the failure to conform, that is, to meet social expectations which lead to perceived judgements, and loss of control of the signs and symbols that communicated the 'self' that one wished to present.

This also points to a need to also understand the implications of cultural constructions of social categories in how individuals outside the traditional eating community relate to themselves and Others.

Turner: The Gaze, Legitimacy, and Social Consequences of Categorization

If the definitions of health and illness are socially constructed, then the performance thereof are aspects of social action, meaning sickness is something we do, rather than simply something we have (Turner, 1987). In being socially constructed and performed, these categories act as cultural texts, open to multiple perspectives, interpretation, choice, and action. The most important aspect of this in framing this research's structure, is that in being open to interpretation, 'sickness' has meaning (Turner, 1987); a 'sick' body becomes a text to be read, not only by society and its institutions directing their gaze towards that body, but by the individual being categorized, thus affecting the way a person "interprets or understands their disease [depending] on the classifications of illness which are available within a culture by referring to the general cultural values concerning appropriate behavior," (Turner, 1987, p. 215).

Bryan S. Turner's problematization of the medical model that forms the basis for institutionalized, scientific medicine also influenced the research and data analysis, in provided

a frame for understanding the gaze, legitimacy, and the social consequences of categorization as they related to those removed from the eating community on the basis of their health.

The Gaze

Turner (1987) argues that medicine is embedded in cultural and social structure of human societies, which is then reflected throughout the values and institutions within society. As such, “medical professionals have become moral guardians of contemporary society because they have a legitimate domination of the categorization of normality and deviance,” (Turner, 1987, p. 217) meaning medicine has the power to define the categories and legitimize diseases. This has consequences not just in the individual understanding his own ‘sickness’, but in what society expects, excuses, or makes available as a resource for those afflicted.

Sick, as defined by medical discourse, is framed around a conceptualization of the body as a mechanism (standardized and universal), and as such, sickness is a malfunctioning in the mechanics of the machine (Turner, 1987). This is problematic in its assumption that all sources of disease originate in the machine, i.e., that all contemporary patterns of illness are reducible to their physiological malfunctioning which is increasingly not the case, as per chronic illnesses such as diabetes, obesity, anorexia, or food allergies which have no ‘cure’ and require lifestyle changes (Turner, 1987).

It is only through the clinical gaze, requiring the subject to become an object of the penetrating gaze, can the problem be ‘seen’ or located and a treatment applied (Turner, 1987), which is interesting in terms of this thesis as ‘treatment’ is access to food; what does it mean to individual and social interaction when the individual is dependent on others (food manufacturers, food workers, markets, restaurants, dining partners) in the management of their disease, but the disease is misunderstood or ‘illegitimate’?

Legitimacy

This means that the scientific empiricism is elevated and medical practitioners are thus elevated with it. This gives them the social power to define normal and legitimize diseases and behaviors as either real or imagined. Medical institution as part of the regulation (defining power) of bodies, is part of the state, meaning its categorizations and findings influence other institutions through the allocation and availability of resources. This is reflected in the daily life challenges of parents of children with allergies with school officials in school cafeterias, in access to healthcare services and treatments, and in insurance claims and compensation like the current debate in Sweden over subsidized access to gluten free foods.

Disability claims are social categories based on clinical definitions, adding a degree of politicization of the body; bodies made political objects via the body-politic. If a claim is legitimized, then that has certain social effects in that it excuses the afflicted from certain societal/social obligations and responsibilities (Turner, 1987). It legitimizes whether a break from a social expectation (such as to reject food from a host on the basis of a food allergy) is socially sanctioned, whether transgression is accepted.

Visibility

These influence the daily lives of the members of the society, not only in what is available to them but in how they come to understand and conceptualize social categories and how they place others within them. For example, and in following the topic of this thesis, how the medical community defines the differences between gluten allergies versus intolerances is understood within the public schema in terms of a 'stereotypical' allergic reaction via *visibility* and *severity*: anaphylactic versus discomfort, life versus death, acute versus chronic.

In comparatively measuring through *visible* severity, society makes judgements on how serious an ailment is, which influences whether or not the society chooses to believe, support, and meet the requests of an individual's claims to legitimacy. For example in a restaurant

setting, if gluten allergy is misunderstood as less severe in both its invisibility and delayed response then that affects how the staff chose to either cater to the needs of the individual or dismiss them as a matter of taste preference.

This points to one of the concerns of those existing outside the eating community, because it means that in order to justify 'deviant' behavior, one must (visibly) take on a sick role. This forced visibility threatens the moral management of bodies by robbing them of voluntary control and organization (Turner, 1987). Thus, how a disease is understood via its official definition affects the daily lives of those experiencing the lived disease.

Bourdieu: Distinction, Habitus, and Establishing Social Hierarchies

Pierre Bourdieu argues that tastes, as judgements, are products of the habitus which "function below the level of consciousness and language, beyond the reach of introspective scrutiny or control by the will" (Bourdieu, 1979, p. 466).

In accessing the dual-meaning of 'taste' as both biological sense and individual preference, he asserts that taste (judgement) and taste (sensory) are inseparable and function as systems of classification within consumption. Taste, then, is the practice of transforming *things* into distinct signs and lifestyles. These products of tastes inscribed within the habitus become signs systems that are socially read (Bourdieu, 1979). This indicates also that distinctions and habitus are intertwined, as one feeds into the other, and that they are both a part of developing taste. This would mean that the biological imperatives of taste are overshadowed by *learned* distinctions, which once embodied through practice in the habitus, are understood as 'natural' tastes.

Taste as Embodied Practice

The body then also becomes a social product, “the tangible manifestation of the ‘person’, is commonly perceived as the most natural expression of innermost nature,” (Bourdieu, 1979, p. 192). As one’s outsides are understood as a reflection of one’s ‘insides’ or personality, the physical body surfaces become sign-bearing, sign-meaning, and sign-producing (Bourdieu, 1979). As our material environments become imbued with linguistic meanings, taste is understood as “an acquired disposition to ‘differentiate’ and ‘appreciate’...in other words, to establish and mark differences by a process of distinction...” (Bourdieu, 1979, p. 466). Thus, in relation to self-building in consumer society, social identity is defined and asserted through difference, operated through the consumption of signs of distinction (Bourdieu, 1979).

This has implications for understanding food choices motivated by differentiation and the incorporation of goods that are symbolic as juxtaposed to those removed of choice (and the control of signs) in their removal from the mainstream eating communities. If food choices are signs to be read in social space, then taste in food is taken as reflective of personal adherence to consumption trends. It is important to then question the consequences (particularly in the classification of individuals in social space) of forced transgression of socialized taste--one of which Bourdieu identifies as feelings associated with stigma (Reed-Danahay, 2004).

Though Bourdieu’s discussions have framed and influenced the analysis of material, I deviate from his conceptualization of the habitus as fixed and unchanging, and of the eating community’s role as a producer of distinction. All of this presupposes choice, even if only the illusion of choice, “the choice of destiny” (Bourdieu, 1979, p. 178), which is too rigid when applied to those *placed* outside the eating community.

A New Eating Community: Choice and Distinction

This research addresses a different eating community than the one developed by Bourdieu, which is a matter of making specific food choices from what our habitus makes available, in the purpose of distinguishing ourselves from the other. He argues that one can

never aspire beyond the dispositions of the habitus, thus choice is limited even if it does not seem so to the individual (Bourdieu, 1979). One is free to exercise free will, but it is actually from a *range* of free will.

It was not *impossible* for respondents to change the habitus (as far as cultural categorizations of what is edible), as Bourdieu would argue, but it was difficult to fit a new schema into the old structure, i.e., when the habitus changes but the field does not. Thus there was conflict when the 'new' habitus was held to old standards, or when one habitus knows the norms and how to follow them, but cannot and must unwillingly break them, causing discomfort. If one knows the rules, one are obligated to follow them in order to be read as a certain sign (Goffman, 1956) but cannot. It is then a conflict between (knowledge of) the structure and the self.

The closest of his concepts to what I am arguing for is the Quixote effect by which one meets a new field with the same habitus (Bourdieu, 1979). I am, however, speaking more for the *habitus* changing (or flexing) but the *field* where social interaction takes place, that is, the mainstream eating community, remains the same.

I am not suggesting that all social interaction is food based, but food is a common element of social interaction and is perhaps an aspect of the problem: social eating is a temporary interaction that has lingering effects. By which I mean, in existing as a member of a society, one knows the shared knowledge of the culture (and the consequences of transgressions); as one transgresses the social norm unwillingly (or willingly as with lifestyle eaters) one opens oneself up to judgement of one's character that continues even after the table is cleared.

Bourdieu (1979), for instance, argues that for someone else's food to become 'our' food, there has to be some higher status tied to it, but there are situations, such as with those forced from the eating community on the basis of health, where the status is, if anything, lower in its

association with substitution in 'going without', as being a marker of 'sickness', in lack of choice: I am ill so I *have* to. It is stigmatic rather than a status symbol.

His argument is, however, supported with the lifestyle eaters and in understanding how the dietary users are not unaffected by lifestyle choices, in which there is a social status linked, either to (noble) principles and affect or healthy lifestyle. This links certain food choices to a kind of lifestyle, such as associating food allergies with trend and fashion because their food, their 'medication' has been appropriated by lifestyle choice.

Empirical Findings

The following section addresses the results of the data, identifying four salient themes that arose from data analysis: new definitions, loss of control, and forced visibility. It introduces the topics as they relate to 'lifestyle' and 'dietary' individuals and a deeper analysis within the broader discussion of food, health, and lifestyle continues in the next chapter.

Removal from the Eating Community

At the most basic level, both the lifestyle and dietary groups' primary challenge within their daily lives was that they existed outside the eating community, meaning they were separated from the traditional 'mainstream' Swedish food culture, either by choice or force, and that this removal caused conflicts as they attempted to navigate (and negotiate) the terms of their eating in the borderlands of conflicting eating communities.

In discussing their use of 'alternative' foods, they were explaining their separation from the eating community and how they deliberately used foods as either substitutes for the old eating community or as part of camouflage strategies to avoid friction at the meeting of conflicting eating communities. But in discussing their food choices, they were also talking

about how being forced out of the eating community made their lives more uncertain, more vulnerable to social judgement, and put them on the defense as they challenged what is edible.

Friction and Camouflage

Dietary users had been forced from the eating community on the basis of health, did not want to be excluded, and actively practiced strategies to help them to 'fit in'. These individuals adopted 'substitute' products for a variety of reasons, including participation, (food) safety, reduced visibility, and avoiding judgement. This indicates a reconstruction of eating communities centered around a complex relationship to food that is both a substitute for the old eating community and a camouflage.

For instance, observations at a meeting in a Celiac organization revealed how their eating community functioned and strategies to *meet* needs materialized. The eating/socializing time after the meeting looked much like any after-event social eating might, but with small, though salient differences. The food, for example, was allergen friendly towards gluten and milk protein, but each platter had a food card with the ingredients listed so that individuals could double-check for their particular allergen. This is significant because in interacting within the mainstream eating community, many are concerned with traceability, cross-contamination, education, and doubt about pro-offered foods, but this was one way that the group restructured their eating community to create a safe space and account for those daily concerns. Members also spoke among themselves about challenges in eating while traveling, navigating lunches at cafeterias, and related illness such as diabetes and thyroid disorders.

These respondents frequently spoke about being very frustrated and living with constant uncertainty about food: where it came from, the ingredients, cross contamination, whether a

chef or school cafeteria had the right information, or if they would have access to the foods they needed when traveling. They were, in essence, challenging what is *edible*.

Battle and Defense

Several respondents adopted a battle metaphor, saying, “If you don’t eat, they win double!” (Respondent A, personal communication, September 29, 2011). Describing their everyday lives often carried a tone of ‘us versus them,’ of fighting to protect the family and/or body. They felt that they were constantly protecting themselves against other people’s lack of knowledge; whether it be doctors, school officials, chefs, other parents, or family, it was a battle to protect and defend.

This theme of protecting and defending was not just in relation to food situations, however. It also affected their social lives in defending their needs from the traditional Swedish food culture. One woman indicated feeling judged on whether or not she was a good parent, saying “They think we’re depriving him of something on purpose. And I guess we are but if it keeps him healthy then...” (Respondent B, personal communication, September 19, 2011) or, as another respondent remarked, worries that school officials were not listening to “just a nagging parent...[But] after this bread fight, I’m preparing myself for the yogurt fight,” (Respondent A, personal communication, September 29, 2011). Having an uncommon diet meant new social pressures, especially with judgement, participation, inclusion, and ‘*besvar*’, the Swedish word meaning ‘to be an inconvenience’. They did not want to be ‘*besvar*,’ in social situations and did not want to stand out or call attention to themselves whenever eating publicly. They camouflaged in order to avoid taking on the sick role, to avoid having to make visible the intimate details and (mal)functioning of their digestive system, but were also at tension with *having* to identify it or risk injury.

Lifestyle eaters who left the eating community voluntarily and did not want back ‘in,’ but instead wanted to change what ‘in’ looked like were also actively challenging what is edible and

experienced social friction as a result. 'Alternative foods' were substitutions that allowed them to maintain their preferences (and principles) without social discomfort.

Because their principles, and therefore their food choices, put them outside the eating community, they opened themselves up to judgement and were then charged with defending those decisions:

"The social part is more problematic now, like it was easier when I was a kid to just say, 'no, I'm a vegan, I don't eat that' and it was okay. But now, in social situations it is harder to say 'no, I don't want to eat that.' It's harder to defend it and to say no because people will just think I am being picky," (Respondent C, personal communication, September 14, 2011).

For this group, their food choices were reflections of their principles, which meant that their food marked them as 'different' and that carried over into social situations.

Judgement

Having a lifestyle diet was seen by some *mainstream* eaters as a personal judgement of their own food choices thus putting them on the defensive, as illustrated by one respondent who noted:

"That is the most tedious thing, that when someone is vegetarian they have to justify themselves all the time, even though it should be meat eaters who ought to argue for their point. Often you get the weak or childish arguments, too, like 'meat is good' and 'what will the animals eat if we eat up their food?'" (Respondent D, personal communication, September 26, 2011).

As a result, some respondents mentioned: "I don't want to make anybody feel bad about their eating habits," (Respondent E, personal communication, September 27, 2011) and admitted hiding their own eating habits or suspending their vegetarianism for the sake of social unity and of a smooth encounter. This group, like the dietary eaters, also sought to 'camouflage'

in social situations, not because the topic was too intimate, but because it opened them up to judgement.

Lifestyle eaters felt as though they were often defending their food against the mainstream eating community because their food choices had an 'alternative foods' label which made them 'not normal.' Having an 'alternative' label puts their food outside the eating community and makes it a deviation; one does not need an excuse to drink milk, for instance, but one does have to justify 'alternative' purchases by having a reason for choosing to be different.

New Definitions

The results from the data showed that distance from the eating community had particular affects on how the respondents defined 'food,' which was ultimately rooted in a transformation of the hegemonic views of 'edible versus inedible'. For dietary and lifestyle eaters, what was available, physically and culturally, as 'edible' was different than that of the food culture in which they socially interact. This has social consequence as they begin to transgress cultural norms and even social taboos based on their conflicting relationship to food.

Food

For dietary eaters, 'food' was about nutrients but also associated with anxiety, risk, pain, and 'going without':

"And I mean the malnutrition I think is the worst, because... if the people bringing you the food don't care, you will get sick and malnourished without knowing and your memory will go away and you will seem older not because you are older, but because you're malnutrition. And I think the malnutrition is the scariest part. And

with old people and kids, they can't defend themselves," (Respondent F, personal communication, September 20, 2011).

Food was a potential enemy to defend against and a marker of being different in a way they did not choose to be, as one respondent noted on getting the wrong food when dining out with others:

"And it scares everyone around the table and no one will have fun. No. And if I say 'No, no, no, it's okay,' no one will laugh. We will not have a fun dinner, no matter what I do. Or don't do. If I leave the table they will not have fun and if I sit there they will still not have fun because everyone will look at my plate, look at me, focus on me: How does she feel? Can we make a laugh of this now? Should we get angry, will we help her if we get angry with someone? It's stopped being a medical problem. I mean it's a medical problem to me, and to me only. It's a social problem to me and to everyone else," (Respondent F, personal communication, September 20, 2011).

This also indicates how their social interaction around food becomes emotionally charged as they are not only managing their own physical responses, but feel responsible for how others feel emotionally in return: "The responsibility *I* feel to make him feel better because he feels bad that I feel bad, it gets to be *huge*," (Respondent F, personal communication, September 20, 2011). Another respondent described how she always brings food for her daughter to birthday parties, not due to her own distrust that others could meet her daughter's dietary needs, but because the other parents often panicked and worried about hurting the girl. She was less concerned about the availability of food than she was that her daughter would no longer be invited to social events due to the anxiety of others.

Lifestyle eaters often spoke of 'food' as politics, a statement, a right, and a responsibility. Often, the factors determining their self-removal were concerns about the environment and/or

sustainability, animal rights, global food production processes, and to a smaller extent health, as illustrated by one respondent saying:

“At that time, mostly ethical reasons. I was a lot about animal rights and I didn’t want to support the industry and animal abuse. Then it kind of evolved. I mean, still with the animals, but also now the environmental side. I don’t want to drink milk because of the production and its environmental effects. And now, also in a healthy way now, for health reasons. I don’t feel well when I have the dairy products,” (Respondent C, personal communication, September 14, 2011).

Removal from the eating community through food choices did not just satisfy their hunger, it satisfied their feelings and their need to feel as if they were contributing to sustainability, animal welfare, local economies, etc., in a positive way. This lifestyle eater used purchases like a vote, buying things he/she supported and *not* giving money to principles with which he/she disagreed, i.e, he/she was *saying* something when they bought ‘alternative’ foods: “I could drink soy, but I’m upset with soy production. Its effects on the environment are bad,” (Respondent C, personal communication, September 14, 2011).

Shared Meal

One mother of a milk allergic child said, “I never drink milk anymore...it’s because if she doesn’t eat it, then we don’t. And that’s good,” (Respondent A, personal communication, September 29, 2011). This indicates a change in the role of eating as a child’s needs become a parent’s lifestyle. This also points to a new situation where ‘luxury’ goods are being used to meet a ‘necessity’, blurring the lines categorizing distinction.

The idea of a ‘shared meal’ also took on a new meaning because of the new social pressures and threats and was often emblematic of (re)establishing eating communities, both physically, by changing what was in the kitchen, but also personally as many respondents changed their diets to match their child’s.

The 'shared meal' was also changed for lifestyle eaters due to the need to defend their 'alternative' food choices and principles which, at times, isolated them in social situations where others thought their mainstream choices were being judged.

They saw shared meals as *potentially* stressful events --not to seem like they were passing judgement on mainstream eating choices, and not wanting to be "*besvar*," but a 'good guest', which included hiding their food preferences for the sake for social cohesion.

Falk (1994) posits that individuals are also eaten into a community through having a ritual meal--an activity moulded on the principle of 'to eat or be eaten by'. The shared meal is where the individual is incorporated or 'eaten into' the community (by sharing cultural norms and taboos). Through sharing and incorporating food in a ritual meal (which also reinforces communal bonds through *com-pan*-ionship) a person's place within that community is established. There are consequences then for those *outside* the eating community who must reject 'com-*pan*-ionship' on the basis of maintaining health or principles.

This, as reflected through the quotes from informants, is a large source of friction between eating communities, as it is not companionship that they seek to reject, but the food being used to represent it. Thus they are forced to make themselves visible --by either taking on a sick role or by making their personal beliefs and principles visible --the consequences for both of which are judgement through the gaze of others and the loss of control of image management.

Loss of Control and Choice

Though this pertains primarily to dietary eaters, it is still relevant to the experiences of lifestyle eaters in that, though their food decisions were a personal choice, many considered it a necessity (in order to make a difference etc) and thus not much of a choice at all. Several respondents mentioned it being important to "not be too dogmatic" (Respondent C, personal

communication, September 14, 2011) in expressing their principles; social eating then complicated their desires for subtlety in forcing them to make their principles known via their food choices. The loss of control then relates mainly to identity, as discussed by Bourdieu and Falk, choices are reflective of taste (judgement) so their food choices put them at risk for judgement, that is, in using food to communicate an image of self but not an image meant for their own eyes, they run the risk of having the signs read incorrectly (Goffman, 1956). This lead to a worry that mainstream eaters would think that the lifestyle eaters were judging them.

“Most people when they get their diagnosis, they have a full diet and then they have to reduce whatever they ate before so then that feels like their entire cabinet feels like it just shrunk. And all the dishes they could make just shrunk and someone just cut things out of their life. You can’t have pasta, you cant have, you can’t be the lasagna person in your family anymore, you can no longer be the person who makes the awesome chocolate cake. So you take away things that identify you. And that’s a social thing. Has nothing to do with the intestines,” (Respondent F, personal communication, September 20, 2011).

For those removed from the eating community by their health, the new diet forced them out; this allergen-free diet *happened* to them, it was not a choice. Because it was not a choice, they often spoke of a loss of familiarity and losing control of their health and over the types and variety of food available to them, which in turn affected their identities.

Decisions and Management

One of the noted challenges of the Celiac/allergy/intolerance diagnosis was that it imposed limitations or rewrote what one was ‘allowed’ to eat:

“So when you’re diagnosed with this, you have a clinical doctor that will scare you shitless and then you go to nutritionist who will tell you how your life will be poorer and how many things you have to avoid because they are now forbidden and then you should go home and be really happy and creative. You can’t be

creative and scared at the same time! It is impossible!” (Respondent F, personal communication, September 20, 2011).

Food, as a part of individual consumption (both physical and symbolical), is used to communicate to oneself and to others. If one’s identity (and habitus) was tied to food choices and traditions, then restrictions and prohibitions upon those familiar aspects was often a jarring experience for both the individual affected and in explaining the sudden change to others.

It was not only medicine exerting power over what could be consumed, but also experienced at restaurants or during social eating wherein the one in charge of preparing the meal could choose to ignore the individual’s food needs (or preferences, as in the case of lifestyle eaters) and thus exclude them from the eating community:

“And when they say ‘No, but we can’t go there because of your allergies,’ I’m like, well if you choose to go there then maybe I choose to go there too and it’s **my** allergies and **my** choice. Don’t make that decision for me. And I mean, it’s just out of kindness of their hearts, but it does make me feel handicapped,” (Respondent F, personal communication, September 20, 2011).

Victimization

There was also a sense of victimization and power relations expressed by some dietary eaters as this respondent commented:

“I often get the comment ‘yeah, but we’re not allowed to.’ That’s quite common. Because the doctor said you can no longer have pizza, right? The doctor is not there on a Friday night, go ahead and have your pizza. But you will take the consequences... So it’s your choice: do you want to feel good, or do you want to eat pizza? Your choice. Once it’s your choice, then it’s easy to choose to feel good. But if you’re forced to say no to pizza, that’s not a fun life because then you’re the victim of someone else’s choice. And then the power is not yours. Someone else wrote on a paper ‘no pizza’ and then poof, put it in your lap

‘alright, now I can no longer choose pizza’: you’re a victim,” (Respondent F, personal communication, September 20, 2011).

Having someone else tell one what one is *allowed* to eat, when eating is commonly considered such an individual activity, was often a difficult concept to swallow. It also risked turning the individual into a victim and as such, they developed empowerment strategies to regain control and displaced power.

This is also significant for application in a medical context in understanding the dynamic of this coping-strategy; patients ‘cheat’ on their diets (i.e, their treatment), choosing to intentionally poison themselves, depending on how powerless they feel, and as a way to reassert dominion over their own bodies and identities:

“But if you’re a patient and a victim and this disease happened to you then you’re not proud of where you are, which is why you don’t stand tall and please ask for something that will make you feel good. You apologize for not being normal. And that has nothing to do with your intestines,” (Respondent F, personal communication, September 20, 2011).

Another respondent expressed frustration over having her experience defined for her:

“If I say that ‘it must be difficult to be gluten intolerant’ I am telling you that it **has** to be difficult to you. And that’s not really okay, is it? Me telling you how you should react to your disease... And sure with ‘it must be difficult to be gluten intolerant’ it’s probably meant to signal sympathy but it doesn’t. It **can**, and it probably **should**, but it also says that it has to be difficult and then that will be a truth if you say it often enough,” (Respondent F, personal communication, September 20, 2011).

The inability to *choose* influences the signs available and digestible within the cultural vernacular to communicate and understand one’s individual and social body. This means then that the individual’s disease/allergy has social consequences as it is forced to play out in social

eating situations. At that point, the disease both ceases to be a personal problem, as health is put into the hands of those processing the food, while simultaneously *increasing* the personal risks, for the same reason. This means, for the individual, having his/her disease management be dependent to a degree on the understanding, and cooperation, of those preparing food whether institutionally or casually.

Lifestyle respondents also mentioned frustration over having their food choices dismissed or shamed into hiding. This meant taking steps to hide their preferences as reflections of their individual principles--principles that could be misconstrued as pretentious or as passing judgement on another's 'mainstream' adherence to the traditional food culture: "They are used to me being a vegetarian but the word "vegan" sounds scary for some people I think. I usually don't call my self a vegan...because of the preconceptions they have about vegans," (Respondent E, personal communication, September 27, 2011).

Forced Visibility

Because the nature of their health or personal principles was centered around food, which was immediately social in that it belonged to the social sphere, both lifestyle and dietary eaters were forced to be made visible in their departure from the traditional food culture and the subsequent removal from the eating community.

The dietary eaters' disease was mostly invisible but because food was both a poison and medicine, they were forced in social situations to make their 'sickness' visible in order to receive 'treatment' they require:

"And sometimes you don't wanna, you don't want to talk about the reason why you don't drink beer...I mean, there are so many reasons and your intestines are really too private I think. But then on the other hand the people planning such an arrangement wouldn't know unless you told them that I'm gluten intolerant," (Respondent F, personal communication, September 20, 2011).

This necessitated the 'opening up' of closed bodies (Falk, 1994) in subjecting the individual to the public gaze, causing personal frustration. Visibility was then a reluctant necessity in navigating themselves at the meeting of conflicting eating communities due to the lack of choice about the image of themselves they could present (Goffman, 1956) and the lack of control of both the signs to represent themselves and how those signs are read:

“Because if you're not used to talking about food, then all of the sudden you get your diagnosis from your doctor, and first of all you get scared and then you kind of get your courage to go out into a restaurant and then they question you? You don't even know yourself yet! And they start asking you questions that you can't answer? That's, I think that's tricky,” (Respondent F, personal communication, September 20, 2011).

Once visible, one is then open to judgement and comments from others in the 'normal' eating community:

“Which is why, at a party when I don't know people, I hate it. Because I have to talk about my intestines and my food ...and I get to hear about *their* friends and relatives and with their intestinal problems and I don't care!...I don't want to know! ... And it kind of, it's like opening a Pandora's Box and you get all these intimate details about people I don't know! Heck, I don't even know what size shoes you wear, don't tell me about your intestines! And don't ask about mine, you know?! That's--that's private!” (Respondent F, personal communication, September 20, 2011).

One respondent expressed frustration over invasions on her personal identity that came with having to reveal her food allergies and the apparent unfairness that people feel free to ask for personal details of her disease management that one would not ask in regard to other chronic diseases:

“...it’s an intimacy question for me. I don’t ask you about your diseases and what your doctor said about your weight last time you were there... Because it’s too close and I don’t know you. But if you’re allergic to food, people feel free to ask anything about your eating habits, about your intestines, about how you feel like when you get sick, what you eat instead,” (Respondent F, personal communication, September 20, 2011).

Part of the frustrations in their everyday lives then was negotiating the private vs. public self, the control of which was seemingly sacrificed in a social eating context. Alternatively, respondents also expressed frustration when they had made themselves visible for the sake of social cohesion and were not believed or taken seriously by those preparing foods:

“And that makes me angry that someone says ‘Well, it wasn’t that much pepper, I took it off. That’s not so bad.’ Then I get angry about their arrogance and that they meaningfully hurt me when I have told them that this will make me sick and that they don’t believe me when I have done everything in my power to give them the information they need,” (Respondent F, personal communication, September 20, 2011).

If a shared meal communicated being ‘eaten into’ the community, mainstream food instead was a threat of being eaten *by* the community, not into it. They were often fighting against the cultural understanding of food choices being determined by taste preferences, which were read as judgements within the modern consumer society (Falk, 1994). If a request for certain foods is based on preference, it risks being understood as unnecessarily difficult, pretentious in trying to ‘be like’ a high status lifestyle, or as a call for attention. This then reflects one of the ways that dietary eaters are not unaffected by lifestyle eater’s self-exclusion from the mainstream eating communities as based on preferences.

Lifestyle eaters also experienced judgement in having their principles made visible through their food choices, as shown by one respondent saying:

“Now if I get an invitation to visit someone and they have food that isn’t vegan because they don’t know, I’ll be flexible, I’ll eat it anyway...I think though it’s harder with just your principles. There is no defense, like for health, and there is pressure I think to just make it easier for others,” (Respondent C, personal communication, September 14, 2011).

She was living her life based on principles she believed in, active and aware of her local and global surroundings and her part in changing the world through her actions. She experienced pressure, however, from others to conform in order to maintain smooth social interactions, which meant either defending her food choices and possibly being seen as unyielding, stubborn, or rude, or giving up those beliefs for the sake of social cohesion.

The Inedible Edible and the Manifestation of the Border

Lifestyle eaters dealt with the edible vs. inedible binary in that their food choices deliberately challenged what the larger food culture considered edible. For them, animals were not a meal option because meat was not edible, or rather, was an *inedible* edible. This idea that sensory taste preferences are related to and determined by symbolic principles which translate the material universe into representations of the edible/inedible (Falk, 1994) is reflected in one respondent’s remark that “I know that I once thought it was good, but today I’m disgusted by the idea of a piece of meat in my mouth,” (Respondent D, personal communication, September 26, 2011). What was materially available as edible was determined by her principles, which were in turn related to her taste preferences.

Dietary users, however, would be physically damaged by the food. With Celiac, for example, bread constitutes an inedible edible: as the body physically consumed itself in an autoimmune response, the bread would instead eat the eater.

For the dietary eater, 'unknown' ingredients and preparations led edible foods to become inedible:

"I'm a curious person so I want to try something else but I don't do it the day before I have an important lecture. I would try anything that Oatly has made the day before an important lecture because I trust the label and the company. But I don't trust producers, no...I don't trust them to, no I don't chance it. I will ask them about barley, rye, oats, what kind of oats, what kind of wheat, what kind of milks, where do they grow it, where do they harvest it, who takes care of the transport, how is it handled, how is it packaged, how y'know, the works," (Respondent F, personal communication, September 20, 2011).

This shows how, as noted by Falk (1994), uncontrolled things are inedible. In this case, uncontrolled foods are dangerous and feared because they invert the eater/eaten relationship, that is, it turns the consumer into 'food' as the body eats itself in self-defense.

Incorporating these mainstream foods then did not result in gaining possession over them or mean reaffirming community, but the reverse. To eat those foods would result in a literal loss of self, but also identity as one asks "Am I taking this food into possession or is it breaking my body boundaries and dissolving me into itself?" (Falk, 1994, p. 87). The same stands for lifestyle eaters, whose principles have been embodied and with the mouth as the bodily boundary. To eat these foods would be a dissolution of their principles as upheld by their physical selves.

Tabooed foods clarify group identity by acting as a tangible border, bringing a physicality to 'culture', 'values', and 'norms'. In the case of dietary eaters, one's immune system makes one different than the Other, but that difference is not manifested until they eat together. In this way, food not only acts as the border between 'us' and 'them' but also manifests the border of the healthy versus ill body, the normal versus abnormal consumer.

As food then is the visual thing that makes disease or personal principles open to gaze of the Other, it articulates invisible conditions that have social consequences. In the context of the eating communities, food is the element that defines one as either in or out by making the invisible visible. It also marks one as sick or healthy as one suddenly must explain, refuse, or take on a sick role, which forces one to present an image of oneself that was invisible before. For instance, if one remains silent medical needs go unmet and risks injury, but to speak up sacrifices privacy.

Analysis

'Let food be thy medicine and medicine be thy food': Frictions in the Borderlands of Competing Eating Communities

In the same way that an individual's taste preferences are determined and regulated through the mouth, the same exists on a social scale, with the communal body being maintained through cultural tastes (here, taboos and norms) of the 'mouth'.

If the mouth is of the body, and we use our bodies to communicate, then the refusal of food on the basis of (invisible) food-related diseases or convictions *says* something to the other. Rules of conduct in social interaction transform action and/or inaction into expression, meaning something is communicated in the decision (choiceless) to either abide by or break the rule (Goffman, 1956).

Within modern consumer society, consumption is the realm of self-construction, providing the raw material for building one's personal and social self. This implies that self formation is based on representations in which we consume specific signs that represent the image we seek to project.

This means that which the body lets or takes in is increasingly important from a social and individual point of view (Falk, 1994), because the self is not just biologically constituted but built through interaction in connection to representations. The question here is what happens when biology influences one's access or control over representations? What if one's symbolic consumption is limited by one's dietary consumption, which is itself determined by one's consumption, that is, one's disease?

The idea that taste reflects individual choice has implications for the possibility to control what flows into the body. This, however, is a source of conflict for those outside the normative eating community. Food purchases, often 'alternative' and associated with trend and luxury rather than necessity, are less a reflection of individual tastes, but are still read as such by the mainstream eating community.

As food products become signs to be read in the context of our selves, eating and food choices become rhetoric. The mouth is then the gatekeeper to our selves as we consume to distinguish 'me' from 'you', but also 'us' from 'them' on the basis of taste and judgements made by the individual and communal mouth.

The Third State

For those outside the eating community, especially in regard to new definitions, traditional binaries such as edible/inedible, healthy/sick, and luxury/necessity, are not necessarily fixed or mutually exclusive. This means that their social interaction around food exists in a kind of liminal zone that redefines, inverts, and transgresses social norms and taboos.

They exist in a scenario in the borderland of eating communities where an 'alternative' food product, such as Oatly is not *either* luxury *or* necessity, but both. That is, opposing words are combined in this borderland to refer to the same thing: luxury *and* necessity, edible *and*

inedible mean something else that peers, officials, and marketers grounded in the mainstream eating community do not have a word for within the discrete states of language.

This 'something else', I would argue, is the third state--the realm beyond edible or inedible, luxury or necessity, which instead creates the possibility of fusion of discrete states with '*and*' rather than '*or*'.

Those outside the eating community are a new kind of consumer with the ability to belong to this in-between state, to understand and work within the 'and', to blur and make arbitrary the familiar signs of distinction that social categories the communal mouth, and marketing segments rely upon.

This third state then creates a circumstance where luxury *and* necessity, edible *and* inedible, healthy *and* sick, visible *and* invisible can occur simultaneously within the same being. This conceptualizes a much different eating community than the one developed by Bourdieu as the distinguishing power of 'distinction' falls apart when the categories are not 'distinct'.

In Bourdieu's eating community where the two categories are mutually exclusive and cannot therefore cohesively join, the dietary and lifestyle eater must rely on insufficient *parts* as explanation for the *whole* of their experience. In this world, there is no word for what they are as social agents and consumers. In the third state, however, where opposing words can conceivably be understood to mean the same thing, the in-between state acts as a crossroads where opposing words meet and a new epistemology is formed.

All of this is illustrated in the respondents' (re)definitions of the shared meal, whereby a child's dietary needs become a parent's lifestyle. The foods eaten in these families' meals are often adopted by the whole family, meaning they are neither need or choice, necessity or lifestyle, but simultaneously both.

The Consuming Gaze

After the border has been manifested through food, disease and principle are made visible and thus open to the gaze of Others. This institutional/social gaze is turned onto consumption (aetiologic and symbolic), which as previous chapters have established, is taken as a social text. This turns these bodies into texts to not only to be read but *interpreted* by the other in terms of the social norms, despite that these individuals have lost control over the signs being read onto their bodies.

Seeing is Believing: Problematizing the Gaze

The modern condition is dominated by the visual, with primacy given to the eye over the other 'bodily' or 'experiential' senses, such as taste or touch (Falk, 1994). The eye and its gaze are described as 'distant', imparting objectivity from a distance, such as the clinical gaze which extracts empirical knowledge from the world. The gaze, however, can also function like a mouth, devouring, predatory, creating 'contact' from a distance, such as a staring-gaze that is felt, one voyeuristic and penetrative--a gaze not onto, but into. In being made visible through food both diary and lifestyle eaters are made into objects of this multifaceted gaze, both clinical-institutionally and socially.

Closed Bodies

Falk (1994) articulates the modern body as a borderland, as a site of binary 'us/them' of 'individual/group' and from there, what we allow in and what it communicates to ourselves and others when we do. He also discusses the closed body in that, as we became a closed-body society, signs became more important for expression, and this as a part of our selves as consumers (eaters and buyers) of signs in society.

I have used this concept in developing an understanding of closed (private) bodies made open (public) in the lives of those removed from the eating community, primarily in relation to those with food allergies or intolerances. These individual bodies do not look different until the

disease is made manifest in eating and through food. What does it mean in terms of this body being read as a text in social interaction, in bringing forward an emphasis of physicality? It is then that differentiation makes them open to the gaze of others, a piercing gaze that pries open the closed body.

The Clinical Gaze

The clinical gaze reads the body-object and interprets its symptomatic expressions as a means for the production of (truth) knowledge (Falk, 1994). The empiricism of conventional medicine holds that real diseases have specific causes and can be identified and treated, which decreases the importance of subjective experience, emotion, and interpretation in the phenomenology of disease (Turner, 1987).

As medical professionals diagnose 'real' diseases, they simultaneously construct categories of sickness, disease, and illness (Turner, 1994). Thus in 'officially' diagnosing or recognizing an ailment, they exercise legitimizing social power to define what is normal by identifying what is abnormal, as "the manner in which disease is conceptualized will be an effect of the prevailing cultural system and the power structure associated with the dominant discourses. The way in which we are sick is culturally defined." (Turner, 1987, p. 82).

An official diagnosis from the clinical gaze legitimizes a person's subjective pain in the eyes of others. Claiming a 'real' sick role legitimize deviant behavior, such as rejecting food, by removing the responsibility or obligation to conform, since one does not 'choose' to be sick in the way another might choose other social deviances. While this emphasizes the problem of dietary eaters who have to take on a visible sick role in order to justify deviant behavior, it also points to a problem noted by lifestyle eaters, namely that it is difficult to justify adhering to their principles during shared meals because they cannot fall back on medical-moral categories to support or excuse their position.

Belonging to a sick role legitimizes social deviance, that is, without an official medical diagnosis/placement into a medical category, the disease is not legitimate or 'real'. If it is not

'real' then is it understood by Others as imagined or pseudo. This is significant because it has political and institutional effects: without proof to support a claim, it is instead dismissed as pretentious, as a call for attention or resources, and their bodies are thus open to the moral judgements of the Other. If it can be dismissed, then there are consequences in terms of lack of access to resources like healthcare, insurance coverage, or foods in markets, restaurants, and school and hospital cafeterias.

In the Eyes of Others

The social gaze opens up closed body by directing gaze towards private "too intimate" intestines, while also imparting moral judgements.

This is a gaze that penetrates, that dissects and hints at a power relation that allows for the 'normal other' to transgress otherwise fixed conversational boundaries relating to the public/private. Goffman (1956) states that conversation is understood as a reciprocal acknowledgement of the other as a separate autonomous person. This points towards a source of frustration experienced by informants in that by having the once-invisible disease made visible and open to the gaze, it ceases to be a conversation between individuals and autonomy is not recognized as body-talk becomes public. This has implications for identity construction, as the Other is defining the body as it interacts, that is, in a social eating situation where an invisible disease is made manifest through food, it is no longer one's own body to define as it is made public. This points to an element of social hierarchy or power in one feeling able to comment on the another's body, as one exercises the power to open up the closed body.

Informants mentioned frustrations over how freely others felt to comment on or define their private condition in a way the respondents felt would not happen were it another disease. I hypothesize that the differentiating variable here is food which blurs the border between public and private. Food acts as the vehicle for the Other to transgress the otherwise recognized public/private boundary because food belongs to the public domain, regardless of whether or not that food is medicine.

Goffman (1956) states that the modern man is 'other-directed' in that one behaves in a way that creates a particular image of oneself, but not for one's own eyes. The dynamic of self-construction in both personal and social identity, is conceptualized with abstracted social interaction in mind; we respond to the expectations of others (in how they expect to be read and how we should expect to be read by them in turn) and keep our private selves behind the facade or risk losing them altogether.

This explains the respondents' frustrations in being forced to discuss, defend, or excuse their bodies or principles. The digestive system and its functions are already tabooed in conversation and a public discussion of the details of one's (mal)functioning digestive system felt too intimate, too taboo-traversing. It requires private things to be made public for the sake of meeting social expectations, which often was associated with losing self or giving too much privacy away.

Judgement

In losing control or access to the signs that cause one to be read as a 'good' parent or guest, the informants experienced extreme constraints in expressing maintaining social expectations and obligations; because the signs vehicles that were used to perform in ceremonies (such as the ritual shared meal) were unavailable, the grounds for selfhood were taken away (Goffman, 1956). This meant sacrificing privacy or risk being 'read' incorrectly and subsequently judged. These social tensions created friction between meeting eating communities, revealing how Celiac and food allergies and intolerances were understood by informants as social diseases because of the social dis-ease they caused.

Loss of Control: Bodies, Diet, and Transgression

Part of the friction between conflicting versions of the eating community was that one was expected to be individually responsible for one's diseases, but for dietary eaters outside the

mainstream eating community, food was both the poison and cure. Meaning that while eating socially one was no longer able to control the disease or condition individually, or at least not without having to explain non-participation to excuse differences via the absolving-power of the socially legitimizing sick role.

Wanting to participate within the 'normed' eating community without having to explain the boundaries of their bodies, despite it being precisely the food which articulates this boundary, was a source of conflict for those outside the mainstream food culture. For these individuals, it was then 'to be eaten into the community, I must allow myself to be eaten or risk being eaten by the food.'

This includes the problem of when the management of the disease is taken out of one's individual control and placed in the hands of the Other. The Other can choose to accept, cooperate, or ignore, as reflected by respondents who felt betrayed by restaurants and those charged with preparing meals who dismissed their serious health concerns even after they had followed all of the social obligations that would grant them legitimacy.

The initial medical diagnosis places restrictions on what can be eaten and once-familiar foods become regulated, either 'allowed' or 'forbidden'. As noted by respondents, the new association of food with these words risks creating a victimization identity in that the power to decide or to exercise individual choice is removed. The allergy(s) or intolerance(s), new foods, and new social interruptions are things happening *to* them and employs language that directs the direction of power away from their bodies. One respondent noted a social strategy to dealing with the loss of control by recontextualizing the choice being made--one is not being forced to 'go without' (no choice) but rather choosing to feel good and "Once it's your choice, then it's easy to choose to feel good," (Respondent F, personal communication, September 20, 2011).

Based on the interview responses, we see that it was difficult for people to adjust because it was not just a matter of eating new foods, but retraining one's eating patterns, and

social interactions; it was learning to *unlearn* old food patterns and reformat one's lifestyle. The 'cure' to their conditions were not just new foods, but new lifestyles (which, as commonly thought of as something chosen, prove problematic to explain within social situations).

These individuals are part of a changing or emerging food culture that is different than the one described by Bourdieu, who said taste is fundamentally a matter of individual judgements or preferences, albeit preferences limited by the potentials offered by their habitus, all purposed towards distinguishing ourselves from others. Though valid for the 'mainstream eating community' I argue that the model does not account for this niche of consumers displaced from the eating community and disconnected from the vernacular consumption and presentation of signs in social space. This is a differently realized eating community in its removal of choice, though it is still situated within the societal structure, rather, the habitus is changed but the field of social interaction remains.

My deviation then is not from the entire habitus, especially as it has to do with lifestyle, but rather from one aspect of it: the individual whose food choices are not necessarily *chosen*. Here, I depart from Bourdieu on distinction arguing that not all people want or aim for distinction, not when the distinction is stigmatic, and on habitus, as it is not as fixed as he would argue.

Also, having private conditions (or principles) forced into visibility by food had social consequences in terms of how oneself and the Other viewed one's control over their own body. The modern body-project reflects a certain disciplining of the body as both useful (a tool) and obedient (controllable)-- as the body is instrumentalized, the body ultimately becomes the medium of self (Falk, 1994). Food culture and the eating community are connected to body discipline based on the cultural definitions of food, especially as 'food for fuel', both healthy and economic, for the body machine turned instrument (Falk, 1994). If a body is something to control, then there are consequences, including a sense of betrayal when cannot remain disciplined, when when loses control--both in social and individual perceptions of the body.

If, as Falk (1994) argues, the inside/outside distinction of completion and separation is demonstrated on the individual body and self, body surfaces can become the site of stigmatization. I argue that marginalized bodies removed from choices do not necessarily seek separation, but are forced into it in having to vigilantly maintain the boundaries of body (for health) against the normed Other. Falk's completion of the self-image then would be an absence of separation, or rather, an absence of 'distinction'. Or, perhaps these bodies are merely the extreme end of the spectrum of self-building, having to vigilantly separate in order to build (biologically) the self or be consumed by it. I argue then that Falk's model does not necessarily fit the allergic/intolerant body because its (material) consumption is defined by its consumption ('disease' and physical body-eating immune response).

Diet and Transgression

The loss of control over one's diet created a sense of victimization or anxiety over relearning, defending and explaining a different relationship to food which was difficult if one was not used to talking about food, and was exacerbated if one was scared and uncertain.

Uncontrollable foods, communicative signs, and the management of their conditions leads to control strategies, referred to as 'cheating' by several respondents. One respondent, for example, explained that if her brother had to 'give up' pasta, he would be very upset, especially because he is known as the 'lasagna guy' to friends and family. 'Not eating' reflects not only a loss of control, but a loss of identity. Several respondents, both lifestyle and dietary eaters, mentioned 'cheating' on their specific diets by eating 'forbidden foods' like pizza or meat, despite the risk of being eaten (physically or symbolically), in order to reaffirm a degree of identity and control.

The dietary eaters particularly related cheating with pleasure, noting that it was 'worth it', an indication of Falk's (1994) assertion that the pleasure principle of transgression is in the very act of transgression, but also indicative of something more, that is, the sweetness of the forbidden fruit as a confrontation with the uncontrollable. Falk (1994) discusses this in terms of

the mainstream consumer and connects this behavior to a sort of ‘thrill-seeking’ transgression, such as eating poisonous blowfish, the incorporation of which inverts the eater/eaten dynamic and threatens bodily boundaries. I argue, however, that for those outside the mainstream, cheating does not derive its pleasure from the *possibility* of injury (as it is a certainty, not a risk) but rather from the control or personal empowerment that comes from making a *decision*, in choosing to choose, even if done out of spite. The thrill comes from *choosing* to cross the cultural borders that define and confine the body, as if one chooses to make themselves ill or chooses to be healthy (rather than forced), one is no longer a victim.

Because this was an element common throughout respondents’ narratives, it is significant in terms of understanding how a disease is lived, especially for medical professionals in better understanding how their patients not only relate to their conditions, but adhere to, comply with, or adapt their prescribed treatments. Controlling individual boundaries means a vigilant control over what enters the body, but, as noted by Falk (1994), control taken to its extreme would result in non-relation. This then may be indicative of the motivations for cheating, despite knowledge of the inevitable consequences. Relatedly, this choice-control may also be useful in understanding aspects of eating disorders, a topic briefly mentioned by some parents of children with food allergies.

Discussion and Applications

This research and analysis represent a relevant line of research in understanding and providing recommendations for food movements, in the communication of subjective illness within the patient-doctor relationship, in marketing and product development, and in policy making.

Food Movements

This research contributes to the understanding of current food movements, particularly in identifying the changing relationship to food such as with the locavore movement, slow food, food centered television programming (*Top Chef*, *The Biggest Loser*, etc), and the rise of functional foods, to name a few. In terms of sustainability, for instance, understanding trends and changing relationships to food are significant for sustainable solutions; we are going to have to change current food consumption patterns, which means considering the current role of food within eating communities and its influence on the everyday practices and behaviors of global communities. In this context, considering the current role of food within eating communities and its influence on the everyday practices and behaviors of global communities is vital. Related to this is the fact that consumers are distanced from food production, which has important consequences in the everyday lives of those with food-related diseases. Sustainable consumption has a very specific meaning in the everyday lives of those with food-related diseases. These individuals must avoid certain foods, making the traceability of ingredients extremely important to their health. This can make for a strong argument in favor of more sustainable food production and distribution, for example. .

Lifestyle users also have a role to fill, which is important to understand as they are actively seeking ways to support sustainable food practices, which may mean deviation from traditional foods. These consumers acknowledged that in order to meet the current and future challenges to the food system, changes will need to be made on an individual level in regards to food choices, food culture, tradition, preparation methods, and views of what is and can be considered edible food. In this way their behavior become a significant act of power as their purchases can be likened to votes, for one system or another, making them key players in the striving for a more sustainable society, and thus interesting and valuable to study.

Medicine

This research has implications for disease management, risk taking, and treatment compliance and points to a need to integrate the socio-cultural aspects of disease alongside medical consultations. It also applies towards understanding the patient perspective of similar food-related diseases, including why people do or do not adhere to treatment plans and medicinal regimens.

One such example from this thesis' findings is identifying the element of victimization and the control strategies that people develop around it. Victimization implies a passive patient with an active disease, that is, a disease with agency that happens *to* someone. In acknowledging the connotations of victimization and loss of control as a part of chronic illness, we see that hiding and invisibility are as much about privacy as they are about stigma and shame. This means then that the social implications of 'being sick' should be considered and integrated into treatment plans.

In a similar vein, the role of the community and its gaze onto the 'abnormal' individual or consumer is relevant to understanding clinical disease versus lived disease. The gaze of others was a noted source of conflict around social eating, that is, once food manifested the border between principles and the sick/healthy body, both a clinical and social gaze was directed towards "too private" choices or bodily functions. This is a gaze that penetrates and reveals, indicating a power relation that allows for the 'normal other' to transgress otherwise fixed social boundaries relating to the public/private.

This also meant that the individual felt obligated to explain themselves, which several respondents experienced as having to apologize for their sickness or excuse their abnormal dietary restrictions. In order to have their requests for 'special food' met, they had to somehow legitimize their pain in the eyes of others, which frequently meant taking on the sick role even if

they did not consider themselves ill. To refuse identifying oneself as 'sick' was to risk being misinterpreted as being pretentious or purposely difficult.

Some even experienced this judgement as being misinterpreted as having an eating disorder. For example, one respondent was told by a coworker that he thought she was 'another anorexic girl' because of how she checked the food labels at a company lunch during orientation. Another respondent worried that her food-allergic daughter might develop an eating disorder as she grew, feeling that the diligent focus on checking labels for ingredients could easily segue to counting calories. The community's gaze then has important implications for how an individual experiences and manages not only their sense of self, but their physical bodies.

Marketing and Product Development

In terms of marketing, product development, and hospitality/restaurants, the consumers researched here represent a niche market of life-long consumers whose medicine is their food. It is an opportunity for restaurants, hotels, arenas, and entertainment venues to grow with consumer trends and benefit from meeting patrons' needs.

For example, Domino's, a nationally recognized pizza brand in the United States, which recently (as of the writing of this thesis) announced introducing gluten-free crusts. The reaction on various online Celiac forums was positive but an immediate response was many stating that they would opt out as the lack of a designated gluten-free preparation place meant the risk of cross-contamination was too high (NFCA, 2012a). Consumers were pleased to see their needs recognized within the mainstream food culture, but the realities of their disease, particularly their distrust of foods prepared out of sight and the lack of traceability, were not addressed. Considering this salient aspect of their target's situation could have then translated into actual or increased sales.

My discussion on the emergence of a third state is also relevant to marketing and product development because it identifies the evolution of a new kind of consumer who appropriates traditional food categories and uses products in ways that do not fit the traditional mutual exclusivity inherent in marketing or consumer models. These individuals constitute a marginalized, diasporic eating community that is linked by products like Oatly, and through these products and those like them, blur the line between the categorical distinctions of luxury and necessity.

Luxury and necessity are dated ways of conceptualizing these products. In approaching user-culture as something distinct and 'locatable' there is increasing frustration when consumers are instead variable, inconsistent, conflicted, and have individual agency (Ortlieb, 2009). The current approach is limited in explaining behavior because it can not anticipate the ways meanings and feelings change and risks failing as a predictive tool (Mariampolski, 2006).

Institutional Policy

This research can also be connected to policy making in standardizing labeling practices, for insurance claims, and for tax deductions, all of which, as of the writing of this thesis, are currently being debated within allergy and Celiac organizations and the Swedish state. Knowing the daily reality of these people in trying to manage their illness has important implications for packaging laws and labeling requirements and necessitates meeting what consumers need to know, primarily ingredient lists and traceability.

A 2011 case in the United States, for example, saw a man sentenced to 11 years in prison for falsely selling baked goods that he advertised as gluten free. In reality, he was purchasing and repackaging regular bread and selling it at premium prices which gluten-free products are commonly sold at for being 'specialty' foods (Price, 2011). Another 2011 incident in the United States occurred when a chef posted to Facebook that he frequently and deliberately

served gluten-containing foods to customers who requested gluten-free because he did not believe they were actually sick, but that they were trying to be trendy (NFCA, 2011).

Because one cannot avoid what one cannot “see”, and as much as it is an individual responsibility to properly manage one’s own disease, food’s direct link to socialization means that it may frequently be beyond a food allergic/intolerant individual’s scope to control, placing management of allergy in the hands of others. Understanding that disease management for food-related diseases is not necessarily individually controlled is important for acknowledging that for some, food is medicine. This has implications for helping those with food-related diseases to access foods at fair prices, rather than as ‘specialty foods’, and in legislating standards for regulating the integrity for these foods.

Conclusion

This research originated from both my own experiences with Celiac and food intolerances and the fieldwork from an internship that looked into consumer behaviors and motivations towards non-dairy alternatives. The purpose of this thesis has been to conduct a cultural analysis of the social implications of food allergies and intolerances and to analyze the interaction of individual experience and social structures.

With this consumer research I thus hope to have contributed to the theoretical discussion of how bodies and selves are performed at the borderlands of conflicting (re) established eating communities, while also making possible a number of practical applications of the knowledge produced.

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Footnotes

¹ Jönsson, H. "Food as Culture." Lund University, MACA Lecture. Lund, Sweden. 9 Sept. 2010.

