'May contain traces of'

An ethnographic study of eating communities and the gluten free diet

Cridland, Meghan

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LUND UNIVERSITY

PO Box 117
221 00 Lund
+46 46-222 00 00

“MAY CONTAIN TRACES OF”

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An ethnographic study of eating communities and the gluten free diet

Meghan Cridland

Lunds
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To Rick and Shawna Cridland

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Acknowledgement

There's a saying that it takes a village to raise a child. It has certainly taken a village to get this thesis written.

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Thank you, everyone!

Now, on to the text.

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Figure 1. Birthday cake at Camp Celiac

Chapter One
Introduction

I stood in the summer camp's dining hall where everyone had gathered, in from the bright summer heat and surrounded by their excited chatter. Camp counselors and volunteers had been alluding to this moment ever since I arrived at the camp—one even made a special trip specifically for this event. Today was everyone's birthday.

The camp administrator picked up a microphone to bring the campers' attention to the stage at the front of the room.

"When someone is having a birthday party, and you get invited, you bring them a present. And what else do you have to bring?" the administrator asked.

"Cake!" The kids yelled back in unison.

"Your own birthday cake, right? Has that ever happened to anybody?"

"Yes!" they yelled back.

With everyone's attention on the stage, several camp counselors began to wheel out big cakes from the kitchen. They were white-frosted sheet cakes covered in rainbow sprinkles and sat on gold foil platters.

"Well, guess what? Here, you don't have to worry about that. When we have a birthday here, and *we* serve a birthday cake, everybody gets to eat it," he announced to the cheers of the campers.

"Between now and next camp, all of you will have had a birthday, so on the count of three we can all sing 'Happy Birthday' to everyone here," and to the enthusiastic, off-key tones of 'Happy Birthday,' a colorful, tiered cake with candles was brought out to the front of the room.

The cakes were chocolate with vanilla frosting and sprinkles, they were delicious, and they were completely gluten free.

Background

> "Eating together (com) the same bread (panis) transforms the eaters into companions…" (Falk, 1994, p. 15)

Food is social. It is much more than the sum of its ingredients or nutrients; food carries meanings and values, is symbolic, and communicates relationships between people and between individuals and society. Despite being omnivores, we, as humans, do not eat everything that we can. We make rules about what can be eaten or what is forbidden, despite being physically edible. Food not only structures our everyday lives, setting rhythms of the day through meals, coffee breaks, happy-hour socializing, but also establishes cultural norms—what makes a meal a meal, what can be eaten, when it is appropriate to eat it, with whom it can be eaten.

Through food, we communicate "who we are, where we came from, and what we want to be" (Belasco, 2002). Eating is a core aspect of culture, and by eating we not only establish social relations but also form the insides and outsides of our individual bodies. Eating and participating in meals are culturally structured activities that relate people to themselves, to each other, and to the social whole (Falk, 1994).

As sociologist Gary Alan Fine writes, "…We are entangled in our meals. The connection between identity and consumption gives food a central role in the creation of community, and we use food to convey images of public identity" (1996, p.1). Eating is thus an incredibly intimate action; on an individual level, you let the outside world into your body in order to literally change your body's composition, and on a societal level, we use food to create intimacy and reinforce social bonds. Consider the act of feeding someone else: a mother nursing a child, a family member feeding a sick relative, cooking for a romantic partner, or inviting friends over for dinner. Feeding another person is an action filled with emotional cultural connotations of providing, care, fondness, but also a large degree of trust and responsibility.

Commensality, meaning eating together, is a way we form community through food, linked to both identity and a sense of belonging. And an eating community—a term that will be developed heavily throughout the thesis—is a way a group of people eat, consider, interact with food. An eating community is built on distinctions—of the foods we use and find acceptable or necessary or dangerous. The eating community is about practices, intertwined with our physical and social bodies. It is against this background that this thesis has its origins. What happens when food cannot be shared? What changes occur in food's social, communicative, and symbolic aspects? And what is the role of the modern food system for which such expressions are made possible in connection with food and meals?

Changes to the contemporary food system, including meals and eating patterns, have occurred quickly. One such change over the past 30 years has been the increase of commercially produced foods aimed at food allergies and intolerances and 'free from' dieting.

The gluten free diet has emerged from the medical sphere and entered the everyday lives of consumers. The gluten free diet began as a medical treatment for the autoimmune disorder celiac disease. In celiac disease, ingesting dietary gluten—a protein found in wheat, barley, and rye—causes an autoimmune response towards the body's digestive system. The only treatment to date is a lifelong adherence to the gluten free diet. This means not only eliminating and avoiding foods like bread, pasta, pizza, cereal, baked goods, and beer, but also learning how pervasive an additive gluten is in our current food system, found in, for example, soy sauce, mayonnaise, sausage and processed meats, vitamins and medicines, makeup and lotions, candy, and even the glue on stamps and envelopes.

The gluten free diet, however, is increasingly not only for people with celiac. While it began as a medical diet, the gluten free diet has experienced a surge of awareness and interest from people without celiac disease, resulting in today's consumer diet trend. And even for those not following a gluten free diet, it is becoming more and more unavoidable as commercial food manufacturers 'hop on the bandwagon'; gluten free foods can be found on 'regular' shelf space at common supermarkets, as options at cafeterias and cafes and restaurants, and as media fodder. Eating gluten free has been called the "new cool eating disorder" by American actor Jennifer Lawrence, and the New York Times referred to it as "dismissed outright as a trend for the rich, the white and the political left" (Severson, 2014). It can be found in news reports, cookbooks, best-seller lists, radio programming, television shows, and even politics. In 2016, a then-presidential candidate, republican Ted Cruz, decried a culture of 'political correctness' saying "That's why the last thing any commander should need to worry about is the grades he is getting from some plush-bottomed Pentagon bureaucrat for political correctness or social experiments–or providing gluten-free MREs (meals ready to eat)" (LoBianco, 2016).

But why? How has this restrictive, medicalized diet entered the everyday eating patterns and practices of celiac and non-celiac persons alike? What is the appeal to consumers and the food industry? And what does the increasing awareness of, and catering to, food intolerances mean for interactions around the dinner table?

Aim

The aim of this thesis is to study the emergence of an eating community by looking at the social, emotional, material, and practical aspects of the gluten free diet. It explores how the consumption of gluten free foods illustrate the transformation of an eating community—not only the eating community of those following the diet, but that of 'everyone else' who increasingly interact with the diet's materiality and its social consequences. In line with ethnological tradition, this thesis looks at the particular in order to get a picture of the general—that is, the sentiments, bodily experiences, and practices of people with celiac disease are used to gain perspectives on general aspects of eating communities, as well as how changes in culture, economics, and medicine transform food related cultural practices.

Although the empirical data comes from ethnographic fieldwork, interviews, and participant observation conducted at a summer camp for children with celiac disease, the focus of the thesis is not celiac disease or even the medicalization of food. Rather, Camp Celiac is a detail, a case study, for discussing the larger concept of eating community. As such, empirical data also comes from an open-ended questionnaire distributed in Sweden that collected the perspectives of those without food allergies and intolerances, but of which are still a part of their daily lives. Celiac disease was chosen specifically over other diet-related illness or restrictions because it

is at the center of the gluten free diet's shift from a medically necessitated diet to a culinary trend.

Due to the gluten free diet, the increasing numbers and awareness of food allergies and intolerances, and people without allergies or intolerances following 'free-from' diets, I also discuss the emergence of new practices, strategies, and norms around commensality, produced by the social friction of negotiations taking place around the table. The emergence of a new eating community means the emergence of distinctions that differentiate the gluten free eating community from others. This thesis also aims to explore how these distinctions play out as people and food products cross between eating communities and the subsequent effects on the relationships between eating communities as a result.

Research Questions

The main theme running through this thesis is the concept of an eating community. It is explored through the interactions between separate eating communities that are sometimes integrated by the consumption of gluten free food.

The research questions thus ask:

- How does the gluten free diet illustrate the emergence of contemporary eating communities?
- What does the gluten free diet trend explain about contemporary eating patterns and behaviors?

Several sub-questions are asked in order to answers these larger overarching issues. What is the appeal of restrictive diets and how do alternative diets become 'normal'? What does an emergent eating community look like, and *how* does it emerge? What is the role of commercialization when a diet increases in popularity, and what kinds of translations occur as a restrictive, medically necessitated diet goes 'mainstream' as a consumer diet trend?

The Research Field

The gluten free diet is a social, economic, and medical phenomenon in contemporary food culture. It is currently seeing a surge in followers and, consequently, a surge in market-driven products and availability, despite being a highly restrictive, medical diet. This medicinal aspect may in fact be a driving force behind its current popularity. The gluten free diet category grew 136% between 2013-2015 with estimated sales of $11.6 billion in 2015 (Mintel, 2015). 28% of U.S. consumers reported either cutting down on gluten or avoiding it completely (Priven, Baum, Vieira, Fung, & Herbold, 2015). That's nearly 90 million people eating gluten free foods, despite only an estimated 3 million persons with celiac in the U.S.

The gluten free diet is indelibly linked to health due to its purpose as a treatment for celiac disease. According to market research reports, 16% of consumers report eating gluten free foods because they believe gluten is bad for them, and 37% report eating gluten free foods because they perceive them to be healthy foods (Mintel, 2015). Additionally, market research has found that only 25% of consumers in a home following a gluten free diet claimed celiac disease or gluten intolerance as a cause for the switch, citing a belief that gluten free foods would improve their digestive health or eliminate body toxins (Noblitt, 2015).

Not only are more people following a gluten free diet than need to, people are also doing it out of a more general concern for health. This disparity between people needing or choosing a gluten free diet has been driven by medical research, media attention, and market responses. The gluten free diet trend in the U.S. began around 2008 on the heels of research that supported the existence of non-celiac gluten sensitivity. Books like *Wheat Belly: Lose the Wheat, Lose the Weight, and Find Your Path Back to Health* (Davis, 2011) and *Grain Brain: The Surprising Truth About Wheat, Carbs, and Sugar—Your Brain's Silent Killers* (Perlmutter, 2013) shot to the top of best-sellers lists. And articles like "Against the Grain: Should you go gluten free?" (Specter, 2014), "The gluten free diet appears here to stay" (Severson, 2014), and "Gluten-free: health fad or life-saving diet?" (Saner, 2015), to name a few, cropped up in the New Yorker, the New York Times, and the Guardian.

As the media raised awareness about the gluten free diet and people began to adopt it, the market responded to the increased demand. All of this awareness and new accessibility meant people following the gluten free diet as either a dietary trend or as a treatment for celiac disease were participating in the same market. The gluten free diet had entered the everyday lives of those following the gluten free diet, and even those who were not, as gluten free products entered grocery store shelves and restaurants and schools.

This thesis investigates the tensions and frictions that emerge with the formation of a new gluten free eating community. It identifies new practices and materials of the gluten free eating community that produce new social frictions at the shared dinner table. This points not only to discussions of commensality and community, but towards what can we learn about contemporary eating practices by looking at the practices that define the gluten free eating community.

Previous Research

This research is situated at the intersection of ethnology and food studies. Though they are really interwoven in my general discussions, for the sake of clarity here I will present them as parallel. In the following section, discussions of previous research are broken into three main sections: food, culture, and community; food and community; and ethnology and community.

Food Studies on Culture and Community

The French social scientist Claude Fischler (1980) stated "man feeds not only on proteins, fats, and carbs, but also on symbols, myths, and fantasies" (p. 937). Within the food and culture research tradition, it is often stated that food is more than its nutrients, more than just fuel, but engages our creativity, our senses, our memories, traditions, and values. The individual body and the social body are linked through the consumption and incorporation of food.

Borrowing from Marcel Mauss, social anthropologist Runar Døving (2003) calls food a total social fact, meaning we can learn about all of a society's economic, moral, judicial, political, and religious institutions simultaneously through food (Burstedt, Fredriksson, & Jönsson, 2006).

Meals and eating are areas covered extensively within both food studies and ethnology. Both ask what a meal is and what meals *do*, as in the vein of anthropologist Claude Lévi-Strauss' famous quote on symbolic categories that are not necessarily "good to eat" but "good to think" with (Lévi-Strauss, 1966). These studies focus on how meals are organized, what they contain, and when, with whom, and why different meals are eaten (Douglas, 1972; Counihan & Van Esterik, 2008; Crowther, 2013).

Food Studies is an interdisciplinary field involved in a multitude of food issues, spanning from gender studies and nationalism (Neuman, 2016), to globalization (Sobal & Nelson, 2003), immigration studies (Bailey, 2017), and anthropology (Wilk, 1999, Counihan, 2009). A number of studies have engaged with the topic of meals. Meals as cultural analytical tools show different aspects of eating norms. Richard Wilk (2010) writes about how the American dinner table and family meal are politicized ideals for normalization. Mealtimes are also studied as "cultural sites for socializing children into commensality, communicative expectations, and the symbolic, moral, and sentimental meanings of food and eating" (Ochs & Shohet, 2006, p. 35). And research has been conducted on meals' role in reinforcing group identification, such as studies focusing on how meals in immigrant communities include, exclude, provide resistance to, and integration with, host communities, while also addressing issues of power and marginalization (Parasecoli, 2014).

Previous research in food studies has also focused on meals as social events with a social function of meaning-making (Pliner & Bell, 2009; Ochs & Shohet, 2006; Blum-Kulka, 1997). In recent decades, traditional meals have been positioned as under threat from modernity and the individualized eating patterns that have emerged from it, arguing that the institutionalized, ritualized meal is fading and being replaced by snacking. As Fischler (1980) writes, "the rhythm of our daily pattern of eating is undergoing radical changes…the institutionalized ritualized meal—the highly socialized form of eating—is regressing, while another pattern of eating is rapidly expanding, namely nibbling and snacking" (p. 946).

Anthropologist Mary Douglas approaches meals as cultural text, able to be decoded and relying heavily on categorization. In *Purity and Danger* (1966), where she famously writes that dirt is matter out of place, she argues that biblical categorizations of food and forbidden meal compositions

reinforce group belonging and thus reinforce social order. As she writes in later work on deciphering the category of a meal, "If food is treated as a code, the messages it encodes will be found in the pattern of social relations being expressed. The message is about different degrees of hierarchy, inclusion and exclusion, boundaries and transactions across the boundaries" (Douglas, 1972, p. 61).

Food studies and community

Sociologist Torbjörn Bildtgård (2008) uses the term 'food communities' which are constituted of "shared common ways of thinking about food – such as what to eat, when to eat it, how to prepare it, etc." (p. 107). Bildtgård calls these common ways of thinking 'alimentalities,' or mentalities related to nourishment: "Alimentalities develop within communities over time and gain the character of a social fact for those who are members of the food community" (p. 107). Community here is disconnected from place, meaning social movements around food, such as alternative diets and diet trends like the gluten free diet, can have community united by their shared interests rather than their physical location (Bildtgård, 2008).

The notion of an eating community coalescing around a shared interest, independent of geography, is an important aspect for this thesis, as I explore the gluten free diet and trend in two different western societies. Benedict Anderson's (1991) imagined communities and Arjun Appadurai's discussions of globalization (1996) and ethnoscapes (1990), despite not discussing food or eating, are useful to argue for the possibility of a community whose members have never met, but share a common interest.

Sociologist Anthony Cohen's concept of symbolic community similarly leverages shared interests. Although not directed at food studies, he argues for the existence of communities defined by members that "(a) have something in common with each other, which (b) distinguishes them in a significant way from the members of other putative groups" (Cohen, 1985, p. 12). His symbolic community emphasizes both similarity and difference, which he argues turns community into a relational idea—we in the community are the same in some way, and this defines us as different from others (Cohen, 1985).

Additionally, ethnologist Maja Povrzanović Frykman (2003) writes about what she calls an ad hoc community of Croatian migrant bus travellers, saying that shared bodily experiences, shared codes of behavior, and the interactions on the bus journey constitute community, despite its contextual, temporary character (Frykman, 2003). I argue that it is therefore possible to argue for the existence of an eating community, like the gluten free eating community, which is defined by alimentalities rather than place, and wherein membership can be determined by choice (Bildtgård, 2008).

Within food studies, community is closely linked with commensality—defined by Sobal & Nelson (2003) as "eating with other people"—which links eating and drinking with common physical or social settings (Kerner & Chou, 2015, p. 1). Commensality is a vital part of understanding an eating community, as community is produced through creating and reinforcing social relationships (Kerner & Chou, 2015, p. 1). French sociologists Emile Durkheim (1982 (1894)) and Marcel Mauss (2002 (1950)), and French anthropologist Claude Lévi-Strauss (1966) all studied commensality as a part of rituals, religion, and sacrifice (Kerner & Chou, 2015), but did not address commensality as a part of everyday eating. German sociologist Georg Simmel's *The sociology of the meal* (1997, (1910)) argued, however, that commensality should not be studied only in terms of feasts and should include the everyday meal (Kerner & Chou, 2015). Today, commensality considers both mundane and special meals (Kerner & Chou, 2015), and emphasizes eating as a social activity and communicative act (Chee-Beng, 2015), as sociologist Claude Fischler (2011) writes "eating is, in all cultures, a social activity and commensality is undeniably one of the most important articulations of human sociality" (p. 529).

As historian Paul Freedman notes, commensality is often discussed by positioning the traditional shared meal around the dinner table against the individualistic eating patterns of modernity, saying "studies of commensality tend to emphasize its positive effects of breaking down selfish individualism" (2015, p. 100). But as he argues, commensality is always social, but it is not always benevolent. Sharing a meal can communicate inclusion, but it can also be used to show exclusion, disapproval, and even betrayal.

While commensality is a habitual social interaction around food, it is also a temporal and spatial interaction. Commensality is moments of eating together, and while sharing food produces lasting commensal relationships like intimacy, nurturance, and reciprocity (Van Esterik, 2015, p. 31), commensality itself ultimately disintegrates once we leave 'the table.' Community is inexorably linked to commensality; it is both produced by, and produces, commensality, but in contrast to commensality, it continues beyond the table.

This thesis builds upon these notions of community and food to argue for the eating community as a set of practices and the product of performances of distinction. Sociologist Dave Horton (2004) argues in his analysis of 'green' communities that "These distinctions are performed. And these performances produce and reproduce the boundaries of, and within, the…cultural world" (p. 74). I argue through my empirical material that community is built through practices, ultimately practices of distinction—what is or is not food, what is or is not safe, etc. The boundaries of the community are not static; rather they are constantly in flux and dependent on interactions between materials, emotions, and experiences. This emphasizes how food objects—such as gluten free products—norms, and values become important points of reference for a sense of community and belonging, as well as how community can emerge as a strategy for navigating in uncertain spaces (Parasecoli, 2014).

Studies about food, and with food, have been a long-standing tradition within the discipline of ethnology. The Swedish ethnological anthology *Mat: Genealogi och Gestaltning* (Burstedt, Fredriksson, & Jönsson, 2006) argues that food is a productive topic for ethnology because of its ability to affect both bodies and social relationships, while also acting as a result and creator of cultural processes (p. 19).

Food has proven to be a useful ethnological entry point to the study of everyday, lived experiences and how things become meaningful in practice. My approach looks at how the gluten free diet manifests or makes visible the practices that form the boundaries of an eating community.

While early 20th century ethnological research about food focused primarily on peasant traditions and feasts, it later turned to the study of how, as ethnologist Nils-Arvid Bringéus (2001) writes, "the symbolic meaning of food demonstrates cultural attitudes and values. For this reason an ethnologist can scarcely find a better field to investigate than food and meals"

(p. 71). Ethnological research on food has focused on food in the context of everyday life, including how it creates temporal rhythms and routines (Bringéus, 1988). More recently there has been interest in globalization and the postmodern food system, investigating the interplay between the local and the global (Jönsson, 2005, 2006), regionalism and the commercialization of the local (Burstedt, 2006; Fredriksson, 2006; Tellström, 2006), and the narrative of relationships between consumers and producers (Petúrsson, 2013). A recent doctoral thesis in ethnology focuses on how households interpret and practice sustainability through purchasing decisions, using food as a methodological tool for analyzing the practice of sustainability in everyday life (Marshall, 2016).

Ethnology has also studied the relationship between diet and identity, such as in ethnologist Beatriz Borda's (1987) study on the role of food as an identity marker in South American immigrants in Sweden. Her study points out how food enacts gendered relationships, a sense of space, and community. Ethnologists Susanne Lundin (1987) and Anders Salomonsson (1987) have also researched identity and community through the health food movement and alternative diets. Salomonsson (1987) concludes in the study of vegetarianism and health consciousness that health consciousness is linked to the desire for cultural and social solidarity. Though I question whether health identities are quite so simple, as identity is complex and situational, I build on the concept of health consciousness as linked to identity. Many of these studies address an affective aspect of food, identity, and community, which my thesis is also situated within. This thesis is also about bodies that feel—they feel stomach pain, they feel trust, they feel frustration, they feel included. Ethnologists have studied the sensual aspects of eating and food's role in creating memories and invoking the senses (Bringéus, 1988; Salomonsson, 2006; Burstedt, 2006). My research builds on this tradition with my focus on embodiment, affect, and the ways that objects like toasters, bread, and kitchen drawers become 'sensitive' which will be discussed further in the following section on theoretical concepts.

The desire for belonging, the way people identify with food, and use food to communicate means food is often a source of community. Food is used in integration projects, education projects, community development projects; immigration and migration studies; and of foodways, like organic or Nordic, or traditional foods (Larson & Österlund-Pötzsch, 2013; Lysaght, 2013; Minamni, 2013). Food also acts as a symbol of distinction between social structures of a community (Bringéus, 2001).

Ethnology and Community

Community is a fundamental concept to ethnological research. Swedish ethnology has its roots in documenting and preserving Swedish peasant society, customs, traditions, rituals, and values. It also relied on communities, which were both sites for and methods of conducting research—for instance, one way to study these peasant communities was through questionnaires, which relied on a community member gathering information about the community to then be used by researchers.

As ethnologist Valdimar Hafstein (2016) writes, ethnology analyzes "the minutiae of everyday life that open up to important insights into cultural dynamics, social structures, and historical events" (p. 16). The key enduring concerns of the field include the narrative and the material, the local and the translocal, the national and the transnational, diffusion and migration, tradition and creativity, and difference and sameness (Hafstein, 2016), and the community concept can be found in each of these.

Studies of communities in Swedish ethnology are certainly not limited to the study of food and meals. Of special interest for the context of this thesis are the studies done by ethnologists Jonas Frykman (1977) and Anna Johansson (2010) on processes of distinction within communities. In his study of unwed mothers in Swedish peasant society, Frykman emphasizes the cultural categories of purity and impurity, and the danger of the unknown—that which is unknown is ambiguous and confuses categories. It is thus also reminiscent of American anthropologist Mary Douglas's structural analysis of religious food taboos—writing that that which is dirty or impure is merely matter out of place (1966).

I build on these ethnological concepts of socially constructed categorization, especially in regard to the hidden danger that gluten cross-contamination poses to the gluten free eating community; a loaf of bread, for instance, is a clear danger because it is obviously bread, but a toaster poses more of a threat because it's unclear if it has been kept free from gluten or if it might contaminate gluten free breads placed within it. Distinctions, a core ethnological concept, are at play in both of these examples, linked also to communities, in how distinctions blur the boundaries of pure and impure, safe and dangerous, risk and trust, us and them.

Johansson's (2010) study on self-harming points out the social distinctions that emerge between authentic and inauthentic self-harmers. The way she develops these two sub-categories of people who self-harm as emerging through in-group social distinctions resonates in my own chapter four. There I use the concept of distinction as a way to explain the different sub-groups that emerge within an overall gluten free eating community—those with celiac, those following the gluten free diet because they feel better doing so, and those who follow for the consumer trend. There are social and medical distinctions that emerge between those with 'legitimate' needs for gluten free foods and those on a more casual gluten free diet that threatens the strength or legitimacy of requests for truly gluten free foods.

The intertwinement of medicine, culture, and bodies is a strong area of research in ethnology at Lund University (Hansson & Nilsson, 2011; Wiszmeg, 2012; Lundin, 2004, 2016; Idvall, 2011, 2012; Alftberg, 2012). Niclas Hagen's (2013) dissertation focused on the social and cultural aspects of genetics by looking at the neurodegenerative disorder Huntington's disease. Just as he asked what it means to be diagnosed as pre-Huntingtons, or what it means to live in the 'unknown' when one chooses not to be tested for Huntington's, my own thesis also works with the concept of always potentially being sick. This is posited as an aspect of the contemporary medicalization of everyday life and as a way to explain western contemporary relationships to food. My respondents with celiac disease spoke of the potential of becoming sick due to the danger of the unknown 'gluten free' status of foods prepared by others, while respondents not following a gluten free diet spoke of food making you 'sicker than you know,' and the potential for internal, silent damage being done to our bodies as a result of the processes of the contemporary food system.

I build on this tradition in my analysis of the gluten free diet and eating community, because understanding the emergence of an eating community through the gluten free diet cannot be done without including the bodies that eat and feel, and whose physical bodies and disorders influence their social interactions.

Several Lund ethnologists also address social aspects of health as linked to space. Kristofer Hansson (2007) studied asthmatic youths' relationship of their bodies and asthma to the desire to participate socially. He uses the term 'critical places' to address the tension between places that aggravate youths' asthma symptoms and are even dangerous but are also spaces where socialization takes place, such as school hallways and sports fields. Gabriella Nilsson (2013) and Markus Idvall (2011) have both studied place in relation to aging and the elderly, and diabetes, respectively. My own study builds on these themes of body, culture, and space/place through an analysis of a camp for adolescents with celiac disease. I study this camp as a sort of liminal space where the gluten free eating community is reconstructed to cater to the everyday needs of these youths; a kind of ideal space where community and commensality occur unencumbered. I also discuss the ways that belonging, participation, and 'spaces for me' are established through materials, challenges to social norms, and embodied practices.

Studies on community and food point to the symbolic significance of food and eating among social groups. This well-covered area of study is of particular interest to this thesis in the way it addresses those outside of a dominant food culture. This includes studies on the dynamics between marginalized vs. dominant ways of eating, in which studying alternative eating communities can shed light on dominant eating patterns, which are often invisible (Borda, 1987). I build on this aspect of the previous research to trace the formation of an eating community, wherein we can also see changes to eating patterns on a level larger than the gluten free eating community. Because the gluten free diet does not only happen in the gluten free eating community (and because the gluten free eating community itself is not universal or static), it undergoes a series of translations as it crosses borders of eating communities—who then controls definitions and sets boundaries? And what kinds of social arrangements do eating restrictions like gluten free manifest?

Theory

In the following section I will first outline ethnological approaches to theory. The discussion will then move on to the different theoretical approaches I employ as analytical framework for the thesis: the eating community and embodied affect.

Ethnological Approaches in Theory

Scandinavian ethnologists apply a bricolage approach to theory that draws on theoretical perspectives from a multitude of disciplines (Löfgren, 2001). Ethnology uses theory as a tool or a frame that is applied to the data in order to narrow it, direct it, and find patterns.

It is difficult to separate theory from methodology, as the methodology informs the way of thinking, doing, engaging, and interpreting data. As ethnologists Tom O'Dell and Robert Willim (2011) write, ethnography as both method and writing is not a linear process, but rather is composed of multiple interactions with the field, with the data, and with analysis. This process of constantly going back and forth between data and analysis, method and theory, makes theory concrete as an action and practice. In this way, to theorize is to look at the world through concepts that frame the world into something we can look at.

This thesis uses a cultural analytical approach to the study of the gluten free diet and eating communities. Cultural analysis treats the mundane, overlooked, and often taken-for-granted parts of everyday life as starting points for understanding larger social phenomena (Ehn, Löfgren, & Wilk, 2016). Everyday habits and routines are embodied and implicit, the shared knowledge that "make[s] society work" but is "seldom reflected upon by the unconscious mind" (Ehn, Löfgren, & Wilk, 2016, p. 6).

Eating is something that everyone, in every society, must do. Apart from the festivals and holidays and ceremonial eating, the eating and feeding we do over the course of our everyday lives can be such a mundane activity that it hides the processes of normalization that determine how, when, what, and with whom we eat. This thesis looks at everyday eating and commensality that is disrupted due to either food allergy or dietary restriction, such as the gluten free diet. The cultural analytical frame illustrates how the friction produced by the gluten free diet materializes the unconscious, shared knowledge determining 'normal' food, 'normal' commensality, and 'normal' interactions around the table.

Additionally, cultural analysis emphasizes (a) using history as a way to problematize the present, (b) looking at the materiality of everyday life and how it carries meaning, and (c) emotional expressions which point to strong cultural conflicts (Ehn, Löfgren, & Wilk, 2016). I employ these cultural analytical characteristics to the gluten free diet to provide a historical context for today's food fad; to show what happens when food objects are restricted or travel, or how things like menus and product labeling and toasters create relationships; and to investigate how emotions like trust, anxiety, love, and discomfort emerge through interactions around a gluten free dinner table.

Analytical Frameworks

There are of course many theories about distinction (Bourdieu, 1984), performance (Goffman, 1956), practice (Mol, 2002; Hui, Schatzki, & Shove, 2016), and the symbolic nature of food and eating (Lévi-Strauss, 1966; Douglas, 1972, Fischler, 1980) that are relevant to approaching questions of changing eating patterns. My work, with a cultural analytical approach within ethnological tradition, has been influenced by Mary Douglas' structuralist take on meals as texts, as well as Norbert Elias' analysis of table manners as part of the civilizing process rooted in changes in the structure of social relationships (Mennell, 1989, p. 47).

I have chosen the eating community and affect, however, as the main analytical frames for my analysis of the gluten free diet as a social phenomenon due to how they illuminate and address the interwoven nature of the body, the social, food, and health. It is impossible to understand the gluten free diet as both medical diet and consumer trend without addressing the role of bodily experiences and cultural health narratives, embodied ways of knowing, and the emotional, sensory experiences that emerge between interactions of body and the social. The following section begins by continuing the discussion of eating and community that began in the section on previous research, but now with a focus on sociologist Pasi Falk's (1994) eating community concept. This is followed by affect as a theoretical frame for the research.

Eating Community

The eating community is the thread running throughout my project as both a concept to be built upon and a frame for analysis. What happens when we look at shifts in contemporary eating patterns in terms of the eating community?

The previous section has introduced the different ways community is studied and used in both European ethnology and food studies. The focus will now shift to building on that background to first discuss the eating community as theorized by sociologist Pasi Falk, and then to how I build upon Falk's concept and conceptualize the eating community as an organizing theoretical framework for this thesis.

In his work *The Consuming Body* (1994), Falk uses the notion of the eating community to develop the relationship between the modern individual, consumption, and 'self-building' or identity work, which are intimately tied to notions of the body. Falk (1994) writes that that which the body ultimately lets in is important both from the point of view of cultural order, which categorizes the body's place in society, and from subject point of view defining its own bodily boundaries and relationship to the Other, Not-Me.

The eating community is the site of solidarity formation based on reciprocating bodies during shared eating. Eating a meal within an eating community actualizes and reproduces the community, while sharing and consuming food incorporates the eater into the community. In other words, the eater is eaten into the community by sharing food (Falk, 1994). Falk argues that shared eating is an important moment in reconstituting the community, noting that a companion ('com,' meaning with, and 'pan,' meaning bread) is literally "one who takes bread with someone" (p. 70). An eating community is then a medium for companionship, a community based upon the sharing of bread.

The point of using Falk's eating community concept over the myriad of other community concepts mentioned in the previous section is that his theory includes the interwoven nature of the body, food, and the social. His eating community emphasizes the intertwinement of the physical body with the social or 'community' body, and points to the importance of food as a part of this connection. He argues for a body that is sensing, sensual, and 'sensible,' "a body subsumed to a cultural Order—both symbolic and practical—defining its boundaries and its position in the larger whole (community or society)" (Falk, 1994, p. 2).

Falk's study of the mouth as it relates to the eating community, for instance, positions the mouth as a metaphorical gatekeeper to the communal body *and* as a physical site of taste, consumption, and communication. He calls the mouth a vestibule with a threefold function of (1) acting as a gate to what is allowed into the body, which is influenced by alimentary rules about allowing 'polluting' substances into the body, (2) deciding what is swallowed down and irreversibly brought into the body, and (3) performing judgement as taste in the space between opening the mouth and swallowing something down (Falk, 1993).

Falk's theory of eating community is heavily reliant on the body, specifically the mouth as both a metaphor and social actor. The mouth, he writes, is "a bidirectional sensory opening… a two-way-ness which relates people to each other and to the social whole in a reciprocal and or interactive mode, as sharing, giving and taking or exchanging—in representational terms" (Falk, 1994, p. 15).

'What we don't eat' is an important aspect of the concept of an 'eating community' because eating communities, at their core, are defined by their distinctions. What we don't eat, or what we *won't* eat, is fundamental to exploring the gluten free diet, which, as a diet, is inherently restrictive. How the gluten free diet is practiced—either as a medically necessitated diet or a consumer dietary trend—has implications for community formation and transformation since food connects individuals and social bodies on a visceral level (Belasco, 2008). Thus Falk's concept of eating community rooted in the interaction of physical and social bodies allows for an analysis of how eating communities emerge through practices, materials, and social interactions of sensory, sensual bodies.

When Falk (1994) argues for embodied community—in which we are 'eaten into' a community through sharing food, he is theorizing about bodies that feel. They feel, or perhaps sense, the unwritten alimentary rules organizing what counts as edible and good or prohibited and polluting. Sharing food can encourage feelings of belonging and companionship, a word which Falk notes means 'to eat bread with.' And bodies that feel interact with food and with each other through the interface of their sensing, sensual bodies. As I discuss in my empirical chapters, it is through this interface of the body that trust, comfort, and safety is sensed, created, or interrupted.

Embodied Emotions

> Viewing emotion as a kind of practice means recognizing that it is always embodied, that an emotion without a medium for experience cannot be described as one. (Scheer, 2012, p. 209)

This research is about bodies that eat, incorporating the outside world into themselves with every meal. And it is about bodies that do not eat alone, but are engaged in commensality that is challenged due to their dietary restrictions—voluntary or not. We cannot make sense of the creation and disruption of eating community and the cultural process of transitions of diets and disease without the body. During my research on the gluten free eating community, it became apparent that emotions were present in the everyday experiences of those interacting with the gluten free diet. Because Falk does not discuss much about the emotions involved at the intersection of body, food, and society, the following section draws on works that emphasize the embodied nature of social interactions, specifically at commensal moments, and the way materials become 'sensitive.'

This thesis is filled with packaging labels, breadcrumbs, kitchen drawers, toasters, and cake. Much has been written in studies of materiality about the way objects carry and create meaning (Bennett, 2010; Shove, Watson, Hand, & Ingram, 2007; Ingold, 2011) and how they can be affective. Sara Ahmed (2010) writes that objects carry affective value, and that "affect is what sticks, or what sustains or preserves the connection between ideas, values, and objects… to experience an object as being affective or sensational is to be directed not only toward an object but to 'whatever' is around that object, which includes what is behind the object, the condition of its arrival" (p. 29-33). There is a range of sensations and experiences relating to, and affecting, the social life of objects (Škrbić Alempijević & Potkonjak, 2016).

The idea that an object's affective value is contextual, and to a degree spatial, is important for understanding the role of materiality in how the eating community is defined and experienced. Those bread crumbs and toasters and kitchen counters mentioned above have affective value, and arise through respondents' narratives as objects that are, as described in ethnologist Maja Povrzanović Frkman's (2016) example of a commensality and a war-time tomato, "sites of revisited experience involving ordinary things that acquired extraordinary importance in context" (p. 95).

Food and Bodies as Sensitive Objects

Food is intimately tied to subjectivity and embodiment on the most basic level, in which bodies starve without food, to the extent that there can be no I without food, as Dutch ethnographer and philosopher Annemarie Mol (2008) writes, "(The eating body) does not control 'its' body at all. Take: I eat an apple. Is the agency in the 'I' or the apple? I eat, for sure, but without apples before long there would be no 'I' left" (p. 30). The body, as American historical and cultural anthropologist Monique Scheer writes, "provides not only the locus of the competence, dispositions, and behavioral routines of practice, it is also the 'stuff' with and on which practices work" (Scheer, 2012, p. 200).

Eating is emotionally charged. As anthropologist Sidney Mintz explains, "Though eating is essential to continued life, both the use of food and the intention or abstention from it are cultural practices that express deep emotions. Food habits serve as vehicles of such emotion" (Mintz, 1997, p. 174). Much has been written on the emotionality of eating, such as psychologist Paul Rozin's (1976) oft-cited concept of the omnivore's dilemma—the idea that as omnivores we can eat a wide variety of foods, but because we cannot get all of our nutrition from a single food source we must seek out new foods, which carries the potential danger of the unknown. As Claude Fischler writes, "the omnivore's paradox lies in the tension, the oscillation between the two poles of neophobia (prudence, fear of the unknown, resistance to change) and neophilia (the tendency to explore, the need for change, novelty, variety)" (1988, p.278). Food can be cause for anxiety because eating is a moment of bringing the outside world into ourselves and of being physically changed in the process. As historian Warren Belasco (2008) puts it, "food is also the object of major anxiety, for what and how we eat may be the single most important cause of death and disease. We can't live without food, but food also kills us" (p. 2).

In sociologist Deborah Lupton's (2013) analysis of processes of affect as they relate to risk, she writes that "emotion and risk are inevitable and always configured via social and cultural processes and through interaction with others' bodies, material objects, space, and place" (p. 634). Building on Sara Ahmed's work on affect theory, Lupton discusses how emotions and risk are collective but also located within bodies and practiced, thus they are produced through social relations (Lupton, 2013). How emotion relates to or emerges in dialogue with risk is an important concept for my study. Emotions underlie the different strategies, sentiments, and experiences in eating communities—from inclusion and participation, to notions of care and responsibility, to shared anxiety, perhaps as an allergic guest decides whether to impose their dietary restrictions on a host while the host worries over cross contamination in a meal.

As Bildtgård (2008) states, trust is not static and not all social arrangements equally create trust. It is constructed, temporal, contextual, and emotional, not existing a priori but in practice. Trust, then, is a set of embodied behaviors, know how, and strategies that enact the community. Trust relating to food is personal and intimate, since it requires trusting another person to prepare food that will not cause harm as it is incorporated. Bildtgård (2008) conceptualizes this relationship as a kind of social contract based on moral obligations between people who share an emotional bond, writing, "emotional trust tends to be unconditional in nature; we trust friends and family not because we find them trustworthy, but because our emotional bond demands it" (p. 105).

How emotions emerge, or as Sara Ahmed (2004) writes, 'surface' through interactions, points toward the social dimension of emotions. Comfort, for instance, is a reoccurring concept throughout my analysis of not only the processes at the camp, but the transformation and emergence of eating community; comfort's relationship to social eating is relevant for understanding not only what occurs at the camp, but also in the kitchens of those not following the gluten free diet, but affected by it nonetheless. How does comfort come into play when preparing allergen-free foods for a guest when you are yourself unsure of what contains the allergen? What does making a guest comfortable or 'feeling at home' mean when offering food requires foreknowledge and planning ahead or inclusion of everyone?

Methods and Materials

Ethnology approaches social phenomena by looking at the everyday lives of people. The taken-for-granted, the mundane, the routine, can be starting points for understanding cultural processes. It also uses an ethnographic approach to understanding culture in context (Löfgren, 2001). Ethnography, from 'ethno-' meaning *culture*, and '-graphy', meaning *the study of*, is both a qualitative method and a way of writing about culture. It places the researcher in the field, using techniques for collecting material and analyzing data, such as interviews and participant observation (Ehn, Löfgren, & Wilk, 2016).

Ethnology's interest in the materiality of everyday life makes it a pertinent field to study eating communities and the gluten free diet. As this thesis will discuss in the following chapters, toasters, jars of peanut butter, bread, kitchen drawers, and food labels are all sensitive objects (Frykman & Frykman, 2016) that are part of the practices and emotions defining the eating community. Seemingly trivial everyday objects can illustrate the "values (that) are created in the ingrained rituals of everyday life" (Frykman & Löfgren, 1996, p. 7).

Studying eating communities from an ethnological perspective involves unpacking the mundane practice of eating—not feasts or traditional foods, but the routine three-times-a-day eating. I have started from the basic question of what happens when everyday eating is restricted by diet, and developed the thesis from there. This has certainly been addressed by researchers studying religious dietary customs and taboos, ethnic and immigrant communities, and eating disorders, but I have chosen the gluten free diet because it is uniquely able to illuminate ongoing shifts in contemporary eating patterns and social norms. The gluten free diet's emergence as a western food phenomenon speaks not only to the global nature of our current food system, but also to the tensions between commensality and community taking place at the table.

The gluten free diet is both a medical issue and a consumer diet trend in a way that differs from other food related disorders like diabetes or lactose intolerance because of the way it has gained mass consumer appeal. Though in a consumer sense it has been disconnected from its medicinal roots, the diet still appeals to its link to 'health.' For celiac followers of the gluten free diet, gluten must be avoided completely, not just moderated, like sugar for a diabetic, or eased with an enzyme at mealtime, like lactose.

The focus on the gluten free diet also aligns with the ethnological perspective of looking at the particular in order to get a picture of the 'general,' analyzing "the seeming insignificance of everyday life and its consequences in a broader context" (Frykman & Löfgren, 1996, p. 7).

My empirical material was produced in two ways. First, through ethnographic fieldwork at a summer camp in the United States for children and adolescents with celiac disease. I consider this physical community also as an example of a symbolic community, a kind of liminal place where space is reconstructed to not only fit the logistical particulars of their dietary needs, but also to account for their everyday rituals and strategies for safety and comfort.

The second method was via an open-ended questionnaire distributed through the Folk Life Archive at Lund University. It served to provide a historical perspective on the observed and lived shifts in eating patterns as food allergies and intolerances moved from obscurity to a part of daily vernacular within the span of a generation. It gives the perspectives of those without food allergies and intolerances, but who are increasingly familiar with them as a part of their everyday experiences at work, at schools, at family holidays, and at the market.

I will discuss the two sources separately in the following section, but the intent behind the mixed method approach was to include a range of voices from those familiar with, however tangentially, the gluten free diet as it has risen in public awareness. I also interviewed grocery store managers in California, USA, attended a gluten free food expo in southern Sweden, and read masses of news articles promoting and doubting the diet in equal measure. These are less important as empirical material, but served as important elements of orienting myself within the field.

Ethnographic Fieldwork

What it means to locate and be in a field has changed since Malinowski's classical anthropological representation of immersed, prolonged fieldwork in an exotic, other place. Ethnography today "is a kind of DIY-project… using yourself, your body, mind and personality, not only scientific methods, to produce knowledge" (Ehn, 2015. p. 9). As ethnologist Laura Hirvi (2012) writes, "…the field cannot simply be understood as a spatially bounded location. Rather, I conceptualize the field as being made up of people and their practices, material objects and social sites" (p. 25). In ethnology, knowledge is contingent upon the constructed nature of the field, in dialogue with respondents, and through one's own reflexive interpretation of those dialogues. The field is defined by the social phenomenon being investigated, and is not necessarily spatial (Meissner & Hasselberg, 2012).

Data was collected in Sweden and the U.S. not because of the places themselves, but because of the shared issue of the gluten free diet. Celiac disease is found worldwide, and gluten free products are part of the global food market, crossing oceans and borders. To include multiple field sites, even in different countries, is then an extension of this same global flow, as anthropologists Sunderland and Denny (2007) write, "Remaining still and focused in one place isn't sufficient for understanding a world characterized by the rapid flow of people, objects, and ideas across geographic boundaries" (p. 33).

The U.S. and Sweden were also chosen because of the opportunity presented by the type of material available. The camp, which was only in the U.S., was a focal point for studying everyday interactions and experiences in the gluten free eating community. The data collected at the camp provides the bulk of the material analyzed. The Swedish material from the archive questionnaire was complementary data giving the outsider point of view of the gluten free diet and was, additionally, part of a unique tradition within ethnology of including historical perspectives and archival material.

Despite the two locations, this is not a comparative study. The issue is not how each country enacts the gluten free diet, but that the gluten free diet is a popular food trend in *both*. The gluten free diet emerged as a trend in both the United States and Sweden at around the same time (around 2008 in the U.S. and 2012 in Sweden). Both countries have a celiac population (1% in the U.S. and 2-3% in Sweden), and both countries are seeing an increased public demand for gluten free foods and a subsequent increased market response in the form of more gluten free products and services becoming available. In this way, I am not starting from a position of difference, but sameness.

I'm not arguing that the gluten free eating community is identical around the world—this would suggest a community that is a fixed, cohesive whole, and debates in the humanities and social sciences have long since rejected the notion of a culture that is bounded, prior, and consistent, understanding them instead as flexible and always ongoing processes. My own research reifies this by pointing to the distinctions that exist even within the same community. Each place will certainly have its own institutional approach to gluten free foods, including nutrition labeling, how allergens are addressed in schools, standards for measuring gluten levels, food brands, and cultural demand for different foods. But rather than pointing to a universal food trend phenomenon, I am using two examples of how the gluten free diet has transformed eating communities through sets of practices, keeping in mind that each country very likely has their own practices.

Interviews

Semi-structured, in-depth interviews form the bulk of this project's empirical material. The interviews were conducted at a summer camp in the USA for children and adolescents with celiac disease. The respondents ranged from 18 to 50 years old, and had a mix of relationships to the gluten free diet: people with celiac disease, camp staff and volunteers in charge of food inventory and preparation, and parent volunteers who followed a version of the gluten free diet out of solidarity with their child, household economics and logistics, or a kind of precautionary action in light of celiac disease's genetic component (immediate family of persons with celiac are recommended to also be tested for the disease (Fasano et al., 2003; Emilsson, Wijmenga, Murray, & Ludvigsson, 2015)).

The bulk of the interviews were with camp counselors. They were an especially informative group, as they were once participants at the camp themselves. Once they had 'aged out' of the camp, they were invited to continue participating as volunteers and with the added responsibility of watching over groups of campers. I focused the majority of my time with these counselors because they were adults, meaning they were no longer under the care of their parents who could manage the gluten free diet for them. They were responsible for following the diet, or not, and had more experience socializing and navigating the gluten free diet individually. These interviews lasted anywhere between 30 minutes to two hours, and 16 persons were interviewed.

The interviews were semi-structured, meaning I had a core list of questions and topics I sought to discuss, but the path to those topics was flexible. This allowed me to tailor the interview to the experiences of the respondent, that is, the questions were different for someone with diagnosed celiac than for a kitchen staff member preparing gluten free food a few weeks out of the year. The semi-structured approach also allowed topics and issues I hadn't considered to arise over the course of the discussion, such as the gendered component of celiac disease due to the sociocultural image of women and dieting.

Despite the different question sets and discussions that wandered down unexpected paths, the interviews all dealt with the same over-arching theme: how the gluten free diet is managed—on a personal, logistical, or institutional level—and how it has changed with the recent popularity of the gluten free diet as a consumer diet trend. The interviews were conducted both individually and in groups. Sometimes, due to the social nature of the summer camp, interviews would begin one-to-one and end up in a group as curious people sat down to listen and share their experiences.

Informal interviews were conducted throughout the duration of the camp, unscheduled, spontaneous, and usually occurring from conversations that evolved to include embedded questions. These interviews were used to get an idea of how respondents were thinking, patterns in topics, and a sense of direction and place at the camp. One of the first things I did on the first day was to shadow one of the camp's volunteers and conduct an informal interview during his tour of the camp. Because he had just finished the first session of camp, he had much to say about what had just happened, and I was able to get a sense of not only the camp geography and routines, but also topics to bring up in future interviews.

Whose Voices?

Respondents ranged from people diagnosed with celiac following lifelong gluten free diets to people with no experience with the gluten free diet beyond noting its availability in markets and cafes. Perhaps conspicuously absent then are the voices of those following a gluten free diet without a celiac diagnosis or non-celiac gluten sensitivity.

I did not seek out interviews with persons following a gluten free diet without celiac, though I did interview a number of parents of celiac children who followed a modified gluten free diet for the sake of solidarity, logistical ease in household economics, or suspected genetic predisposition. Though I didn't include people following a gluten free diet without celiac disease as respondents in the field, the are very much present in the analysis and in the text—as the impetus for the current market response, for the source of some celiac people identifying as celiac in order not to be seen 'like that' i.e. a trend follower, and depicted and discussed in media as superficial or gullible. "But for [those without celiac disease], embracing this diet makes no sense" said Dr. Stefano Guandalini in an article titled "Gluten-free Diets Not Always Necessary, Study Suggests" (Dybuncio, 2012), one headline among many others: "Expert: Meaningless to eat a Gluten Free Diet if You are Not Intolerant" (Linde, 2016), "The Myth of Big, Bad Gluten" (Velasquez-Manoff, 2015), "Dear America, Quit Flipping Out About Gluten" (Berneko, 2014), and "Disney Pulls 'Jessie' Episode that Makes Fun of Gluten-Free Child" (Castillo, 2013). The public discussion, in a sense, was already about them.

The picture that was built of these eaters through the eyes of others says something about how alternative or trend dieters are seen on a cultural level, and in this way, I talk about them as the boundary transgressors and blurrers, the creative friction-makers that drive change and the current phenomenon.

Open-Ended Questionnaires

The second source of empirical material was an open-ended questionnaire titled "To be Intolerant to Certain Foods" from the Folk Life Archive at Lund University on the topic of food intolerances. It was distributed through the archive to their network of volunteer respondents who periodically answer questions on a variety of topics on behalf of the archive (Hagström & Marander-Eklund, 2005).

I received 67 responses ranging from 'nothing to say, sorry' to pages upon pages of text. The respondents were Swedish, predominantly female, and, on average, 67 years old. The Folk Life Archives at Lund University currently has a respondent pool of around 130 people, of which there is not requirement to join other than wanting to write, and are a mixed group of genders and ages from all over the country (Hagström & Marander-Eklund, 2005). As I have noted with my respondent breakdown, some categories are overrepresented—the average age is high and there are more female respondents—and the pool is thus not representative of the whole population (Hagström & Marander-Eklund, 2005). As a qualitative method, however, its strength lies not with general ability but in deep insights from the material method does not aim for generalizability (Eckerdal & Hagström, 2017).

These open-ended questionnaires are both a collection method and a data source. As a method, they have a long tradition in ethnology, having been used since the early 20th century by Scandinavian academics and ethnologists, and the Folk Life Archive at Lund distributed its first questionnaire in 1932 (Hagström & Sjöholm, 2017).

They were originally used by academics as kind of national project to preserve the customs and traditions of peasant society under threat from industrialization and urbanization (Gustavsson, 2014). In their early use, a local person was tasked with collecting communal memories, but the focus today is on individual responses, stories, and daily experiences described in their own words (Saltzman, Sjöholm, & Gunnarsson, 2016).

Food and meals are not new themes to the archive, and there is precedence for food research drawing on archive material as well as food studies based in ethnological methodology. A food research tradition with archival material at its base has been characteristic of ethnological research coming out of Lund University since the 1960's with professor Nils-Arvid Bringéus' research on food and mealtimes (Jönsson, 2013). The archive's program disseminates questionnaires to gather folk information, memories, stories, and experiences around certain topics, which then become archived material. As archived material they become a resource for the public while also establishing historical context for future researchers. This is to say that it relies on a transformation of memory to history.

I drew on the archive because of this historical aspect. I sought a picture of how food allergies had been understood in the span of lifetimes and what their public perception was. There are studies building the history of allergies, for instance Mark Jackson's (2006) thorough analysis positioning allergy as the archetypal disease of civilization. This data from the questionnaires reinforced what Jackson and others (see Haeusermann, 2014) have found—allergy as a modern phenomenon—but provides personal context for how it enters lives and is lived in practice. How allergy, in other words, is done. The aim here is not to discuss knowledge production in archives, as I did not draw from archived material already collected at the archive, but added to the archive by creating another questionnaire.

Methodologically, my questionnaires sought to gain a historical overview of food as cultural trend or tendency in order to lie out shifts in behavior towards food and food consumption. The intent was to gather perspectives on the process of change when it comes to the phenomenon of increasing numbers of persons following diets for food intolerances. It was divided into three themes: Making Food & Mealtimes, Buying Food, and Food & Health with each section set with a number of sub-questions. The respondents could choose to answer sections or parts of sections as they saw fit.

The questionnaire focused more broadly on food allergies and intolerances in general, rather than only the gluten free diet. As the thesis began to narrow its focus to the gluten free diet and concurrent food trend, I thought the questionnaire answers to themes about general food allergies vs. the specific gluten free diet would be problematic. Ultimately, however, I argue that it ended up being beneficial because it produced empirical accounts of experiences with the broader food and social trend towards individualized, 'free from' eating. It also gave accounts from those without food allergies or intolerances, but still affected by them—for instance, hosting a dinner party with food restricted guests, or visiting a food allergic grandchild. They were accounts from the opposite side of Camp Celiac, in a sense, as perspectives on the gluten free food trend from people *outside* the gluten free eating community.

Additionally, because they didn't always talk about allergies, I collected information about what they talked about *instead* when they felt they had nothing to say about the given topic. Chapter four goes more in-depth with this very topic, asking why when asked about food allergies and intolerances did some choose to talk about vegetarianism, organic foods, and religious dietary restrictions?

Participant Observation

Empirical material also came from observations made over the duration of the summer camp as well as from observations made in grocery stores in the USA and Sweden. I'm referring to my methodology as participant observation, rather than just observation, because, in the case of the camp, I was at a camp for celiac, a condition which I also had. In the case of observations at supermarkets, as a person with celiac disease I was deliberately seeking out these products as part of my everyday life. I participated by going to activities and attending and eating at mealtimes at the camp and participated in the market space of gluten free products by actively buying and consuming them.

At the camp, I observed mealtime routines and protocols, as well as the camp activities. Participant observation allowed me to see how an explicitly gluten free space organized itself, how the celiac people move through it, and observe how manufactured gluten free products were utilized in such a space. While observations at the store highlighted how food retailers categorized gluten free foods, and how gluten free products moved through the aisles as their popularity increased—from separated to integrated. This will be discussed in depth chapter four.

The observations at Camp Celiac mainly took place in the camp kitchen and dining hall, as well as the surrounding patio areas where counselors and volunteers ate. These spaces weren't so much *chosen*, as they were *emergent* sites for participant observation (Hirvi, 2012). The dining hall was the social and often administrative hub of the camp. Everyone ate breakfast, lunch, and dinner there, but it was also where the camp's Board met, where packaged food samples were displayed and open for snacking, where kitchen staff and parent volunteers stacked loaves of packaged bread on a table and read nutrition labels to find the right one for campers with multiple food allergies, where new foods were sampled and celiac kids hesitated before asking is the food was really gluten free, where some became emotional over being able to participate and for the sheer amount of choices available to them, and where other kids dug right in. It was a planned, strategic, and emotional space mediated through food.

One definition of the purpose of conducting participant observation is, as stated by Fetterman (1998), that it allows researchers to participate in the lives of respondents while maintaining a distance to observe and record data. This would then "(help) the researcher internalize the basic beliefs, fears, hopes, and expectations of the people under study" (Fetterman, 1998, p. 45). I find this definition problematic for participant observation because it implies, once again, that distance is necessary for objectivity, as if 'closeness' cannot produce facts.

In addition to conducting participant observation, I was an *insider* participant observer meaning I belonged to the group I was observing. But *belonging* as a part of insiderness is a problematic assumption; it implies that merely by sharing a characteristic of the group under study that I am one of them, as if the group were a homogenous whole. My status as an insider or outsider was contingent upon whom I was speaking with, the situation we were in, and the environment of the conversation. This aspect of contingency weakens the binary concept of insider and outsiderness —rather than clearly in or out, I was constantly in-between. In the following section I will discuss the methodological implications of insiderness on my fieldwork and data.

Methodological Considerations

Insiderness and Embodied Research

> Use your own experiences. Because the researcher himself is a societal member and as 'cultivated' as those he writes about, introspection can, in certain times, be a fruitful method of interpretation. (Ehn & Löfgren, 1982, p. 110).

This thesis plays with the metaphor of boundaries; of insiders and outsiders inherent in a concept like the eating community. As Anthony Cohen writes, "boundaries are marked because communities interact in some way or other with entities from which they are, or wish to be, distinguished" (1985, p. 12). The intent behind community and boundary metaphors is thus not to prop up structuralist categorizations, but to show how they blur, flex, and are redrawn with every negotiation, every everyday interaction.

Insiderness exists at something of a paradox in the social sciences which values distance for in-sights—that is, stepping back from the particular in order to see a larger whole—while also valuing stepping into the particular in order to apply it to the larger phenomenon. Though ethnographic research has traditionally placed the research subject 'far from oneself' (Marcus, 1998), assuming the ensuing defamiliarization will create the distance necessary for objectivity, this position is increasingly challenged. More and more in ethnography researchers motivate their research interests by exploring the relationship between themselves and the research subject, an activity undertaken without being seen as pure self-indulgence (Marcus, 1985).

My nearness to, and sometimes embodiment of, the subject under study contributes to ongoing academic discussions of embodied ethnography and the call to self-reflexively acknowledge the role of the researcher in the research.

Composing ethnography is social, not only in that it is used to observe social processes, but because as researchers, we participate—as anthropologist Aaron Turner (2000) writes, a researcher “can no longer be seen as an observer recording social facts and processes but must be seen as an active, situated, participant in the construction of accounts and representations” (p. 51). I am not merely a “sentient consciousness reflecting on fieldwork” (Turner, 2000, p. 52); I have a physical presence in the field. My body is there. It identifies as female and it has celiac disease. It affects what people do and tell me and expect of me, for instance, by wanting to give the ‘right’ answers, or a desire to protect or promote the value and longevity of the camp, or promote safety measures for gluten free foods in public spaces.

As Turner (2000) writes, the very nature of the researcher’s presence in the situation influences the situation being observed. My research is emotional and bodily and I discuss processes and practices that are embodied and felt—I cannot separate my role as a researcher from my identity as a researcher with celiac disease nor do I find it productive to even try. Instead, I seek to contribute to the affective, embodied turn in the social sciences by, at times, including material as a researcher affected by, and affecting, the field.

Embodiment forefronts the idea that we have learned ways of being, learned skills that become bodily practice, which includes the skills required of science. I bring up this point because of the nature of this research, which relies on my participants’ subjective experiences and, at times, my own experiences as material. As a researcher with celiac researching the gluten free diet, I very probably share a degree of embodied experiences and bodily knowledge with my participants. The skills I have learned to navigate my body in social eating situations are as much learned skills as my ethnographic methodology. An embodied approach emphasizes the importance of subjective experience to understanding why people do things and the importance of viewing the body as meaningful and relational, not simply an object to be manipulated (Lende & Lachiondo, 2009, 218).

Ethical Considerations

This thesis uses the gluten free diet as an example of emergent eating community--and the gluten free diet is, at its core, a medical diet. As such, I am dealing with a topic that has a medical dimension, and information dealing with individual health and medical history is particularly sensitive. The focus of the thesis, and thus the focus of my questions during interviews, was not about individual experiences of health or the nutritional quality of gluten free foods; it was on the social and institutional aspects of the camp, and following a gluten free diet. Of course, for those with celiac disease at the camp, health was intertwined with how they experienced the gluten free diet, and issues related to health did arise as a result. The focus and depth of the interviews, however, was not medical treatment but how they navigated the gluten free diet in everyday life.

Half of the empirical material came from fieldwork conducted at a summer camp for children and adolescents with celiac disease. This means that minors were present during fieldwork. They were not, however, used as respondents. Camp respondents were chosen by their role at the camp: organizers, administrators, staff, volunteers, and counselors. Because the respondents were working at a camp for youths, there was a risk that they, during interviews, would talk about individual camp participants. At the start of interviews I reminded them that the aim was to share their experiences and perceptions of the work at the camp, not to discuss individual campers. Naturally, they referred to experiences, which included camp participants, for example, that campers raised questions or expressed wishes to the kitchen, and how they interpreted those actions. But these were more general descriptions and stories, and not a risk to individual participants because the children being referred to were never individually identified, usually mentioned as a collective: ‘the children’ do such and such.

My presence and participation at the camp was communicated in the weeks before the start of the camp through project information, including my project’s aim and description. These were sent to the camp’s organizers, who then distributed them to the campers’ parents, guardians, and camp staff. On the first day of camp, the same information was given orally, and I introduced myself so that everyone at the camp knew who I was both by appearance and name. Over the duration of the camp, I wore a nametag so that staff and camp participants alike could identify me.

The names of the camp respondents have been removed for the sake of anonymity and because the uniqueness of the camp itself makes it potentially identifiable. Every respondent has been assigned a number, and the name, age, and gender of respondents has been changed as needed, as well as their function at the camp. Material related to the respondents' identities and information that can be connected to them has been encoded and I am the only person with access to the number code and the changed biographical data.

I have also altered specific details about the camp, such as the year I visited and its location. I also refer to my questionnaire respondents by the number assigned to their submission by the archive, despite their responses being voluntary and archived with their names included. Anyone can retrieve the LUF240 responses and identify my respondents, as it is public and archived material. And while that is beneficial for future researchers building on this data, I have still decided to anonymize the information in the thesis to avoid assumptions about how respondents might have expected their information to be used and disseminated.

Additionally, I recognize that choices and decisions regarding food, as well as behaviors and relationships to food and eating can be sensitive and emotional for some. It was my task as the researcher to mitigate the possible discomfort of respondents and remind them that they could refuse to answer questions, change the subject, or cancel their participation at any time and for any reason, without consequences.

Because the camp was run by a nonprofit organization, there was a risk that the representatives could harbor concerns about how the camp would be presented in the thesis, such as what a critical perspective might mean for its future activities. The organizers were assured that both the location of the camp and the time during which the study was carried out would be amended for the sake of anonymity. I also emphasized that the purpose of my project was not to judge or criticize the camp but to study how a gluten free eating community was formed.

Disposition

Chapter two uses historical examples to discuss different aspects of the way eating has become medicalized. It positions Robert Crawford's healthism as the ideological basis for contemporary western eating patterns, and serves as a foundation for understanding the emergence of 'free from' foods and the gluten free diet.

Chapter three presents empirical data from ethnographic fieldwork at a summer camp for children with celiac disease, providing a case study of the gluten free eating community as it is described, presented, and enacted. Through the concepts of 'eating community' and space (both social and physical), it discusses the formation of the eating community through the various practices, strategies, rituals, and routines of everyday life following medical gluten free diet.

Chapter four explores the consequences of a commercialized gluten free diet. It intertwines material from Camp Celiac with responses from a questionnaire that provided the perspectives of those *outside* the gluten free eating community. The chapter focuses on how distinctions emerge between and within the eating communities.

Chapter five focuses on the *commensal* consequences of the commercialized gluten free diet. Like chapter four, it also includes data from the camp and questionnaire to discuss the negotiations taking place at the dinner table. It addresses the table as a liminal space where new commensal dynamics emerge, and focuses on the social frictions that challenge notions of hospitality, care, and responsibility.

Chapter six concludes the dissertation by summarizing the objectives of the empirical chapters and their relation to the overarching aim of the thesis. It further positions the research within ethnology and food studies and explains my contribution to both.

Chapter Two
Tracing the Roots of the Gluten Free Diet

This chapter aims to contextualize the gluten free diet as both a food trend and social phenomenon. In order to make sense of the gluten free diet's popularity, this chapter looks at how past diets have developed as tangles of medical advancements, market economies, and cultural ideologies about the relationship between food and health. That is to say, we can better understand how diets, health, and community and commensality are intertwined today by looking at what has come before them. By looking historically, we gain perspective for the contemporary situation around the gluten free eating community, while also tracing the roots of the gluten free diet. The overarching concept connecting the following historical perspective is medicalization; the medicalization of taste, morality, citizenship, and economics through different dietary recommendations and fads, along with ideological 'healthism' set the stage for the emergence of the gluten free diet and eating community.

Medicalization

Medicalization is "a process by which non-medical problems become defined and treated as medical problems" (Conrad, 2007). Developed by sociologist Irving Zola, medicalization expands the social phenomena that relate to health and illness (Crawford, 1980). Through medicalization the human problem of needing to eat is seen as a medical issue, related to health, and treated through medical interventions (Crawford, 2006). Food has been medicalized through dieting and concepts of food as medicine, and both food and eating have been medicalized for a long time. The Greek physician Hippocrates, known as The Father of Western Medicine, said "let food be thy medicine and medicine be thy food." The Hippocratic diet was a way of eating according to one's body composition (Crowther, 2013), balancing the four qualities of heat, cold, dryness, and dampness with the four bodily fluids: phlegm, blood, yellow, and black bile (Lupton, 1996). This is a specific way of conceptualizing the body and diet, where illness manifested as imbalance within the fundamental fluids but predicated on the idea that illness could be fixed by diet.

Ever since the Hippocratic era, the medicalization of eating has returned in different forms. Starting in the late 18th century, a number of healthism ideologies have emerged. The gluten free diet borrows heavily from many of them, and in order to gain perspectives on the development of the gluten free diet and the gluten free eating community, some of the more important eating fads will now be presented.

Restaurant and the Medicalization of Taste

The history of the restaurant is rooted in the medicalization of eating. Today's restaurants are not generally considered places of healthy living but are more associated with being an exception to routine eating or a special occasion where one does not necessarily go to eat what is good *for* you, but what is *good*. The birth of the restaurant in the 18th century, however, *was* based on dieting for health.

Scientific advances in chemistry and physiology chipped away at the ancient humoral view of the body, and instead a concept of 'good taste' emerged; taste applied not only to eating, but to works of art, literature, and music. Instead of food being prepared according to a persons individual humors and temperament, food could be seen as objectively good or bad.

As Pasi Falk argues in his discussion of the eating community, community creates norms around eating by what is allowed into the group, or into the social 'body.' The mouth then becomes a site of not only physical taste, but cultural taste by what it allows into the individual body. The restaurant was born at this intersection of diet and "good taste."

The restaurant originated in Paris in the 18th century and evolved from

a specific type of food to a space with its own eating behaviors and practices. *Restaurant*, a restorative broth, was introduced as a medicalized diet to restore physical and mental health through digestion. According to medicine at the time, digestion—good or bad—was linked to the mental faculties; foods that did not move through the gastrointestinal tract could rot and ferment from within the body, producing gases that wafted to the brain and affected the intellect (Spang, 2000).

Indigestion was linked to delicate nerves and sensitive intellect, demonstrating a kind of cultural capital around 'taste.' By consuming *restaurant*, customers were not just taking a treatment for their weakened bodies, but were performing culturally valuable sensitivity for 'taste.' As pointed out by Pierre Bourdieu (1984), restaurants have become one of the more important fields for the emerging bourgeoisie to perform distinctions and develop cultural capital.

But the restaurant was also a social phenomenon: it became socially valuable, a status symbol, to publically display illness and eat the restorative broth. Digestive sensitivity was a result of cultural sensitivity to the arts and intellectualism, and the rise of gastronomy contextualized food as something objectively good or bad. Demonstrating the need for this broth was also demonstrating good taste. The restaurant thus introduced individualized eating where everyone's individual digestive issues needed to be treated with foods.

These individual food 'intolerances' revolutionized public eating away from shared, communal dining halls with a single meal shared by everyone, to an individualized setting with menus.

The restaurant created a different kind of eating experience, but also supported a specific, new eating community based on differentiation, diet, and disease:

> In the restaurant, the vagaries of each customer-patient's malady demanded different dietary treatments; no two souls or nervous systems were 'sensitive' the same way. When ordering from a restaurant menu, the patron therefore made a highly individualistic statement, differentiating him or herself (and his or her bodily complaint) from the other eaters and their conditions. (Spang, 2000, p. 76)

This changed the nature of this eating community, from a communal setting based around lack of personal kitchen access or a desire to socialize, to a more privately-public community of people each demonstrating personal sensitivity to 'good taste' via their sensitive physiology. Though more individualized, the eaters were not isolated, but performing for a specific audience—they ate in a way that demonstrated to others, as a kind of shared communication, moral and artistic sensitivity, in short, 'good taste.'

Restaurant can be considered not necessarily as a place or social institution, but as a translation process—as a shift from '*restaurant*' the medically prescribed treatment to the restaurants of today, or, as Spang (2000) writes "the mutation of one era's social value into another's cultural flourish" (p. 3). The restaurant is an example of a medical diet that gradually became mainstream as a kind of medicalized consumerism.

Graham and Kellogg, and the Medicalization of Morality and Citizenship

Once food is tied closely and deliberately to a specific concept of health, it is easy to see how diets can be 'prescribed' to treat not only digestive issues but also various bodily ailments. Specific diets can then be legitimized in the name of good health—physical, moral, or social—that is to say, health of the individual body, social body, and body politic. Food reformers in 19th and 20th century America, for instance, believed that changing what people ate could improve individual morals and character while also addressing what they saw as difficult social problems (Biltekoff, 2013). The following section discusses how food reformers turned eating into a medical issue, using the language of nutritional science at the time, to treat social ills.

In the 1830's American food reformer Sylvester Graham combined physiology with religious morality, ascribing poor nutrition to social ills (Green, 2007). He conceptualized the industrial era eater as a victim of white bread and meat based diets: refined white flour's easy digestibility deprived the body's digestive tract of the kind of hard work necessary for keeping the system healthy and this laziness led people to seek harmful stimulants (Belasco, 1997). There is a clear moral element in his dietary principles

where laziness and unproductivity were reinforced by dietary failures.

Beyond following Graham's dietary recommendations, his followers established their own spaces, organizations, and publications, furthering the formation of the new eating community. They set up Graham boarding houses where visitors ate Graham bread together and practiced the hygienic discipline espoused in Graham's general health behavior rules. The followers also opened book stores, founded weekly papers, started journals, and formed the 'American Physiological Society', all of which were instrumental in spreading the diet (Shryock, 1931). Graham's followers were also responsible for establishing the nation's first vegetarian society and opened the nation's first health food stores (Neely, 2013). Sylvester Graham connected food reform to a social vision aimed at addressing social problems (as he saw them) and as a result, created a new eating community and way of eating around that ideology.

Another American food reformer in the mid 1800's, John Harvey Kellogg, infused a nutritional science rationale into a religious moral rhetoric of food reform (Whorton, 1994; Markel, 2011). His dietary reform was aimed at meat, arguing that eating meat caused sluggish bowels (Whorton, 1994). If we consider 'digestion' as an aspect of moral narrative, where digestion is a metaphor for productivity and efficiency, such as has been approached earlier in the discussion of restaurant, sluggish bowels then are about more than just inadequate diet. In fact, Kellogg believed that this sluggish digestion, or rather indigestion, was not only the predominant cause of all chronic illnesses, but also a danger to American national security and preparedness, as well as moral and social problems (Whorton, 1994). His problem with meat was that it was bloody and made people aggressive and passionate, which led them to sin. In a similar fashion to the communities that sprung up around the Graham diet, Kellogg established sites of physical eating community through sanitariums where people traveled from around the country to learn his diet and how to eat.

He invented corn flakes as part of his diet building better societies. Kellogg's push for food reform was then about more than just diet or nutrition, but a cure for larger social and national issues. As noted by Belasco (1997), "food moralists share the belief that there is a connection between eating and social problems, digestion and corruption: bad diets produce bad societies, and vice versa" (p. 187).

In both Graham and Kellogg's diet reform, religious ideology incorporated the language of nutritional science in order to further socio-political aims. By adopting the seemingly neutral language of empirical science, their moral philosophies were legitimized by the scientific 'truths' of nutrition. They both used the language of nutritional science of the time to link digestion to social ills—bad diets produced bad societies. They used food reform as a way for social reform, by turning poor nutrition into a 'medical' issue. Like the restaurant, there is a link to commensality and community—Kellogg's sanitariums and Graham's boarding houses show, for example, how a diet can be a nexus for community formation.

New Nutrition and the Medicalization of Economics

People and institutions other than food reformists in opposition to current politics and ideologies have advocated for dieting for health. Support and promotion for dietary regimes has also come from medical and public health officials (Levenstein, 1993). One such example is the New Nutrition paradigm that reflected a shift in attitudes about food from previous decades, namely "the conviction that you should eat what is good for you, not what you like" (Levenstein, 1993, p. 12).

New Nutrition was a food paradigm that emerged in the 1880's with the help of scientists, faddists, and the media. Its main tenant was that individuals should only eat as many of carbs, proteins, and fats that the body needs to survive, which introduced the idea of measuring food value by potential nutritional health benefits (Levenstein, 1993). This transformed whole foods into nutritional components for a body that was seen as a machine—food is fuel, and efficient eating produced productive bodies.

The New Nutrition paradigm was, like Graham and Kellogg's diets, also an example of the intertwining of dietary recommendations with social issues and cultural values. New Nutrition was seen as a way for government authorities to convince the American working class to spend less on food by teaching a system of substitution, for instance, that the protein found in expensive meats was the same protein found in inexpensive beans. This measurement of food value was embraced by food reformers "precisely because it married the empirical aspects of nutrition to the social and moral aims of economy" (Crowther, 2013, p. 17). Here, the seemingly neutral language of nutritional science was aimed at reforming society, specifically the working class. New Nutrition was embraced by food reformers because it quantified the value of food and connected empirical aspects of nutrition with the social, morality, and the economy (Biltekoff, 2013). From this paradigm emerged a specific way of eating that focused on eating only as many of each nutrient as it required to keep the body machine running; energy in and energy out, that is, "food-as-nutrients rather than nutrients-as-foods" (Khare, 1980, p. 535). The 'eat more' philosophy that drove New Nutrition, however, was soon replaced by an 'eat less' philosophy as people suffered less from malnutrition and starvation, and the rise of obesity, heart disease, and diabetes.

Ever since, food companies have been trying to find ways to encourage consumption in the face of an "eat less" diet discourse (Nestle, 2007). As Americans were told that foods themselves were harmful to health, food companies adapted by relabeling their products as 'natural' or 'free from' sodium, cholesterol, sugar, additives, and on (Levenstein, 1996). Gluten free, as I argue in the following sections, is partly an extension of the 'free from' component of Negative Nutrition, which has cycled through everything from fat and sugar, to cholesterol and carbohydrates.

Gluten Free: Part One

The origin of the gluten free diet, however, was not related to the potential for weight loss or minor digestive discomforts. The history of the gluten free diet originates in medicine as a prescribed way of eating to treat celiac disease. 'Koiliakos,' from the Greek word 'koelia' meaning 'abdomen,' had already been mentioned as a gastrointestinal condition as early as the 1st century AD (Guandalini, 2008) and has gone through much iteration between then and 1951 when its cause, dietary gluten protein, was discovered.

Between 100 AD and 1951, celiac disease detoured into a market driven space reminiscent of today's gluten free trend. Physician Sidney Haas created the banana diet in 1924 as the cornerstone therapy for celiac disease, which he believed was caused by all carbohydrates besides those in milk and bananas (Guandalini, 2008; Mulder, 1993, Abel, 2010). The diet worked, but it was purely coincidental, as Guandalini (2008), notes that by "specifically [excluding] bread, crackers, potatoes, and all cereals…it's easy now to argue that its success was based on the elimination of gluten-containing grains" (p. 6).

The banana diet brought with it a huge marketing opportunity for companies like the United Fruit Company (UFC), and signified a shift from medical research at elite institutions to the marketing power of food companies. The banana's position as a medical 'cure' allowed the UFC to promote bananas on the basis of health claims, not only releasing their own health-campaign banana-propaganda pamphlets, but also advertising in medical journals (Abel, 2010).

The awareness of celiac disease and its treatment in early 20th century America went mainstream not just though medical diagnoses but because the specific treatment posed a beneficial economic opportunity for the UFC's marketing health claims—bananas cure celiac disease. The UFC was even able to use the food scarcity caused by the World War II as promotional material, positioning themselves as the savior of sick babies bringing medicinal bananas to poor celiac children at any cost (Abel, 2010).

In 1951, Dutch researcher Willem-Karel Dicke discovered that the protein *gluten*, not carbohydrates, caused the symptoms of celiac disease and that the only effective treatment was a gluten free diet. He based his findings on clinical observations during the 1944-5 'winter of starvation,' noting that his young patients in hospital improved when the delivery of normal foods, including bread, was interrupted (Mulder, 1993). With the discovery of the gluten trigger and advent of the gluten free diet, the UFC no longer had a reason to have such a large marketing presence in the public conscious and in medical journals. Abel (2010) argues that this pulling out is not only partly related to why the U.S. fell behind in celiac disease research, but has contributed to the disease becoming considered 'rare' in the US, even though current research points to a prevalence on par with Europe, about 1% of the population.

The discussion will return to the gluten free diet, but I will first introduce healthism, a concept central to contextualizing the rise of the gluten free diet and 'free from' dieting that the rest of the chapter examines.

Healthism

The preoccupation with health and dieting took on an even bigger role during the increasing affluence in the Western world. Robert Crawford argues that during the 1970's many people started to become preoccupied with personal health as a primary—often *the* primary—focus for the definition and achievement of well-being (Crawford 1980). Healthism is not related to a specific diet, but should rather be seen as an umbrella term for a certain view on body, health, and eating that can be lived out in many ways and with many different diets. An important difference between the healthism paradigm and most of the previous diets discussed it its focus on the individual. While both Graham and the authorities advocating for new nutrition were aiming to improve the collective health status, healthism puts its focus on the individual.

Healthism is a form of medicalization as it comes to encompass values, to the point of becoming not the means to an end, but the end *itself*. Responsibility for the successes or failures of achieving health is put on the individual, turning health into a standard for judging a number of social phenomena (Crawford, 1980). The individual is responsible for making certain decisions that result in healthiness, turning illness and health into moral consequences of self-discipline or the lack thereof.

Food and diets become a part of healthism. Food has been social and symbolic long before healthism emerged as an ideology in the 1970s, but it lends itself to healthism easily because of this aspect of individual choice. Foods and eating are medicalized as part of the perpetual preventative state healthism creates. The potential sick role means we're always potentially sick, so health is a goal, and we're in a state of being responsible to take preventative measures (in the form of responsible choices) …indefinitely. Robert Crawford (1980) calls this the "potential sick role," a category resulting from healthism's ideology that obligates individuals to always stay healthy: "As potentially sick, individuals are experiencing more intense social pressures to act in ways to minimize that potential" (p. 379). This future-oriented concept of health, combined with healthism's insistence that health comes from individual choices, he argues, leads to a sense of insecurity about imagined, potential, future illnesses (Crawford, 1980).

Healthism medicalizes food and eating by putting us in a perpetual preventative state—meaning we're always responsible for preventing future health issues. Ongoing, persistent, unfelt, invisible damage then puts you in a position to *potentially* always be sick. How can you ever be healthy if you always *might* be sick without feeling or knowing it? The individual is therefore responsible for making decisions that result in healthiness, and illness and health are thus moral consequences of self-discipline or the lack thereof. This makes eating moral (either disciplined or undisciplined eating) and individual. The constant potential for illnesses is especially relevant in today's modernized food system where we are removed from the food we eat; individuals are responsible for a future-oriented idea of health where the decisions they make today are done to counteract potential illnesses of the future. Eating is therefore medicalized.

The Rise of Low-Carb and Free-From

Although more and more people were dieting, the dietary related diseases continued to grow during the 1980's and 1990's. A new opposition towards mainstream dietary advice emerged, not least among people having experienced failures in adjusting their diets to the recommended intakes. What if there was nothing wrong with me, but with the recommendations? The long-standing focus on getting people to replace fat with carbohydrates was a specific target for some of the diets that gained popularity around the turn of the millennium.

Despite first being published in 1972, the Atkins diet did not reach its apex until the early 2000's emerging against a background of increasing obesity and type 2 diabetes. The Atkins diet was premised as a response to the refined and processed nature of modern western diets, especially refined carbohydrates. Reminiscent of Crawford's perpetual potential sick state, the diet promoted weight loss to prevent future illness (type 2 diabetes and hyperinsulinism) and correct current health threats (obesity).

Until the Atkins diet's surge in popularity in 2002, American dieters had been advised by the American Medical Association to eat carbohydrates and avoid fats. The Atkins diet was controversial because it conflicted with this mainstream nutrition advice and raised safety concerns about heart disease, high cholesterol, and kidney problems. The tipping point for the diet came in 2002 with an article "What if it's all been a big fat lie?" published in the *New York Times*, which not only questioned the validity of low-fat diets but pointed to them as the catalyst for the rise in obesity and diabetes, as additionally, laid the groundwork for marketing low-carb products (Maresco, 2005; Bentley, 2004). This article, plus the handful of studies published saying that low carb diets and low fat diets had the same weight loss effect in dieters in the short term, and that the health issues predicted by experts did not manifest (Bentley, 2004) pointed towards a dismissal of authoritative sources and the rise of personal testimonials.

The Atkins diet was a massive economic opportunity for food producers. A 2004 global food report from A. C. Nielsen identified "a continued focus on health" as a key trend driving growth in food and beverage categories (Landon, 2005). From 2002 to 2004, the advertising budget for Atkins Nutritionals grew from $5.4 million in 2002 to over $30 million in 2004 (Thompson, 2005), there was $30 billion in low-carb product sales, 1558 low carb products, and an estimated 26 million Americans (11% of the population) following the diet (Kadlec et al., 2004). As dieters sought out low carb foods, food producers rushed to gain on the sudden demand by catering directly to the diet.

Although diets in the past had responded in similar ways, such as Kellogg's diet reform where people visited the Kellogg sanitariums in order to strictly follow the diet—which eventually resulted in today's Kellogg's corn flakes breakfast cereal—and Sylvester Graham's followers created their own communities where they could eat Graham bread together, there was a lack of overall market response. In the case of Atkins, however, we see the diet go mainstream, where food producers introduced low-carb products, introduced low-carb options into their existing product lines, and restaurants went from removing a hamburger bun at a consumer's request to offering Atkins menu options. Matt Wiant, the Chief Marketing Officer of Atkins Nutritionals, even lamented the rush of response from the food industry, saying "the big (consumer-package-goods) companies rushed products to market and gave the category a black-eye because their products were disgusting" (Thompson, 2005).

Where before, such as in the instance of Graham's communities and

Kellogg's sanatoriums, dieting was done to alleviate digestive problems, the rhetoric has shifted towards weight loss and 'healthiness.' Though each of these dieting practices is based on different health discourses, they share food restriction as the vehicle for reaching it. As will be discussed in the following section, the gluten free diet trend enjoys some success partially from the cultural historical context it is situated in—basically, benefiting from the no/low-carb diets such as the Atkins diet, among other offshoots of the negative nutrition paradigm popular in the early 2000's.

The gluten free diet as a consumer trend or 'fad diet' is in many ways a continuation of the focus on carbohydrates as something potentially bad for health. After becoming bored with a diet without potatoes or bread, there was an inherent longing for something else. The gluten free diet that had been around for some time became the next big thing in the 2010's.

Gluten Free Goes Mainstream

The gluten free diet rose again in the early 2000's, especially after the publication of research on non-celiac gluten sensitivity in 2008. Non-celiac gluten sensitivity covered a wide array of symptoms, encouraging people to try the diet to cure migraines, bloating, and general digestive discomfort, while also being touted by some as a weight loss diet. As more people sought out gluten free foods, the market responded accordingly, and similarly to the Atkins response with an explosion of products and altered menus.

Although celiac disease is relatively well established throughout Europe in regard to clinical awareness, diagnoses, research, and institutional and state support celiac diagnoses in the U.S. were relatively rare until recent decades, the disease itself thought of as strictly European. The gluten free diet was thus also relatively unheard of. Though recent research has put the prevalence of celiac disease at around 1% of the U.S. population, on par with European statistics, the rise and popularity of the gluten free diet in the U.S. has exploded past the pace of celiac or non-celiac gluten sensitivity diagnosis. This is due to multiple factors, but is the result of the gluten free diet moving beyond the medical sphere as a nutritional treatment, through the pop culture space of food fad, and into a position of consumer trend.

Today, celiac disease is understood as an autoimmune disorder that is managed by a lifelong adherence to a gluten free diet. Although the estimated prevalence of celiac disease in America is at about 1% of the population, which is a relatively small segment for the food industry to target, there are many more people claiming gluten intolerance or non-celiac gluten sensitivity (a contested diagnosis in the medical research literature), or seeking a gluten free diet in the general pursuit of good health. Gluten free foods fall into the category of 'health food' due to the relationship to celiac disease, and as 'alternative diet' food by the connection to fad dieting, meaning food producers can charge more for foods labeled gluten free. This poses a financial opportunity for the food industry to benefit from the legitimizing and normalizing force of medicine, and the socio-cultural environment around healthism, negative nutrition, and the popularity of negative nutrition inspired 'free-from' diets.

In tracing the history of celiac disease, we see that the current increase in 'gluten free' may point to a case of history repeating. Though the improved diagnostic tools and measures have certainly helped to better and more quickly provide diagnoses to celiac persons, these same tools, standards, and even definitions are contested in the medical research (Ludvigssson et al., 2013; Fasano, Sapone, Zevallos, & Schuppan, 2015; Biesiekierski & Iven, 2015). The seemingly recent explosion of the gluten free diet in the U.S. may then point to social processes rather than solely biomedical ones. The implication here is that food industry advertising dollars, the connotation of medical legitimacy, and the socio-cultural values and status markers of health and 'being healthy,' have a role in the seemingly sudden uptick of people seeking gluten free foods. The intent here is not to negate the biomedical aspect of the disease or treatment, but to question the influence of economic factors and industry actors, which has precedent in earlier iterations of the disease such as with the UFC's support of the banana diet.

Free From

From 2004 to 2011, the gluten free food and beverage product market grew by nearly 30%, eventually outpacing the low-carb and fat-free diets in 2008 (Sapone et al., 2012). Further illustrating the gluten free boom, Nielsen marketing research estimates that the sale of products labeled as gluten free has doubled between 2011 and 2014, from $11.5 billion to more than $23 billion (Mansharamani, 2015). Beyond retail products, the trend has also influenced the restaurant industry. According to the National Restaurant Association survey of members (chefs) of the American Culinary Federation, gluten free placed in the top four of the 'top culinary themes for 2014,' in the top five for top menu trends, and number one for quick-service restaurants (Culinary Trends, 2014).

With an estimated U.S. prevalence of only 1%, persons with celiac disease are clearly a niche market and are hardly solely responsible for the $23 billion gluten free market. According to a report by the Natural Marketing Institute, 38% of U.S. adults reported consuming gluten free products in 2014, as compared to 29% in 2013, with reported motivations of "perceptions of weight loss, association with "healthier," avoidance of "negative" ingredients, potentially the next manifestation of "low-carb," and celebrity endorsements (Stephens, 2014).

Atkins and the gluten free diets are extensions of 'free from' dieting systems and healthism's future-oriented medicalized eating. The Atkins diet emerged against of background of diabetes and obesity epidemics, and the gluten free diet continues to exemplify how foods are medicalized (if gluten is bad for some it must be bad for me), and also moral (being health conscious means discipline over the body). Both are reminiscent of the birth of the restaurant where people performed good taste through digestive intolerance.

The gluten free diet originated as a medical diet and thus had its most prominent aspects grounded in health as defined in opposition to disease; the diet was defined very much within a medical context of health. The success of gluten free as a mainstream or fad diet, however, only occurred once it was untethered from its major medical components—it moved from being a treatment for celiac disease and towards a diet for 'healthier' eating. This is a move that involves not only varying definitions of 'good health', but also a transformation of food: for the medical diet certain foods become medicine and others poison, but as a fad diet, those foods (medicines) undergo a reversal back to the category of 'food.' In order to be a successful diet, gluten free had to deal with its image problem and

rebrand, as it were, by shifting the focus to empowering aspects of the diet: gluten free isn't for sick people, it's for healthy people.

As far as the gluten free fad diet is concerned carbohydrates are still vilified but rather than it being because of their effects on the body, it is because many carb-rich foods fall under the umbrella of 'gluten'; the focus shifts from carbohydrates to the even smaller gluten protein found in carbs. It was not a huge stretch to go from eliminating carbohydrates to eliminating gluten as they are both understood as cutting out foods like bread, pasta, baked goods, beer (alcohol), etc. Gluten's association with celiac disease also vilifies gluten—not only is gluten found in carb-rich foods which anti-carb diets had just told us were bad for us, but for some people gluten is damaging. The misconception that gluten is bad for us because it is bad for some likely served to add strength to the gluten free argument.

According to Capili, Chang, & Anastasi (2014) "an online nationwide survey of 1,881 adults found that the top reason for buying gluten free foods and beverages was a perception that they are 'generally healthier'" (p. 667). In 2012 the sales of gluten free products reached $4.2 billion, up from $2.6 billion only 2 years earlier (Capili, Chang, & Anastasi, 2014).

The diet has received attention in the media and press, but has also been promoted by popular brands like General Mills, Betty Crocker, and Pillsbury who capitalized on the most recent food fad (Capili, Chang, & Anastasi, 2014). These new commercial opportunities that have occurred have helped along the gluten free fad diet in terms of its mainstream success. The diet has created a new way of eating by avoiding gluten but its popularity is heavily influenced from having received massive support from the food industry. Just as Atkins and other 'free from' diets, gluten free has provided a niche marketing opportunity for food producers to ride the coattails of the current food trend. The further appeal of the diet for producers is its direct connection with health and disease—on the one hand, celiac consumers have a lifelong need for gluten free foods and provide a lifelong market demographic for gluten free foods, but with the estimated prevalence of celiac disease at around one percent of the American population, the segment is not especially significant. On the other hand, because of its origins as a medical diet, the association with 'health' or rather 'good health' expands the potential marketing segment to include all those seeking to 'eat healthy.'

The role of the food industry plays a significant role in the formation of the celiac eating community: many of the strategies of the celiac community used navigate safe eating are developed in direct response to the emergence of gluten free as a fad diet and the various misconceptions or misunderstandings that arise in social eating situations as a result. Also, the gluten free fad diet is understood by many of my celiac respondents as a double-edged sword: the food industry has responded to the popularity of gluten free by producing gluten free products and thus introducing variety, convenience, and 'better quality' foods for celiac people. Simultaneously, however, celiac persons find themselves explaining and defending their dietary needs more in public and social eating situations due to the confusion between gluten free for lifestyle versus the sensitivity required to ensure gluten free for celiac persons.

Due to the significant influence of the role of the market aspect in eating community formation, the emergence of new commercial opportunities will be further discussed in later chapters.

Emergence of New Eating Communities

New ways of eating contribute to the formation of new eating communities where the dietary restrictions are a way of life. These eating communities were separate from the mainstream food culture and, in some cases, were developed directly as a result of it. They included not only the dieters following the specific eating regimes, but drew in food and nutrition researchers, food producers and manufacturers, advertisers, and the government, all cohering around the notion of 'health,' whether it be acidosis or lazy colons, autointoxication or bodily discipline through restrictive vegetarian diets. Diets were then, and continue to be, legitimized by various authoritative social institutions—science, medicine, media, and government, supporting Falk's (1994) concept of eating community where, for today's modern body in western societies, "moral and medical discourses guide individuals in how best to use food for the individual rather than

the collective good" (p. 27). Each of the examples in this chapter have used arguments from the mainstream modern medicine of the time and then add moral values to them, illustrating that medical and moral discourses are inseparable when it comes to diets.

In the case of gluten free, different people are sharing the same diet for different reasons. This makes it difficult to separate bodily and cultural issues. Like Atkins before it, gluten free as a mainstream diet is a "restrictive eating regime (that) requires that people practice their adherence both in private (home) and in public (restaurants, social events, others' homes)" and, as argued by Bentley (2004), the "strict food rules function to increase people's commitment…in that they hinder where and with whom people can associate" (p. 43).

Gluten free as a new way of eating means a new way of defining food, what is 'good' and 'healthy' food, but also because it is so restrictive, means new ways of approaching social situations like going to restaurants, attending social events, and visiting others' homes. It involves organization, planning, relearning, and negotiation—and for those not on the medical diet, perhaps includes compromise. The diet has created a way of eating that is supported by science and medicine, government agencies (labeling laws, health claims, standardized and acceptable levels of gluten in food to be called gluten free), receives attention in the media, and is promoted by the food industry, creating an entire ecosystem around the diet. This way of eating, because of its necessarily strict restrictions, means it influences not only immediate eating behaviors on an individual level, but requires the support of the social network to varying degrees (depending on the reason for following he diet). All of this forms an eating community.

The gluten free fad diet influences the way the gluten free diet for people with celiac is experienced. It is from the various misunderstandings that occur from the popularity of the fad diet that result in the celiac eating community developing certain tactics to counteract them.

Conclusion

To diet for specifically digestive reasons requires food to undergo a transformation—from sustenance to medicine. Food as medicine puts 'food' into a categorical liminal space, neither nutritious nor non-food: “There is overlap in the cultural definitions of food, medicine, and drugs. Food is sometimes treated as medicine, and medicine or drugs may be part of a habitual diet” (Khare, 1980, p. 531). That is, food for both for nutrition and therapy.

Today’s close association of food with health is a product of recent centuries and even decades, involving specific evolutions of the relationship between body, health, and diet. Unpacking this nexus of diet, disease, and body is complex and requires consideration towards how we as individuals, as societies, as eating communities, understand what our bodies are. That is, what bodies are capable of, what they can and cannot do, what they are for, what they should and should not look like, or who defines a disease, what legitimizes illness, what are and are not normal ways of bodily functioning—and all of these are culturally built and situated within a cultural historical context. The primary points here are that the relationship of diet and disease is mediated through varying concepts of the human body, and that these concepts are influenced by factors like medical knowledge of the day, media, politics, religion, etc.

And, different concepts of the body mean different definitions of what is needed to sustain it, meaning different ideas of what constitutes food. What we as a group define as normal food, as normal health, as normal body are all culturally specific in their definitions –but how we have diets and have bodies and have diseases, and how we do diets, bodies, and diseases are culturally specific with own morals and values and interpretations attached.

This chapter provides perspective on how ideas of food and health are embodied in diets, and how these diets are a part of the formation of eating communities, as well as how they have been experienced in a cultural historical perspective. A historical perspective has been used in order to contextualize the present situation around the emergence of eating communities as social phenomenon by tracing past patterns and processes around diets that occur throughout time. We see not only that these concepts are bound to, yet cycle through, time, but can contextualize current understandings of these concepts by tracing their development and cultural-historical roots.

The proliferation of commercially available gluten free products—meaning food products made specifically to be gluten free, or existing recipes modified to be gluten free, to even just labeling naturally gluten free foods as gluten free—is not just happening in, or even for the celiac eating community. According to recent marketing figures, 38% of Americans reported consuming gluten free products in 2014 (Natural Marketing Institute), fueling a 23 billion dollar industry (Mansharami, 2015), and topping consumer and restaurant trend lists (Culinary Trends, 2014). With its rapid growth, it is undoubtedly a productive space, but becomes even more remarkable of a phenomenon considering only an estimated 1% (roughly 3.2 million people) of the American population need to eat gluten free as a medical diet (Beyond Celiac, 2016). In this light, the benefits to people with celiac from the increase in gluten free products is the seemingly happy accident of the food industry capitalizing on gluten free as food fad—one where gluten free loses its medicinal roots and is instead an ‘inspired by’ footnote.

Expensive as gluten free foods may be, three million people are hardly responsible for the 23 billion in sales. Something is happening in this point of unique tension where the gluten free diet moves from a medically necessitated diet to a culinary/consumer trend. What happens when a restrictive medical diet for a small group of people goes ‘mainstream’ as a fad diet? What kinds of translations happen? What does it mean for the everyday practices, routines, experiences, and affect of both eating communities? These questions will be dealt with in the forthcoming chapters of the thesis, where we move from past to present.

The following chapter turns the focus to Camp Celiac as an example of a gluten free eating community and shows the different strategies, emotions, rituals, and materials that both challenge and reconfigure commensality and community.

Chapter Three
Camp Celiac

The dining hall was the social hub of Camp Celiac. It was the headquarters containing the popular and revered kitchen, a stage for impromptu lunchtime dancing and talent shows—the same stage from which a camp volunteer announces the menu at each mealtime, listing off allergens and substitutions for those with multiple allergies in addition to celiac disease, and air conditioning, also popular in the 102°F/39°C summer heat.

Along the edges of the outer walls were long tables loaded with blue metal bins. They were filled with bags of chips and popcorn, granola and energy bars, vendor samples of cookies and crackers. Grab-and-go snack foods. And on one table, wedged in the shadows of two bins, was a toaster.

I didn't notice it until one morning when I watched as a boy ran up to the table with a slice of bread in each hand. As he placed the bread and I realized what he was dropping the bread *into*, my first instinct was to start to rise out of my chair and stop him—until I realized where I was. This was Camp Celiac. Unless a massive error had been made, which was unlikely as this place was tightly run, the toaster was safe.

Before I continue, I realize that to someone reading this account from the point of view of someone without celiac disease, this might seem like a strange response. But toasters are for bread, and bread is not for us. Not usually. And unless a toaster has spent its lifespan dedicated as gluten free, it is suspect, risky, contaminated. Even being used just once with 'regular' bread means the toaster is now unsafe for people with celiac.

Clearly, I needed to investigate. Upon approaching, the toaster was unremarkable, made of metal and black plastic, and covered in breadcrumbs. *'Wow, there's gluten everywhere. They're going to have to switch out the whole*

Figure 2. Camp Celiac's toaster

tablecloth,' I thought, even as my eyes read the words 'GLUTEN FREE' handwritten in permanent marker along the top. My immediate response to the toaster came from my perspective as a person with celiac disease, not as a researcher, and it was one that came from nearly a decade of conditioning: toasters are for bread, toasters are contaminated and are not for me. Even with the realization that it was a dedicated gluten free toaster at a camp for kids with the same disease as me, pressing down the tab and

looking at the breadcrumbs stuck to my fingertip was experienced with a kind of mental flinching-away. There was a mental delay in looking at this object and understanding it in its new context, of re-categorizing it as safe rather than risky.

And I was not alone in this regard. There is a reason why a toaster at a celiac camp—where one might logically assume that all appliances, utensils, and food will be gluten free—has to be labeled. Labeling a toaster as gluten free at a celiac camp seems redundant but speaks directly to the respondents' habit of double-checking as a daily measure they take to avoid gluten. Rather than having to ask if it is a shared toaster, it is just labeled instead. This is one aspect of a new eating community reflected in the camp as it reorganizes its space to accommodate their food-related needs and concerns. It speaks to a new eating community where their specific daily habits, rituals, concerns are addressed: clear labeling, in the case of the camp toaster.

The toaster is also remarkable because, essentially, it is present. Its presence communicates inclusivity. It says 'the food here is accessible—it's available and it's for you. You can eat here too. No, you don't have to inconvenience us by asking; yes, it's for you.' It is available, plainly, without fuss, mundane in its crumb-covered glory, and exotic for precisely that reason. At the same time that the toaster serves a practical purpose, it also opens up space, reinforcing the camp as a space of comfort rather than anxiety.

The toaster was an aspect of the everyday experience of celiac disease given attention to by both the camp and the respondents. I will return to the toaster later in the chapter to discuss how the toaster was an object repeatedly mentioned as part of respondent's narratives during interviews. In fact, I would argue that because the respondents, i.e., campers, have toaster stories, the camp has adopted that narrative to reflect safety and comfort over anxiety. These toaster stories reflected perceptions of space: as quarantined, shrunken space in a post-diagnosis kitchen, as violated space in a shared kitchen, and as expanded social space when present and dedicated as gluten free in a family member or friend's home. The rest of this chapter will further explain the dimensions of risk and comfort associated with celiac disease and the camp, as well as analyze different objects and practices of the new eating community that creates space where it previously was not.

Community and Space

The following chapter is a case study of Camp Celiac as representative of a new eating community and as an exercise in navigating and creating inclusive space. This chapter introduces two organizing metaphors: eating community and space.

Placing Camp Celiac within this framework of an eating community illustrates how the camp is representative of a new eating community with its own habits, routines, and strategies. These are developed in response to, and in dialogue with, the everyday needs and concerns its members have as they navigate their lives away from camp. The camp is in some ways an exercise in creating space where, within the eating and food culture of 'real life,' everyday life, they cannot move as freely.

Many scholars have written about the ways people use space to create belonging or inclusion. French sociologist Henri Lefebvre's analysis of the social production of space argues, and I simplify here, that social space is socially created through the different tensions and negotiations between conceived space, perceived space, and lived space (Lefebvre, 1991). Space and mobility through these spaces is socially produced through interactions between geography and lived experiences.

This also points to spatial embodiment and emotion, where place and affect are intimately linked. As Joyce Davidson & Christine Milligan (2004) write, "…our first and foremost, most immediate and intimately *felt* geography is the body…" (p. 523). They argue that our emotions can shape our perceptions and experiences of how the world *is* for us, and that this emotional environment expands and contracts according to how our lived experiences (Davidson & Milligan, 2004, p. 524). This is an important aspect of understanding not only Camp Celiac, but the everyday lives of those following a gluten free diet—the perceived ability to participate in a social space, at a birthday party or attending university, is simultaneously spatial and affective. Comfort, anxiety, safety, and trust can imbue spaces, leading them to be perceived as 'spaces for me' or 'spaces *not* for me.' This will be discussed further in the chapter.

There is thus a relationship between space and emotion or affect. Called 'thick spaces' by Edward Casey (2001), 'emotional environs' by Davidson

& Miller (2004), and 'affective atmospheres' by Ben Anderson (2009), the idea behind these concepts is that places can be affective and this can influence how we perceive spaces, our bodies, and our bodies in those spaces. As Cameron Duff (2010) writes, "affective atmospheres capture the emotional feel of place, as well as the store of action-potential, the dispositions and agencies, potentially enactable in that place" (Duff, 2010, p. 881-882). This further illustrates the relationship between feeling 'out of place' as a body in a space or, as I will discuss them, the different 'spaces of anxiety' and 'spaces of comfort' that are part of the everyday lives of those on a gluten free diet, and taken into account at the camp. Spaces can have affective dimensions that influence one's perception of agency in that space, and how one feels in a space influences mobility and navigation through that space.

The metaphor of space includes the different everyday interactions, objects, and practices that communicate inclusion or exclusion from the 'space' or community (being eaten into or out of community); on the one hand, spaces of safety and comfort, and on the other, space of danger and uncertainty. From interviews, the spaces referred to are multiple: schools, kitchens (personal vs. shared), parties, colleges, restaurants, unfamiliar cities, and different countries. Respondents thus discussed how their dietary restrictions also restricted, or at the very least hindered, where they perceived they could go; it restricted their movement through different spaces on the basis of their eating.

The camp respondents have their own strategies that help them navigate unsafe or uncertain spaces in their everyday, and there are certain objects and practices that help them adapt to those spaces. At the camp, however, this is a place where they do not have to adapt to the space, because the space is completely adapted to fit *their* needs. These are not just dietary, but also mental, such as a sense of safety and comfort, of trust, of understanding that are all just as necessary as the physical food itself in making the food 'food', at all.

I argue for Camp Celiac as representative of a 'new eating community' that is defined in part by frictions with 'everyone else' who do not have to, or choose to, follow a gluten free diet. And the camp (and the camp kitchen, especially) does certain things, takes on certain narratives, and uses certain objects to account for the everyday concerns around eating that people with celiac have while navigating a foodscape where gluten avoidance is not the norm. The camp as a new eating community has its own rituals, habits, and narratives that reflect the everyday concerns and strategies of its celiac campers. This includes the toaster as inclusion and expanded space/space negotiation, and the camp kitchen and how it overcomes the "unsafe other kitchen" stigma by communicating trust and comfort and mitigated risk.

Spaces of Anxiety

Everyday eating with a celiac diagnosis means managing and navigating physical and social risks. Physical risks derive from a disease managed through avoiding dietary triggers while in an eating environment where that allergen is ubiquitous within the current food system.

Part of the associated risk stems from the fact that this allergen is not readily identifiable on sight—it is a microscopic protein and invisible outside of its 'common' forms: bread, pasta, pizza, cake, beer. These things are the easy parts to avoid. It is the caramel coloring, the 'natural flavors' derived from wheat sources, it's gluten as a thickening agent in soups and sauces, as an anti-clumping agent in spices, as a binder in envelop glue and stamps, that make knowing how to avoid it complicated and frustrating.

Being gluten free is a learning process—and because respondents had stories of learning their lessons the hard way, they also understand that it is difficult to expect people who are not on a gluten free diet to know how ubiquitous it is. This means that the personal home kitchen is the safest place, and most other unfamiliar kitchens can be spaces of anxiety: other people's homes, school cafeterias, and restaurants included. Most of this stems from needing to feel comfortable that the persons preparing gluten free foods are educated, aware, and understand the consequences. That is to say, for food to be *edible food*, there needs to be a relationship established in which food preparers are educated and knowledgeable in what exactly gluten is and where it can be, but also understand celiac responses to trace amounts of cross contamination:

> I think it's a learning process mostly. I mean, a lot of people just don't know how bad allergies or the disease can be. I think it's a learning process. It definitely was for the people I know. When we go over to a friend's, they make separate things. We've done test and trial things and they were like 'you know, I don't feel safe for you to eat this. I'll do better next time, just don't eat this one.' It's like, 'okay, it's nice to know that you thought this could not be good!' (Camp Celiac counselor, Respondent 1)

As ethnologist Kristofer Hansson (2007) writes in his analysis of asthmatic youths' relationships to public places, risk-taking can be place-bound. The risk associated with a place is the experience of uncertainty that is connected to a specific place, and this uncertainty is felt and known via the body (Hansson, p. 141, 2007). Hansson calls these place-bound risks "critical places," which in his study are exemplified in schools. Schools are a part of youths' everyday lives, but for asthmatic and allergic students, their conditions cause them to relate to the space in a different way; they are places that contain allergens and asthma triggers for some students, but are also places for social interaction and socially anchoring oneself (Hansson 2007). This duality of physical risk and social benefit causes some students, Hansson argues, to decide that the social benefits outweigh the potential asthmatic symptoms, making it more important to participate in what the place has to offer than to feel unwell for a time (Hansson 2007).

Just like these asthmatic youths, the respondents at Camp Celiac had altered relationships to places that people without celiac might take for granted. Going away to summer camp, for instance, which is a common summer past time for American children, can be complicated or impossible if the camp cannot cater to dietary needs. And for multiple counselors, the ability of a university's campus cafeterias to provide gluten free foods was a factor in which school they chose to further their education. Does the risk of getting sick from contaminated food outweigh the social benefits of participating in a 'risky' place? As Hansson argues, they aren't just relating themselves to the risks, but to the possibilities offered by being in the place—and while allergens can be spatial obstacles, social relationships can be just as obstructing (Hansson, 2007).

Maintaining personal health through gluten free diet also meant, at times, learning to prioritize one's self (one's physical wellbeing) over the feelings of others. This is where the social component of risk emerges: respondents noted that on their own celiac disease is manageable, but eating in social situations caused food allergies and intolerances to be problematic.

Part of this relates back to the physical risk—eating away from your own kitchen means losing control over ingredients and preparation techniques (cross contamination being a big topic on respondents' minds), the rest is social though. It is how to manage your own physical health but also be a good guest—to not inconvenience your host or "interrogate" wait staff with probing, specific questions, to not make demands when you have been invited. It also means managing the emotions of others as well, to not make someone feel guilty or upset because they have forgotten or cannot provide for you, or how to reject food when that person has gone out of their way to provide for you:

> But some people feel really bad when they accidently (cross contaminate), like when they know it's their fault I can't eat. Because I have been places where I've had my food out and they'll be like 'oh, can I have one?' but then grab it first and then I'm like, 'you might as well have the whole thing now, because I have no idea what specific one you touched,' and they're like 'No, I just touched that one.' But then it's like 'well, you just put it back, so, now it touched all of them.' (Camp Celiac counselor, Respondent 1)

There is a clear emotional component to navigating risks, both physical and social, on a daily basis. Much of the analysis to this point has pointed to emotions as a component of the day in and day out celiac eating routine, but I want to take a moment and focus on the emotionality of eating in a body with celiac: what it means to eat while anxious, how it feels to eat trust. Discussing the emotionality of eating food in a body made sick *by food* is relevant as it moves the focus from the body to include interactions with social and environmental context: "From a broader concept the focus on the body is, in itself, reductionist, neglecting the degree of harmony or integration between persons and their interpersonal and physical environments. Individuals always live in the context of a group with specific structures, cultures, and patterns of valued activities and associations" (Mechanic, 1997, p. 80).

Eating in a body that cannot incorporate, that refuses, culturally dominant food staples is more than just a meeting of a material food object that can or cannot be tolerated by a material body. This is too clean, too distant from the pinching burn of stomach acid burning at your throat, the building pressure from the inside out of a distended stomach, the flare of irritation when someone wants to know the details of an accidental 'gluten-ing,' the embarrassment of spilling your guts, of the intimacy and intrusion of it, the relieved gratitude of being included, the disorientation of feeding yourself in a new place, the guilt of asking someone to reorganize in order to accommodate you, the stomach churning anxiety of not eating the food someone has gone out of their way to make especially for you, because of you and the hesitance of asking for something that will make you feel good instead of sick.

This risk of contamination transformed food into non-food. Uncertainty about cross contamination in shared kitchens or kitchens where multiple foods are being made compounded this sense of uncertainty. Respondents argued for the importance of knowledge in distinguishing between foods for people eating gluten free as a lifestyle decision, versus gluten free for someone with celiac:

> People know between a gluten free diet and celiac disease diet. I know one of the big pizza places [franchises] does gluten free pizza crust, but they cook it on the same oven. So, I actually told them that they shouldn't advertise it as a gluten free pizza for celiac people. It's for people who choose to be gluten free, rather than celiac. That's not okay to be advertising that. (Camp Celiac counselor, Respondent 1)

The inside-outedness of celiac, of managing a three-times-daily potential for illness because of food, of having to expose the details of your insides in order to be accommodated and understood on the outside—this is more than just a failure to digest. To eat when food is suspect, when food is more likely to be something that breaks you down rather than build you up, is bound up in the physical and material, but also the emotional, the abstract, the unwritten rules of the social contract. It is this meeting of food and body that manifests the border between eating communities—the manifested feelings of inclusion, safety, comfort that come with participation. This means eating as an activity, as a daily practice, means *potential*. The potential certainly for risk and danger, but also for positive affect: trust, comfort, inclusion, even the exotic banality of being able to eat food as just food.

Strategies for Managing Risk

The risk of gluten being, possibly, everywhere meant the respondent's expressed having to be suspicious of everything. It means not necessarily food paranoia, but creating specific eating rituals in order to account for the new and varied conditions of their diet.

That food and meals are ritualized is not a new concept, being "regulated, codified, and repeated act, arising from social interactions, involving an emotional charge, and which permits social cohesion. Food and eating habits are markers of social relations" (Danesi, 2012, p. 226). But the rituals and routines around food and meals within the gluten free eating community, as represented by this case study of Camp Celiac, are emergent and developed as the direct result of receiving a celiac diagnosis. Careful and habitual label reading, regular research and education—learning what questions to ask at restaurants and keeping tabs on changing recipes in various products, these rituals all formed as a set of practices developed to manage anxiety around food.

New eating rituals were needed to organize life, and were undertaken individually but also by some of the surrounding social network like family, friends, roommates, and some institutions like schools, churches, and camps. Rituals like label reading, labeling, research, double-checking, 'bringing your own,' and separation were practiced and enacted by individuals with celiac as a part of the daily routine of navigating their food landscape. In the following section I will describe several of the rituals or strategies developed, specifically in relation to how safety is ritually organized and manifested, as well as the transformative properties of the rituals, determining edible and inedible.

Take, for instance, the mother of a celiac camper, explained that a lack of confidence in other people having the same level of awareness about gluten meant her celiac daughter often removed any possibility of contamination by only trusting her own cooking:

> We eat at home probably more than a lot of people do just because of that. I know what's in the kitchen and I know what's in the food…My daughter, she never gets sick and she's really careful. She eats what we cook at home; even if we go to a restaurant we'll bring her dinner. She won't order—except for something like plain steamed rice, other than that she generally won't order… She says she doesn't like it but I think there's an element of not being confident as well. (Camp Celiac volunteer, Respondent 2)

The lack of confidence, i.e., the lack of trust, in others to be fully educated about gluten and food preparation for people with celiac disease is transformative: a food object either is or is not *edible* depending, in part, on if the relationship to the food provider is trusted. This means that the concept of safety, i.e. whether a food is safe to be consumed as food and not cross-contaminated non-food, or even *poison*, is also factored the social context and relationships.

Several respondents explained various 'tricks' or strategies as part of ritualized eating behaviors that they use to navigate themselves safely through the mainstream eating community—most of which are exercises in mitigating risk when trust cannot be established.

As one celiac respondent explains, restaurants are spaces of anxiety concerning gluten free diet. This is often because she cannot be certain how a food preparer understands how sensitive celiac disease to even trace amounts of gluten. After a bad experience, she and her sister have developed a strategy for ensuring no one has just 'picked off' the contaminant:

> I have been to restaurants where they put croutons on the salad. You say to take it back and say 'I need a whole new one,' but they actually end up just picking them off. But, one time, they left one underneath and I actually found it after I had been eating it…It was terrible.
>
> So, now we have a trick. You know how they give you water and then your actual drink? If you pour the water in the salad you know they have to

> completely change it. Because they've done that multiple times. Especially when we were first starting out [eating gluten free] and I don't think gluten free was that big of a thing to do. They were still like 'oh, if they can't have it, just take it off.' (Camp Celiac counselor, Respondent 1)

Another strategy was to just 'bring your own.' This was a strategy expressed by every respondent interviewed and stems from the idea of the home kitchen being the safest. Respondents brought their own food to restaurants, their own dinners to family holidays, their own cake to parties, and their own stash of food to 'live off of' while they travel, such as one respondent who does not just bring his own food, but has a habit of always having food with him, no matter the distance or destination.

> I always have a go-bag with me where I'll always have food where I know I can live off for a while. Just snacky stuff really but I've lived off it before, so I know I can live off it if I need to. I always carry stuff. (Camp Celiac counselor, Respondent 6)

Respondents spoke of 'bringing your own' as routine, just a fact of daily life; if you do not bring food or eat at a social gathering, you are either going to be hungry or going to get remarks for not eating. On the other hand, just 'bringing your own' is not always cut and dry. Respondents also noted the social navigating required when rejecting food someone has made especially for you:

> It's weird to bring your own food to a party and sit there eating when they have food for you, but it's contaminated and all that so. I would rather eat it before. (Camp Celiac counselor, Respondent 1)

There are a myriad of social and emotional figurations around 'bringing your own' or not: if you decide to eat what is offered, you risk contamination and sickness. Being able to eat at, for instance, a party also involves making requests and/or asking a lot of questions to your host, which might be seen as inconvenient or rude, or signify doubt or lack of trust. If you choose not to bring your own food and choose not to eat, for instance, if

you have eaten ahead of time so as not to burden a host, especially without telling the host that you have a food allergy, the host can feel guilty or awkward for not being able to provide for you.

Bring your own and developing routines such as habitually asking questions about ingredients and preparation does not always mean safety, however, even if it does mitigate feelings of anxiety. As explained by one respondent, even if you *have* told the hosts about your food allergy situation and asked all of the right questions, you are still dependent on that person having the same level of education and knowledge about gluten as you do. That is, just because some says something is gluten free, and though may genuinely believe that, does not mean it is:

> The most recent thing that happened was just that the person [preparing the food] wasn't super educated on what gluten was. I should have talked with them directly but I trusted the person who was in charge…he was like 'I'll make sure your stuff is gluten free, I'll do that.' I don't think he fully understood what gluten was. It turned out that the steak was marinated in a 12-pack of beer and I had like four or five pieces. I talked to the guy grilling and asked if it was gluten free and he was like 'yes, it is.' I mean I probably should have asked more questions than that but I'm a very trusting person, but that's where I get the whole grilling [for information] thing. I'll just grill people nowadays because I have to. I really can't take the chance. (Camp Celiac counselor, Respondent 6)

"Double Checking" and the Wall of Labels

'Double checking' is another strategy mentioned by respondents as a way to alleviate anxiety when food and eating are outside of one's immediate control:

> When we travel we sometimes go to places we know that are safe or we sometimes like call ahead to check just to see if they have stuff. Then we confirm before we order stuff and then when we get it we double check again just to make sure.

> Interviewer: How do you double-check again?
>
> We just ask 'so this is the gluten free one, right?' Then you aren't worried that you're taking a chance about it. (Camp Celiac camper, Respondent 4)

This was mentioned as a part of everyday practice when one was outside of familiar, trusted spaces. Double-checking occurred on an individual level also, in checking and rechecking labels and by keeping track of changes in product recipes. Label reading was the primary way 'double checking' was done and in a post-diagnosis context was spoken of not only as habitual and routine, but also ritual practices. This was an activity performed regularly before meals or food purchases, and one that was also taught to and practiced by friends and family of celiac persons.

Double-checking was also an everyday strategy, or rather, a practice for managing anxiety that was reflected by Camp Celiac via the camp's Wall of Labels. The walls near both ends of the cafeteria line where campers picked up meals were nearly wallpapered with a week's worth of menus handwritten on brightly colored construction paper. Multiple labels were taped to each menu, indicating not necessarily the brand—which could be read as a kind of short-hand for safe food in some cases, but to make the list of ingredients available for each camper.

For these children, label reading is one of the rituals of their eating community. In navigating the mainstream eating community on a day to day basis, they are concerned with where the food is coming from, who made it, and there needs to be that aspect of knowledge and trust in order for the food to be food and not poison. Label reading, then, was an everyday routine and one that, if prevented from completing, was a source of anxiety. Wanting access to ingredient labels and being able to 'double-check' was actually so important to the campers, and happened with such regularity, that the camp assigned one parent volunteer to act as Kitchen Liaison. From an administrative point of view, it simply was not realistic to have the kitchen staff stop and assure each camper individually about the meal ingredients and also feed a hundred people quickly. In regard to the Wall of Labels and his position as Kitchen Liaison, the parent volunteer remarked, "It's not because they don't trust me, it's because they

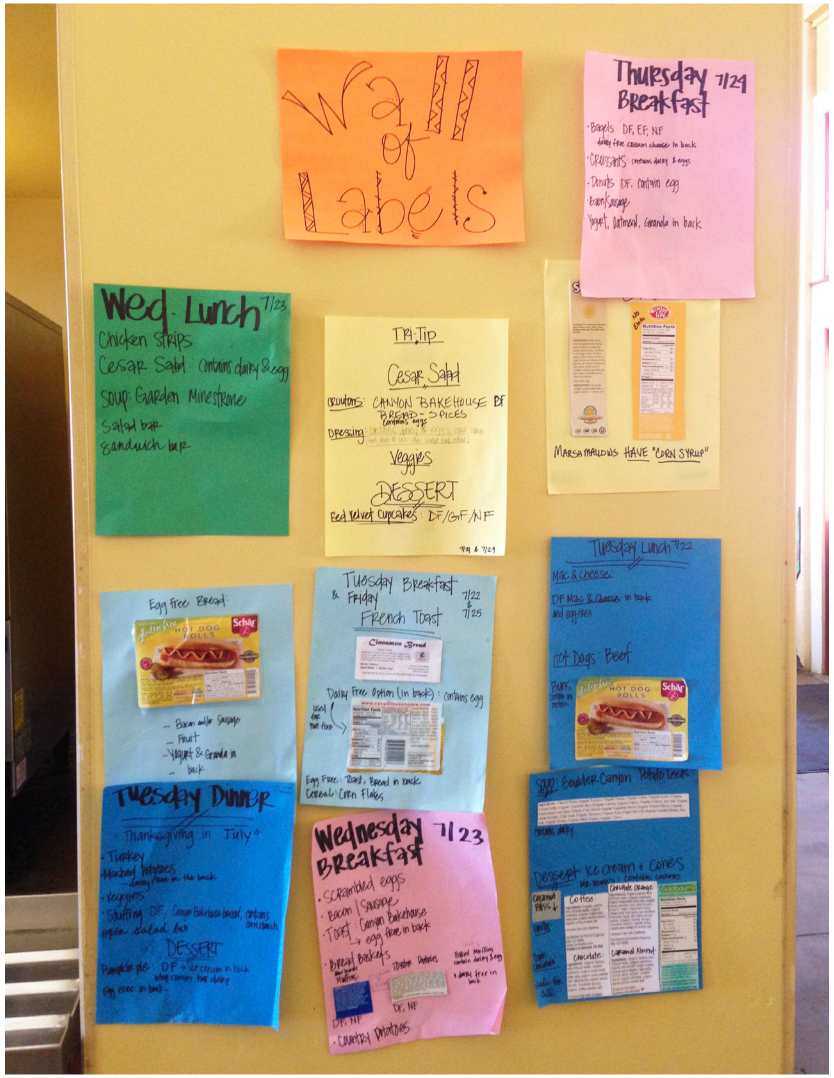

Figure 3. Wall of Labels at Camp Celiac

don't trust anyone" (Camp Celiac volunteer, Respondent 14).

By acknowledging the role of food labels for people with celiac and consequentially, the habit of label reading with a celiac diagnosis, the Wall of Labels is one way the camp creates a space of safety and inclusion. They create a Wall of Labels so that the campers do not have to take anyone's word for it but it also serves as an overt gesture communicating understanding so that the camp can be a place where campers do not have to worry about the food or reading labels or double-checking.

On the other hand that habit of checking is so ingrained that campers continue it at Camp Celiac—even in a space made specifically to cater to their needs, they cannot turn off this habit which has become a routine part of their daily eating. In fact, on my first day of fieldwork multiple counselors and volunteer staff told me to watch the campers on the first day of camp, especially the younger or new campers:

> When I was a camper they were like 'you can eat anything you want here, you don't have to worry.' We had some other kids in last session who were like 'Are you sure we can eat this?' I was like that when I first came here. I was just like, 'there's bread on my plate. This isn't right! I don't know who made this!' (Camp Celiac counselor, Respondent 6)

Asking counselors if the food at camp was gluten free is illustrative of the default state of these campers where the assumption is that the food is not for you, and it is hard to unlearn. In fact, commonly the children do not unlearn this behavior over the course of the week at a camp specifically created to cater to their dietary needs. The realization, however, that they can eat the food, that the camp is a space of safety rather than anxiety, is a welcome and even exotic experience:

> Some of it actually makes me a little sad to see these kids pained in that way, but it also brings me great joy to see them experiencing something for the first time. One of the kids last year—his face on cake night!
>
> [The camp] always has cake night to celebrate everybody's birthdays because I know a lot of kids will bring cake to other people's birthday parties since they can't eat the cake there…It's cool to see kids like this one who was almost crying. He was like 'I've never seen this much cake I can eat. I could literally just dive in the cake and eat it all.' Which was really cute and kind of sad at the same time. It was really neat to see how excited he was but knowing that this was his first experience of that was kind of sad, knowing that he's never experienced something like that before. (Camp Celiac counselor, Respondent 6)

Spaces of Comfort

This section will continue the discussion of how the celiac disease experience is developed by navigating spaces of risk but will instead focus on the various practices and objects that create spaces of comfort.

There is an added complexity to understanding comfortable spaces—that is, safe food spaces—because what is understood as food has a different definition. Cross contamination makes 'food' poison, which is to say that what is available, physically and culturally, as 'edible' is different than that of the food culture in which they socially interact. It inverts the eater/eaten relationship since, with celiac disease, bread constitutes an inedible edible: as the body physically consumes itself in an autoimmune response, the bread would instead eat the eater. So even the most nutrient rich food will turn to non-food, to poison, once in contact with gluten.

> It's like they say it's gluten free and then you get super excited but then you go, well, is it safe? No. It's a whole other issue. It's not just about being gluten free, it's about being safe about the cross contamination and all the issues with that. (Camp Celiac counselor, Respondent 12)

So it is not just the food itself, but the context of the food that makes it food at all. A relationship of trust and understanding makes food nutritious: if I know you, you know the seriousness of my situation, I know your kitchen, if I trust you, I trust the food to be *food*.

In the context of feeling the most confident, respondents reported the kitchen at home as preferred, above all. The home kitchen was a safe space, where one knew and had control over what and where ingredients were, and the home kitchen often spilled out into social situations where respondents would bring their own food to social gatherings and even restaurants. At the other end of the spectrum is the restaurant kitchen, which is problematic because one cannot be certain of, basically, kitchen staff education about gluten and cross contamination or preparation routines.

After a celiac diagnosis, however, the home kitchen became more similar to the restaurant kitchen in that the familiar space became an unknown and uncertain space. There's something of a crisis in having your food landscape completely razed to the ground—respondents talked about eating only rice or spinach, or leaving the grocery store in tears and empty handed for months immediately after their diagnoses. There was a learning curve involved, an adaptation. The old ways of moving through the kitchen, of using appliances, of stocking the refrigerator and cabinets were no longer understood in the same way. Wooden cutting boards previously used to cut bread were thrown away, pasta strainers, stained pans, baking forms, toasters, were all replaced or bought new as a duplicate set. Refrigerators were cleaned out, cabinets emptied and content labels read again with new eyes.

The kitchen before and after diagnosis undergoes a transformation, not just physically, but also a mental reorganization of understanding space. Many respondents talked about the kitchen in metaphors of shrinking space after a diagnosis—objects in it that were once familiar now served to expel on the basis of safety: this is a space not for me. This is not to say, however, that the kitchen space was always understood negatively—even if respondents did not carry an expectation of gluten free foods in other peoples' kitchens, they could still function in them. It is through interactions with objects in those spaces that reinforced anxiety (small space, a space not for me) or comfort (expanded space, mobility). Baking paper, foil, and plastic wrap were all used as strategies to transform a space into a comfortable one, for instance.

> We totally rearranged the house, foodwise. My mom made sure that if this was going to happen, we bought a new toasters, we bought everything new so that nothing would cycle in like, 'oops, that wasn't gluten free.' (Camp Celiac counselor, Respondent 1)

This is representative of a new eating community where kitchens are rearranged to make space where suddenly there was none. Immediately after diagnosis mobility in the kitchen changes—it becomes an unsafe and unwelcoming space full of risks. It is not a space one can move through freely.

The post diagnosis transition often means adapting yourself to fit spaces, but in this new eating community spaces are adapted to fit you. The kitchen is reorganized; unsafe utensils, appliances and surfaces are replaced, and this affects not just the personal spaces of the person with celiac disease, but also expands out into the social network with family and friends adapting their kitchen spaces to account for the celiac person. This is illustrated in this quote quite clearly through the toaster as an object in a set of practices that not only shrink or expand space and mobility, but how a person can think of himself or herself as sick or healthy, or socially relevant.

Camp Celiac as a Space of Comfort

Then there was the Camp Celiac kitchen, which despite being an unknown kitchen was still trusted. How? Camp Celiac adopts certain narratives, incorporates certain practices and objects that its celiac campers use to navigate space in their everyday lives in order to make itself a space of comfort rather than anxiety. Respondents said Camp Celiac is a place where you do not have to worry, for instance, about reading labels:

> But I think that it's so cool, the environment here where you can eat everything. I think that's what was so neat for me was to come to a place where I truly did not have to worry at all, whatsoever. (Camp Celaic counselor, Respondent 6)

The camp kitchen becoming a safe and trusted space, free from worry, is done by, essentially, emulating the home kitchen. This was done in both overt and subtle ways with the biggest component being communicating awareness and education. In an overt gesture, the camp kitchen performs a mass cleaning and sterilization prior to Camp Celiac week, purchasing brand new ingredients and locking away contaminated ones. The camp kitchen space is completely reorganized and adapted to fit the needs of the incoming children.

This camp kitchen is celebrated by the campers because of what it does to become a safe space, not just technically, but in the minds of the campers as well. In a more subtle gesture, the camp kitchen acknowledges how 'separation' is both a source of comfort and discomfort: on the one hand, being excluded, being separate, being different on the basis of your gluten free food can be discomforting, while on the other hand food that is kept separate, kitchens with separated preparation areas, and separation in shared kitchens or labeled at parties is a source of comfort and trust in the food to be food, a diminished risk:

> Obviously if it's a child, they don't want their food being different than everyone else's, but at the same time some kids are away from home, they have a food allergy already, they're scared to eat food in other places—so sometimes it's just easier to be like 'What do you eat at home? We can do that for you!' (Camp Celiac kitchen staff, Respondent 5)

The camp kitchen does not want the children to feel different or excluded like they might in their everyday eating interactions outside camp, but also wants them to be comfortable and feel safe. The kitchen staff know that being away from home with a food allergy means campers can be scared to eat food in other places, so they try to circumvent that anxiety by trying to be as similar to the 'home' kitchen as possible:

> I really want the child to be comfortable, and I really want the child to have fun…That's all we're really concerned about, that nobody gets sick and that they're having a good time. If they're worrying about food the whole time, they're not going to have a good time. (Camp Celiac kitchen staff, Respondent 5)

Respondents with celiac were often concerned with traceability, cross contamination, and education, but this was one way that the group restructured their eating community to create a safe space and account for these daily concerns. So, the food that came out of the camp kitchen was safe not necessarily because of its chemical makeup, but because the campers could trust that it was food for them.

In his study of Swedish summer camps for diabetic children during the 1940's and 50's, ethnologist Markus Idvall explores their reception through sociologist Erving Goffman's concepts of stigmatization and sanctuary. At first the camps were criticized by medical professionals because they believed the camps would isolate the children, stigmatizing the disease and causing the children to be seen as socially deviant.

The diabetic children and families, however, longed for a sanctuary where they could meet others like themselves (Idvall, 2011). Support for the camps argued that the camps were not isolating or stigmatizing, but represented a reversal of the diabetic children's everyday lives where they were often the only diabetic person at school or at home, and where their insulin marked them as different. Rather than encouraging deviance, at camp they were able to meet others like themselves, they did not need to guard themselves as closely, and they could learn that being in control of their insulin made them healthy people, not deviant (Idvall, 2011).

Despite being separated by 5,000 miles and 60 years, there are parallels between the Swedish camps for diabetic children and what happens at Camp Celiac, especially in terms of sanctuary. Camp Celiac, interestingly enough, sits on the ruins of an old tuberculosis sanitarium built to both isolate the highly contagious disease and treat it with the area's fresh air and dry heat. The land has long been a place of healing, but the isolation of the tuberculosis sanitarium has not carried through to the space's new iteration as Camp Celiac. The only overt sign of any therapeutic aspect of the camp was the presence of two therapy dogs lounging in the shade awaiting attention from passing campers.

The respondents did not perceive attending the camp as isolating or stigmatizing. While some of the campers' friends did not quite understand the significance of a camp where one could simply eat without worry, jokingly calling it 'special pretzel camp,' it wasn't a dismissal of the camp either. Just as the supporters of the Swedish diabetic camps argued, the celiac respondents reported regularly feeling isolated in their everyday lives by being unable to participate in the commensality of social occasions. Other summer camps could not always accommodate their dietary needs, students at school mocked their different-looking food, and their condition and diet were dissected and made the butt of jokes on television. Rather than feeling stigmatized by the camp, they were excited to go and looked forward to the food and to seeing friends they hadn't seen in a year. Take, for instance, the following discussion with camp counselors:

Figure 4. Sanitarium ruins to the right with Camp Celiac's cabins peaking through the trees in the background

> Respondent 8: People that don't come to camp don't understand what camp means to everyone. [A counselor] got married this year and she invited us to her wedding. When I was telling my friends and family that I was going to a wedding they asked who's wedding, and I was like 'Oh, my friend from camp.' And they were like 'A friend from camp? That's weird. Do you even know her?' And I was like 'Well, yeah. She's been at camp for three years.' And they're like 'So, you spent three weeks total with her?' (Laughter from the group)
>
> Respondent 7: But it's so much longer! (Laughter) We pack a year into this one week.
>
> Respondent 8: I don't think people that don't come to camp can understand what it's like to be around other people who fully understand everything about celiac.
>
> Respondent 7: They're the people you turn to when you have a bad day. We have a group on Facebook—and go 'Oh my god, you will never believe what happened today!' But they totally understand it, you know! They understand your frustration. It's a relief to know that you have somebody to go back to and who will listen to your story.

These are then the dimensions of comfort at Camp Celiac that stem from having access to gluten free foods and being around others who are in a similar situation. Comfort was not as closely related to safety or relief from worry, but about the more social aspects of having a restricted diet, predominantly inclusion. Some respondents found that having celiac meant dealing with the label 'special.' They were on a special diet and ate special food. Special was not a status sought, but given in a way that called unwanted attention. At camp, however, the things that made them special were not related to their diet:

> On the first day we asked "What's different about you?" and she goes 'Well, I'm gluten free' and we all just kind of laughed because we're *all* gluten free. She doesn't have to tell people that she's gluten free here. We're all gluten free and we all know what she goes through, and we're all the same…she's not different here, you know? (Camp Celiac counselor, Respondent 11)

Figure 5. Therapy dog at Camp Celiac

Other respondents discussed how the camp is a space of comfort not only because they do not have to worry about food, but also because they do not worry about being socially isolated because of their food:

> I remember one time when I was a counselor here coming down to breakfast one morning. We were having pancakes and bacon, or something like that. I remember sitting down and going 'Oh, bummer, I can't eat it.' And then I was like 'Oh my god! I can eat it!' And it's the stupidest thing. Who really cares about pancakes? But it was—I was like 'Oh my god, I can eat it! We can all eat it! We don't have to think twice.' It was really amazing. So ridiculous.
>
> And that's one of those things about food, is it shouldn't be that important, but it really is important, you know? To be part of the group and partake, and not feel odd or like the odd man out, or hungry. It was like, wow, this is so cool. And the kids do it too. They go 'oh, shoot, there's cake and I can't have any.' And then they go 'Oh, I can have it! It's gluten free!' It's pretty special. It's pretty amazing. (Camp Celiac volunteer, Respondent 2)

The camp is a space of comfort because it makes specific gestures, performs certain practices, and uses food and space as objects in ways that speak to the daily concerns of people with celiac as they navigate social and physical eating spaces outside camp. The comfort is associated with not only a lack of worry or the physical safety of the food, but also with social inclusion and *not* being special. At camp, they were not isolated; they were included because at camp, having celiac was normal. The camp was, in many ways, a sanctuary from everyday life where they were regularly in 'critical places' balancing their physical needs with their social needs.

Figure 6. Special pretzels at special pretzel camp

Microspaces

While kitchens, restaurants, and summer camps are all produced and reproduced by different practices and routines that develop experiences of celiac disease, so too do toasters, shelves, and drawers. The following section will discuss microspaces that also produce anxiety and comfort, reestablish an eating community, and influence perceptions of space and mobility on a small scale.

The relationship between space and materiality is an area familiar to ethnographic studies. Swedish ethnologist Orvar Löfgren (2016) has studied the materiality of the suitcase as a sensitive object, exemplifying how small spaces can be filled with emotions. Additionally, in his 2005 analysis of the microphysics of cultural wear and tear, Löfgren argues that we can use physical sites—such as decaying farmhouses and ruins—to explore cultural micro-processes. While his study focuses on the micro-processes of ageing and cultural lifecycles, I apply the same concept of looking at physical sites to explore micro-process to the nooks and crannies of kitchens. What can we understand about commensality and community by looking into kitchen drawers or refrigerator shelves?

On an extremely small scale, even breadcrumbs speak to the influence of the habits and rituals of maintaining a gluten free diet, representing the suspicion and risks of cross contamination. Cross contamination, that is, when gluten free foods come into contact with gluten, was an element of everyone's narrative of celiac disease to me—their various successes and failures in avoiding it, and their methods and strategies and adaptations in accounting for it. The toaster, interestingly, is seemingly representative of this type of contamination and of the risks associated with sharing eating space while on a the gluten free diet.

The respondents had toaster stories where the meaning of the toaster changed as it traveled through the kitchen. There was (a) the post-diagnosis toaster that quarantined the celiac person; it shrank space and restricted mobility in the once-familiar kitchen because the toaster was now contaminated and off-limits. The (b) 'shared kitchen' toaster symbolized violated space such as when a person had taken steps to make their kitchen space safe again only to later be contaminated by someone who shared the kitcehn. And, (c) the designated gluten free toaster in someone else's home—this was when someone without celiac disease owned a gluten free toaster specifically for a friend or family member with celiac; it was a toaster that created and expanded space. All three toasters were spoken of as an object within the kitchen as a social hub.

After a diagnosis, the kitchen became an unfamiliar territory in some regards, an unsafe space. Some families first experienced a celiac diagnosis as fragmenting, having duplicate appliances and carving out spaces in the kitchen for the new gluten free element in their routines:

> I think that it was more that I had my pots, they had their pots. I had my half of the kitchen and they had theirs. But we don't have a huge kitchen so that kind of changed. I think as the years have progressed we all eat gluten free nowadays… When we started it was a separate thing where they had their pasta and I had mine. It just got to be way too much work for my mom of cooking two meals every night. So they were like 'you know, we're just all going to go gluten free when you're here,' and it just makes it easier with the possibility of getting cross contamination. (Camp Celiac counselor, Respondent 6)

But, more commonly, a diagnosis meant a new hybrid kitchen where either the new gluten free food was given its own space, or the gluten food was 'quarantined' in a mostly gluten free space:

> No, we have our own toaster, we have our own pots. There's only one cabinet for my dad and one pot for my dad. Everything else in the house is gluten free. (Camp Celiac counselor, Respondent 3)

Another respondent described her own hybrid kitchen in terms of the practices that the non-celiac people had to adapt to, which included a new routine around cleanliness and labeling:

> My house is gluten free. They don't use the toaster for gluten if they do bring home bread, but there's rarely any gluten in the house. And if they do, my family wipes down the table if they eat it and they wash their hands.…If they bring home gluten they know to actually write on the to-go container 'it's gluten, don't touch.' Our grandparents and our family and friends know not to bring it over unless it's got a sign on it. (Camp Celiac counselor, Respondent 1)

Some college-aged respondents sharing a kitchen with roommates used the toaster to illustrate frustrations—especially when a roommate accidentally contaminated the gluten free toaster. This seems representative of a larger pattern of having to deal with risk in avoiding cross contamination while navigating the 'mainstream' eating scene. The frustration stemmed from the fact that even when in a supposedly safe space, after having taken specific steps to eliminate risk, they still could not escape gluten and risk:

> In college I was living with roommates and I tried, but I don't think any of them really understood what was really okay. Like, I had my own toaster but they used to use it all the time. Stuff like that. They weren't totally understanding. (Camp Celiac counselor, Respondent 8)

On the other hand, the toaster could also serve as a symbol of inclusion such as when a respondent's grandparents bought a separate gluten free toaster for when the gluten free grandchildren visited:

> When I went up to Washington, my grandparents actually bought us a gluten free toaster and they only bring it out when we come there. (Camp Celiac counselor, Respondent 1)

This is an example of how the new routines that come with a celiac disease also influence the surrounding social network—as the toaster travels it also opens up kitchens to once again be social spaces.

Shelves and drawers served a similar purpose to the toaster in terms of their roles in celiac disease narrative and inclusion. Having shelf space in your own kitchen was talked about in terms of quarantine—about keeping gluten free foods separate to avoid cross contamination. One college aged respondent talked about it in the extreme where a separate space in the kitchen was unrealistic with non-celiac roommates and she eventually stored her food in her bedroom:

> My [college] roommates were terrible about it, so I had my own mini-fridge in my room and I had my own basket of food. They didn't understand it. We had one kitchen in our room and a refrigerator and stove, and they didn't understand that I couldn't—like, I have my own peanut butter, don't put your knife in it and touch your bread and then eat my peanut butter. So I just had my own peanut butter, I had all my own stuff in my own room. (Camp Celiac counselor, Respondent 11)

This is a case not just of diminished kitchen space (which is also a social space) but a complete removal from that space. This removal put a social stress in the apartment—she later compares that apartment with how much better things were for her with a new roommate who was training to be a dietician, ate 'healthy' and often gluten free, and was knowledgeable about celiac disease. The kitchen space opened back up and the social space came with it in the form of shared meals, not meals eaten alone from a position of retreat.

Another respondent spoke about how a *gluten free* majority lead to a *gluten free* kitchen and the quarantined shelves were instead full of gluten/allergen foods. The family had strategies to keep the space safe—primarily in the form of allergens always going to the same designated shelf, clear labeling with marker on allergen containing leftovers brought home, for example, and gluten/allergen foods getting their own appliances.

Several respondents commented on being given space in family and friends' kitchens. This is especially indicative of a new eating community where people with celiac disease are given space in home they do not live in, or only visit. The drawers and shelves work the same as the toaster in the grandparents' home, that is, an expansion of space due to food but really due to social ties. These shelves are a creation of space in the lives of people who are regularly denied it as they move through the mainstream eating community; a kind of material manifestation of socialization.

> In the beginning it was really hard when I spent the night at friends' houses because the parents didn't know what gluten was. Often times I'd bring my own dinners. I always brought frozen dinners to friends' houses. I had a couple really good friends who had a drawer for me in their house with gluten free snacks, which was always really nice. But now that it's more known, I go to friends houses' and the mom makes grilled chicken and vegetables and everything is gluten free. (Camp Celiac counselor, Respondent 3)

This is an interesting example of celiac disease and the new eating community, where movements through the kitchen space are reimagined, and new habits and rituals are formed (double appliances, shelf designations, labeling). This is a relearning of the food landscape based on the interaction of practices and objects.

Celiac Eating Community

The camp itself is special because it exists to support a usually mundane routine (eating) that is made unusual for the campers because of their disease. In fact, a number of respondents commented on how outsiders did not always understand the point of the camp, the significance of a camp that one can eat at. For them it is taken for granted, one would venture a guess, to one, be able to just go to camp and two, to eat anywhere at anytime. Many of these children cannot go to other summer camps because of their allergies, and at the very least not without much planning ahead and cooperation from the camp itself. Camp Celiac not only allows kids to go to summer camp without worrying about access to food, but also feeds them well, introducing foods such as croissants, donuts, baked goods and meals they may have never been exposed to before. The campers who were diagnosed at an older age called it 'real' food and said that it was good that the campers, who had never had a 'real' donut, could. Being able to experience new foods is, in this way, nutritious. This was healthy eating, even if the foods themselves were not.

"Real"

Eating communities are, at their core, built upon notions of what is 'real' food or a proper meal. Different societies have different food cultures that define and regulate what is 'food for us' through, for example, religious dietary restrictions, cultural taboos, nutritional guidelines, and cultural constructions of morality surrounding ideas of 'good' versus 'bad' health that imbue foods with socio-political value.

At Camp Celiac, however, there is a different conceptualization of 'real' food. It is in part influenced by nostalgia, such as when campers diagnosed later in life express regret that those who were diagnosed from birth have never experienced 'the real thing.'

> Some of these kids have never eaten real food. Like, some of them were diagnosed with they were two or three years old, and they don't know what a real donut tastes like. They don't know what a real Oreo tastes like. So, what they eat, they just think that's what it *all* tastes like only theirs is safe for them to eat and the other ones are just the other ones. So, I'm learning a lot from them. (Camp Celiac counselor, Respondent 11)

This is a definition of real that is defined by otherness, and one that is related to how some campers think of gluten free food as food that makes them different. If they aren't eating real food, what are they eating? They eat "experiments," "trial and errors," "space food," and they go to "special pretzel camp."

The 'real' seen at camp also relates to what counts as food. I have already established how cross contamination can turn food into poison, but this also influences ideas of what is nutritious. Respondents did not talk about individual nutrients, per se; they did not say 'because of my celiac disease I have to make sure I get enough vitamin B or zinc,' they said 'I have to make sure I have access to food.' That is the basic starting point for good nutrition for them, having food. I heard stories from high school athletes that have lived off energy bars when traveling with the team because the restaurant for the 'team dinner' could not accommodate them. Or people who would not study abroad because they were not sure if they could eat. Or students who are choosing (or chose) their university based partly on the cafeteria.

The conflicting definitions of real nutrition were also brought up in how respondents needed to reinterpret nutritional guidelines:

> I think generally what [nutritionists] say is kind of true because there's been studies on what our bodies can handle or what it can't. But I might take the opinion of 'well, I'm not like everybody else because I *do* have celiac, therefore I eat different things than people would, normally.' Like, more starch. I probably have a higher starch level from just constantly eating starch than a lot of people would because starch is one of the substitutes [for gluten]. Potato flour and stuff like that. So, do I necessarily eat in a super balanced way? No. But I try. (Camp Celiac counselor, Respondent 6)

Here, there is a nutrition/non-nutrition concept where what is nutritious for most is not necessarily nutritious for all. Malnutrition, failure to thrive, is one of the classic symptoms of celiac disease, particularly in young children. And this was how many at the camp described their pre-diagnosis time—always being a sick kid, small for their age, babies that refuse to crawl, constantly breaking bones. They talk about being underweight or having rapid weight loss. These are all due to nutritional deficiencies, but the narratives of camp seemed to be a celebration of reversal—of healing. Their individual stories were of celebrating weight gain, a return to health, which seems like a new take on discourses of nutrition and healthy diets. They even called it 'get fat camp' and said the most action the camp medical center gets is stomachaches from over-eating. They had three square meals a day and access to snacks basically around the clock, and the food was 'exotic' precisely for how mundane it was.

> The first night and we had a Caesar salad and as I went to scoop it up, I was like 'there's croutons, I can't do that. Oh wait, I'm at celiac camp.' It's just trying to switch off those buffers. I'm so used to seeing something and going 'I can't.' But we're here and you can eat everything. You can put everything down and just eat. Let's get fat camp. It's really--that's what it can be called.
>
> They can just drop their guard completely. I think with some of the newer kids, it's fun to watch them because they're not quite sure yet. They're a little timid. They're like, 'Really? Is that hamburger gluten free' or 'Can I really eat that pasta? That donut looks too real.' Like, literally, one of my

> campers last year was brand new and was like 'That cinnamon roll looks real. It looks like something on a food commercial. This can't be right.' Actually, it is. (Camp Celiac counselor, Respondent 6)

So, in this eating community, a Caesar salad and spaghetti are not only not a meal, but not nutritious, and not food. Not unless made real by substitutions. In the celiac eating community the foundational segment of the food pyramid is not a part of a balanced diet and nutritional guidelines are reinterpreted.

Camp Celiac is a different eating community than 'normal' because it (a) is working with a different version of real; an outsider community that does not eat 'real' food, and (b) "get fat camp" rhetoric presents an eating community with totally different problems, where gaining weight means a return to health, and losing weight signals problems.

Snacks

Generally, an eating community is centered around the meal—what makes a meal, who to eat it with, when, and how, and eating between meals is a problem, a moral issue. But in the celiac eating community there is an integrated eating community that is centered around snacks as food: meals are the problem and snacks are the solution:

> There's times when I'll definitely pack products like the Glutino breakfast bars. I love those. Those are great. They're pretty filling. I find that Kind Bars, I can literally just pack a bag of their granola and live off it. I literally lived off it for about 4 days…I went somewhere thinking they would have food and it turned out they didn't. Everything had wheat in it or some gluten of some sort. So I was just like 'Great, I got breakfast, lunch, and dinner,' and it was great! It was wonderful! (Camp Celiac counselor, Respondent 6)

Snacks as food may be something of a threatening the discourse when viewed from seen from the perspective of the mainstream eating community where snacking between meals has moral implications. This is an eating community where sometimes snacks are meals, where snacking is eating.

At Camp Celiac, respondents explained what 'healthy' food and eating are and gave responses about fruits, vegetables, fish, nuts, food grown on your own or locally sourced, limited sugar and fats. It reflects, at least in the American context, the food pyramid. Snack foods, though, connotatively fall into the latter group of fats and oils, into this group of non-food, but snack. The mother of one camper remarked on how it was a shame that there was snack food at the camp because it removes you from the forced 'clean' eating of celiac disease, coming from the idea that processed foods are not usually safe for a celiac diet. Snack foods are lower than meals in terms of morality. But for Camp Celiac respondents, snack foods were at times food, whereas mainstream foods would become non-food. Snacks replaced meals for some respondents, especially when dealing with eating outside of one's own kitchen—school sports trips and energy bars or instant rice packets, gluten free granola for a week when traveling, my own preparation for fieldwork bringing energy bars to 'live off' just in case.

The snack industry is booming and much has been written on the shifting eating patterns of Americans (Fischler, 1980). When talking about snacking versus eating, and when snacking becomes eating, the point is that for mainstream eaters, although 'snacking' is becoming more and more accepted and encouraged as 'eating,' snack foods are still seen as supplements to meals, not necessarily replacements. In the celiac disease context, what would be seen as snack foods to others could very well be a meal at times. It should be noted here though, that these snack-meals are usually driven from a position of necessity, of having no other choice. This can of course happen to people not following a gluten free diet, but not to the extent of someone with celiac, where they may be surrounded by food that in inedible to them. Snacking as eating, snacks as food, isn't ideal but it is necessity at times.

A Double-Edged Sword

> I'm kind of ambivalent about people who are gluten free without a medical necessity because on the one hand they're undermining our cause and they're confusing people in the food service industry, but on the other

> hand they're just creating more of a market for gluten free products. So, from a supply and demand perspective, that's why General Mills and all these other companies are doing all this gluten free stuff. It makes economic sense for them to do that. They aren't doing it out of the goodness of their hearts. (Camp Celiac counselor, Respondent 13)

The boom of gluten free products is a result of the growing public interest in the gluten free diet, and it in turn influences the gluten free eating community. Most Camp Celiac respondents remarked on the new demand by delineating a clear 'before' and 'after' in how they discussed navigating social, physical, and bodily spaces as a result of better access, taste, and variety of gluten free products. The new context of abundance, however, has not necessarily eliminated risk and uncertainty; rather, access to these products gets incorporated into everyday routines as strategies, such as those detailed in throughout this chapter, for navigating the mainstream eating community.

Receiving a diagnosis 'before' gluten free products were commercially available meant relearning what to eat. The transition to eating a restricted diet (as well as managing new restrictions to social interactions) meant, for most, having to relearn the food landscape available to them, and from which they often felt disconnected.

> I ate rice for two months because I didn't know what I could eat. I was afraid to eat anything… I seriously had rice for breakfast, lunch and dinner for months. It was terrible. (Camp Celiac counselor, Respondent 12)

> I just remember, you know, having to do grocery shopping myself. I would walk out of grocery stores in tears with nothing to eat. I was on a very basic meal plan." (Camp Celiac counselor, Respondent 7)

Supermarkets and grocery stores changed from places of abundance, choice, and familiarity, to alien and disorienting. This is not to say that there were no commercial gluten free options 'before' gluten free reached the market presence experienced today. There were specialty brands that produced gluten free pastas, breads, and flour mixes made from corn, rice, tapioca, chickpea, and quinoa. These were primarily found in specialty stores, health food stores, and online retailers. And, as respondents claimed, left something to be desired:

> I went from eating school lunches to having to sit down and eat my own food, and all my friends were like 'That is the weirdest looking bread.' It used to be like hard as a brick. Super thick and dry. They actually tried a piece and they were just like 'That's so bad!' (Camp Celiac counselor, Respondent 1)

Before the food industry responded to the demand for gluten free products, bread was the food that made celiac respondents different, both in their own eyes and in the eyes of others. In this way it was an object that manifested the border between the eating communities because even though they had a substitute that could camouflage their disease to others, it was visibly different. The bread made them different in ways they didn't have control over and in ways they didn't find favorable—that is, the 'special' part of their 'special' food wasn't a status that they sought. The food was "weird," "gross," "didn't look or taste right"—especially to their peers.

> When we first got diagnosed when we were little, there was no food. It was—we were trying some weird stuff, weird bread, just trying to see what we can eat. At one point we were only eating peanut butter and jelly out of Tupperware because the bread was horrible! Before [gluten free food brands] Kinnickinick and Udi's came out. (Camp Celiac counselor, Respondent 9)

As brands began to explore recipes that emulated the taste and consistency of 'regular' bread, the boundaries between eating communities blurred. Commercial food producers jumping on the gluten free bandwagon, so to speak, allowed celiac people to once again have a variety of choices. They no longer had the 'hard as a brick' bread, baking their own, or going bread-free as their only options, but could pick from a variety—the springier tapioca bread or the dense brown rice bread? Or, maybe the 'like real' but holey white bread? A sliced loaf, or a baguette, or rolls? There were options.

The holey bread was still distinct, however. Despite how 'real' it tasted and felt, it was still visibly distinct. While a friend might not call the bread disgusting anymore, it was still easily identifiable as different as indicated by one camp counselor's (respondent 3) experience working at a daycare.

> When they come in [to the daycare], if they have a food allergy, we have to put on this red band around their wrist. One little kid came in and I didn't see the red thing on his arm, but I saw his piece of bread and you could just tell.
>
> (Laughter from the group)
>
> You could just tell. You just know from what it looks like—
>
> Respondent 14: The holes in the bread this size—
>
> The holes in the bread this big! [respondent makes a circle with her fingers] I went up to him and was like 'Are you gluten free?' and he said yes and I asked to put a red wristband on him.

Here, the bread that the boy brought with him to daycare (not an uncommon practice in the US) was enough for the respondent to identify him as likely gluten sensitive in some way, whether celiac or gluten intolerant—due to her own celiac experience. Even though the gluten free bread allows, for example, this boy to attend day care—without a parent having to make homemade bread, or worry about how much education the care providers have about how to feed a celiac child—it is still different. But, as illustrated from the above example, their holey bread serves as a kind of in-group short hand. They all readily laughed at the bread in their collective mind's eye and they knew the brand of bread immediately without her explaining any further. It didn't just make them distinct from mainstream eaters but discernable to each other.

But even as the holes made it distinct—to a point of acting as a kind of code to those on the in-group—the 'realness' of its taste and texture allowed it to pass as suitable for those outside the celiac disease eating community, including others on gluten free diets for gluten intolerance or to

try out a popular fad diet, and even acceptable for those who didn't need it, but liked it enough to keep purchasing.

The older distinctions between the eating communities diminished as these products flowed between them—only necessary for some, but marketed to all. The market response mediated this experience and practice of passing for 'real' or camouflaging, and also facilitated strategies such as having a 'go bag' of snacks, bringing food to a friends, and ultimately, making it possible for someone to keep gluten free foods stocked at their home, not for themselves, but with celiac disease individuals in mind.

But as certain distinctions or challenges were smoothed by commercialization, others were created specifically because the celiac disease eating community relies on gluten free foods being kept distinct from other foods; gluten free started to lose its meaning of distinction as the medical diet translated to a fad diet.

With more, better tasting products, the respondents reported that more inclusion and participation were possible. The camp's kitchen staff noted that the introduction of manufactured gluten free products made the camp, this space where the whole point is to just be able to participate in a summer camp, even logistically possible:

> It's totally different from the beginning where we were baking bread from scratch forever. We had a line of bread machines making gluten free bread for every meal and there was an army of volunteers helping us…It was totally crazy. But then [the camp director] found some breads and things that were better. It's gotten so much better over the years. (Camp Celiac kitchen staff, Respondent 5)

But the proliferation of gluten free products in recent years is not a one-way event. These products are not just available in specialty stores, but found in mainstream supermarkets, used in restaurants, bakeries, cafeterias, cafes, and convenience stores. Gluten free products then become eating community and bodily border-crossing and border-manifesting objects. These products are both a part of the gluten free eating community's strategies for participating in commensality and part of the reason why those strategies are necessary in the first place; not necessarily so much a solution as a bridge, something that expands the gluten free community's boundaries while still maintaining them.

Conclusion

This chapter discussed Camp Celiac as an example of a physically bounded eating community and a liminal space where the dietary needs of the campers' everyday lives were adopted and incorporated into the structure of the camp itself. It highlighted the strategies, routines, and rituals that those at the camp developed over the course of their everyday lives in order to navigate their bodies through a foodscape that they could not always participate in easily.

The camp also parallels the Swedish summer camps for diabetic children, exemplifying an escape from stigmatization as a space of sanctuary. The camp contributes towards understanding how spaces of anxiety or spaces of comfort develop and are experienced first through the space of the physical body. The perception of space and the body's physical ability to participate them emerge as critical spaces where an individual must balance and weigh the risks for illness with the benefits of social participation. Camp Celiac is one space, however, where the celiac youth do not have to find this balance.

Thus we see how commensality is interrupted due to the conditions celiac disease and the gluten free diet put upon eating, and especially eating in a social setting. At the same time, however, the camp illustrates how community is established and defined through embodied practices and emotions, and how commensality and community come together again.

The next chapter discusses the role of the gluten free diet's commercialization on those outside of the gluten free eating community and the way distinctions between eating communities manifest through food and practices around food.

Chapter Four
Social and Economic Distinctions

We sat in the Dining Hall, empty except for camp staff joining up for quick administrative meetings and stray campers popping in for a quick rifle through the snack bins along the walls. The metal-on-metal sounds from the kitchen were a white noise backdrop indicating a wave of hungry campers soon.

"This camp is actually a good way to find new foods. We were just going through the bins to see if there's anything we've never had before, that we might want to try…" said my respondent, an adult volunteer at the camp. She nodded down at the tabletop before us where sample-sized fig bars and individual packets of chips were laid out.

We had been talking about how celiac diagnoses in her family had lead to a creative, multi-sited shopping experience—one where grocery shopping didn't happen at the supermarket, but across markets, fueled by familiarity and trust and resulting in a kind of follow-the-brand navigation through aisles, wherever, and however many they might be.

"Now there's more and more [gluten free products]'" she continued, "so we don't try a lot of it anymore. It used to be that we'd see something that said 'gluten free' and we were like, 'Oh, we've got to buy it. We've got to try it!' Now we're like, 'maybe, maybe not,' because there are a lot more options. It's easier now."

Speaking to me, our backs to the busy kitchen and Wall of Labels and with bins of gluten free snack foods within reach, my respondent's casual remarks pointed to a rather significant social process occurring around food. We were surrounded by gluten free foods that did not exist only a few years ago, but that today were so accessible, so available, that they were now…normal. From specialty to nothing special.

In noting here how 'more and more' gluten free food products are commercially available, my respondent demonstrated a shift within the gluten free eating community; going from few to many products means, for her, the ability to be a discerning consumer when it comes to shopping. The novelty of the gluten free product itself has shifted instead to the novelty of choice.

And this choice, importantly, is being made in mainstream supermarkets, not only specialty health food stores. This points to another shift: these products are not only available for the celiac persons that seek them, but have entered more "mainstream" spaces—available right alongside other gluten-containing, 'regular' options, available for anyone to purchase and try without specifically seeking them out. It is an example of the mainstreaming of foods previously considered 'alternative.'

This chapter draws on material from Camp Celiac and the Folk Life Archive at Lund University questionnaire LUF240, which asked respondents to reflect on their experiences with food allergies and intolerances. With the majority of respondents elderly Swedes without food allergies or intolerances, the demographics provide not only the perspective of those outside the gluten free eating community, but also historical accounts of people who have lived through shifts in eating behaviors, such as how food allergies have moved from a foreign word in respondents' youth, to today where respondents are calling up guests to see what they can tolerate at the table.

Figure 7. Gluten free snacks set out around the camp's dining hall

The data from this chapter is also not specifically about celiac disease or gluten, per se, but more generally about various food allergies and intolerances. Despite the questionnaire's focus on food allergies and intolerance, respondents were moved to answer about other topics—diabetes, vegetarianism, nut allergies, lactose intolerance, and so on. So, what are the things they talked about instead of, or in addition to, food allergies? And why are they linked?

In the following chapter I discuss how these gluten free products are part of the materiality and practices of eating communities. How do distinctions between eating communities manifest with more access to, and use, these products? How do boundaries *within* and *between* the eating communities emerge through various frictions? What has been the role of commercialization in the everyday experiences of both eating communities? What happens as a medically necessitated diet is translated into a fad diet?

Gluten Free on the Move

Gluten free has normalized as it steadily integrates within 'regular' supermarkets. It is not merely a matter of people buying it for relatives or friends (though that's certainly one way of exposure), but people are increasingly buying it because they can. Even for those not necessarily following a gluten free diet, gluten free is increasingly a part of everyday foodscapes and commensality. This is important to our understanding of emergent eating communities if we consider that eating communities are not only centered on eating experiences, but shopping and cooking, as well.

The alternative food section of my local Swedish grocery store used to be near the pasta and produce. It wasn't labeled as alternative food, but stood as a skinny four-sided kiosk full of organic teas with pretty packag-

Figure 8. Gluten free products in the alternative foods section of a Swedish grocery store

ing, raw food bars, coconut oil, vegan cheese, and soy meatballs. High priced health food. It has since migrated to the opposite side of the store, a new neighbor to the gluten free section that has sat as a squat, standalone section of shelving over near the dairy shelves since 2013, at least.

When the alternative foods moved, they also grew; their new home towers, not part of an aisle, and not just a single section of shelving, but arranged to create a new space, like a little room or a maze creating its own small enclosure. The new space is filled with organic labeling, whole grain pastas, tea, oils, raw foods, and an assortment of "free-from" foods supporting sociologist Dave Horton's (2004) notion of increasingly 'pre-fix' dominated shopping. It also carries gluten free baking powders and

flours—little bags of quinoa, beans, grains, and boxes of cereal. And I don't think it's a coincidence that they were relocated to be near to the gluten free section when the products outgrew their former shelves. It's like a market within the market, offering baking supplies, pastas, canned foods, cereal, spices and oils and sauces; but instead of being spread within the 'general population' of the market—the canned food with the canned food, the oil on the oil aisle—these organic, gluten free, etc. products are localized in one spot.

Gluten free is categorized with organic, whole grain, free trade, raw foods, that is, with 'alternative food.' And it is contextualized by its placement. That placement didn't just happen; someone at the supermarket organized it that way. I will expand on this point later in this chapter, as it is related to why respondents wrote about 'alternative' diets when asked about food allergies and intolerances. Gluten free is now not only in its own shelving, which still stands, but has also expanded out into this new space. At the same time, it is increasingly found among the 'regular' shelving.

Isolated and Integrated

> It's a huge change. Celiac is a word that wasn't spoken until the past three years…With specials on TV, there is more awareness of the disease. More awareness means more people with questions about gluten, which leads more companies to make more products, which caused us to carry more items. Companies are trying to capture profits. (Grocery store manager, California, 2016, Respondent 17)

The spike in gluten free products is brought on by the business opportunities of the consumer demand for gluten free products. As discussed in chapter two, I argue that the trend's popularity is due in part to the 'free-from' diets that came before it. This genealogy, combined with a general philosophy of healthism and the processes of medicalization, show the gluten free diet trend's connection to general 'healthiness' in the minds of consumers. Today, there are many more people claiming gluten intolerance or non-celiac gluten sensitivity, or seeking a gluten free diet in a general pursuit of good health. Gluten free foods in retail routinely fall into the category of 'health food' due to the relationship to celiac disease, and as 'alternative diet' food by the connection to fad dieting. The food industry has a long history of using health claims as marketing and as a way to market products at a higher price (Nestle, 2007). Thus, food producers can charge more for foods labeled gluten free. This poses a financial opportunity for the food industry to benefit from the legitimizing and normalizing force of medicine, and the socio-cultural environment around healthism and the popularity of 'free-from' diets.

A shift in the gluten free foodscape has occurred by supply-and-demand aspects of the gluten free consumer trend. Products have improved in taste and texture quality, while becoming more accessible and visible—but perhaps more influentially, they have travelled.

As the demand for these types of products has increased, they have moved. Before the trend, commercial gluten free products were available primarily in gluten free specialty stores or by online retailers. Soon they were offered in health food retailers but still maintained an exclusive and elusive status. These types of stores are generally fewer than supermarkets and usually more expensive in their focus on specialty products, organic, and 'health' foods. 'Expensive' and 'hard to get' are not characteristics conducive to the type of shift we are seeing now. Around 2008 in the U.S., however, gluten free experienced a shift in popularity. They slowly, and then quickly, made their way into super market and grocery chains. It began with giving 'gluten free' its own shelf space in supermarkets, but has now migrated into the general population.

The move from being isolated in their own *stores*, to isolated on their own *shelves*, to integrated alongside 'regular' versions of the same food stuffs has resulted in more awareness and availability of gluten free products for consumers in general, not just for those following a gluten free diet.

The following sections focus on the perception of food allergies and intolerances over time and how they are linked to 'disruptive' eating or 'foods that make you sick' in the minds of consumers.

"Allergy was a Foreign Word"

There is an observable shift in the way respondents reflected on food allergies and intolerances within their lifetimes, broken down to 'then' and 'now.' 'Back then,' in their own childhoods and early adulthoods, food intolerances weren't so much about restrictions as aversions: young sons who wouldn't eat their oatmeal, disliking fish meatballs, or refusing to eat certain foods in adulthood because they were forced to as children. Intolerance to certain foods was more a mental restriction than a physical one.

'Food allergy' was a foreign word, and for most remained relatively unknown through adulthood (Archive questionnaire respondent, M27036), even for those working within different aspects of the food industry. One respondent who trained as a chef from 1967-69 said that gluten, lactose, and food allergies were not talked about during the '60s, and her culinary education did not include anything about allergies or intolerances. Another respondent said that in the 1980's, food allergies were not an issue for his work at Findus, a leading Swedish food company specializing in frozen products. Today, "Allergy and hypersensitivity" is directly addressed on Findus' website (Findus Food Services, 2015). And even one of the kitchen staffers at Camp Celiac explained that education about food allergies and intolerances was not part of her culinary training in the late 1990's and early 2000's.

While 'back then' food allergy was an unknown concept, 'now,' food allergy is a common phrase and an integrated part of daily life: in stores, in media, and in families. Many respondents reported a change in the last 10-15 years leading us to today where "almost everyone you meet is sensitive to gluten, lactose, or something else" (Archive questionnaire respondent, M27034), and "every other person is allergic" (Archive questionnaire respondent, M27064; see also: M27034, M27036).

Some respondents concluded that today it is easier to be allergic because it is *possible* to be allergic:

> When I was growing up, one of my younger brothers didn't eat fish, and it was thought that he just didn't like it. The truth was that he was allergic to fish and shellfish, but it wasn't known at that time. (Archive questionnaire respondent, M27022)

> I think that the knowledge around food allergies has changed in recent years. Now it is known that you can be sensitive and allergic, and it is accepted in society in a totally different way than even in the 80's when I was a child. (Archive questionnaire respondent, M27025)

Respondents reported that even if they did not have a food allergy or intolerance themselves, they at least knew where to buy allergen-friendly products at their local market (Archive questionnaire respondent, M27021; see also M27041). They were more and more often interacting with people who *do* have food allergies, from coworkers, to family members, even to the point that they found it difficult to invite people home for dinner anymore since they felt there was always someone with a dietary restriction.

'Allergy' has emerged as part of everyday discourse as both a cultural metaphor or "figurative currency…as the archetypal disease of modern civilization" (Jackson, 2006, p. 12) and a colloquial meaning for "anything or anybody that irritates a person, physically or mentally" (Millman, 1960, p. 3). As the following sections explain, I argue that there is a space on supermarket shelves because there is space in the public discourse for 'free from' foods, of which gluten free is one example. As food allergies and intolerances have become both accepted in society and increasingly catered to, they have also disconnected from physiology to a degree and leant themselves to larger cultural discourse as commentary on cultural and institutional processes, such as modernity and the contemporary food system.

Not Allergic, But…

Many respondents to the questionnaire initially wrote that they had nothing to say about on the topic of food allergy, but on second thought, were suddenly writing about diabetes, vegetarianism, high cholesterol, kosher meals, food scares, and organic foods. For instance, when reflecting on their shopping experiences, many not only noted a marked difference in product offerings for gluten and lactose free foods, but also categorized allergen-free foods with organic, sustainable, and fair trade foods:

> There is a very large selection of products today compared to ten years ago. Especially shelves for ecological, sustainable, for gluten free and lactose free, etc. (Archive questionnaire respondent, M27041; see also M27044)

So, why, when prompted to reflect about food allergies and intolerances, were they choosing to write about these other things instead? Though I initially saw it as an analytical problem, I have realized that it instead points to how people outside the gluten free eating community see gluten free as one aspect of the same problem, that is, food allergy, intolerance, and everything outside 'normal' eating. The issues the respondents wrote about instead of food allergies and intolerances broke down into two categories: on the one hand, a focus on the dangers of sugar, salt, fat, food additives, and food scandals created a category of 'food that makes you sick.' On the other hand, veganism, vegetarianism, religious dietary restrictions like kosher or halal, weight-loss diets, and organic foods were 'restricted diets.' And, in the minds and experiences of these respondents, food allergies and intolerances aligned with both.

The 'food that makes you sick' and 'restricted diet' categories within which respondents placed food allergies and intolerances are ultimately part of a general category of 'disruptive eating.' Here, anything apart from 'normal eating,' which I define as comparative—where an individual can eat

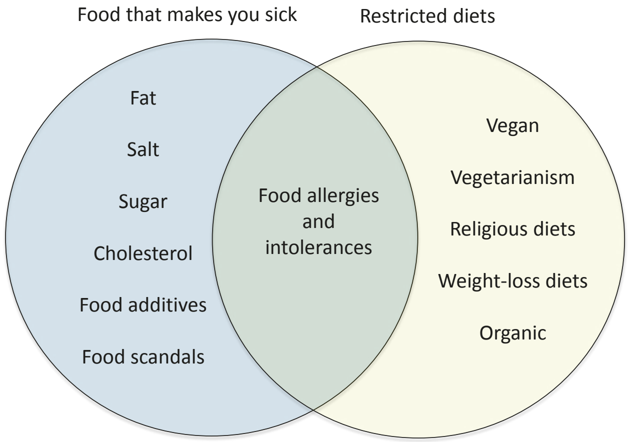

Figure 9. Diagram of categories from respondents that overlap with food allergies and intolerances

whatever they so choose without any religious, health, or ethical restrictions (though this is not to imply that 'normal' eating is without its own cultural norms defining food or health, or accessibility restrictions such as class or economic availability)—is disruptive on account of restrictions or dangers. Thus, allergen-free foods are subsequently linked with 'alternative' foods and ways of eating, such as organic or sustainable, and with other ways of eating that restrict what can be eaten—like weight-loss diets and kosher foods, and with disease, like diabetes and anorexia. These connections are perhaps why respondents took the opportunity to write about food fears, as well. The following section discusses the link to fear in the western diet, and dieting's role in both aggravating and alleviating it.

Food that Makes You Sick

As part of their personal reflections of allergy over time, several questionnaire respondents were keyed into notions of nostalgia and 'modernity's consequences.' They juxtaposed their childhood diets with today's diets and drew out an implication that today's eating is to blame, in part, for the increase of allergies, which they saw as symptoms of modern industrial food processes.

As one questionnaire respondent explained about her childhood:

> I grew up on a farm with a capable mother who cooked both traditional and finer foods. The ingredients came from the garden. We ate everything and no one was allergic. (Archive questionnaire respondent, M27041)

Ingredients came from the garden, meals were made from scratch, and you knew what was in your food because you did it all yourself. The home-grown foods of their childhoods were positioned as cleaner and demystified in comparison to the unknown ingredients of the contemporary food system.

Modernization creates distance, distance creates uncertainty, uncertainty creates anxieties over risks—to immediate health, but also to the integrity of self. That a focus on risk (an aspect of healthism) and nostalgia for traditional, 'wholesome' foods were brought up as explanations for food

allergies and intolerances is indicative of how food allergies and intolerances were perceived as falling into the broader category of 'food that makes you sick.'

One questionnaire respondent, though initially reporting no personal experiences with food allergies or intolerances, ultimately wrote about a boy at this daughter's school who was hospitalized twice due to his egg allergy and cross-contaminated food at the school's cafeteria; the respondent linked this allergy to the food scares felt by consumers in the contemporary western food system.

> Even though the people working in the school's cafeteria knew very well about the boy's [egg] allergy, remnants of egg could still sneak into any dish. This poor boy's life must be darkened by constantly feeling that creeping threat when he eats. (Archive questionnaire respondent, M27045)

He first describes a scene from a popular Danish TV series. A man eats lunch with a Danish government official and proceeds to vomit violently after being served Danish pork that was raised on antibiotics and which the guest was, apparently, very allergic to. This, according to the respondent, is representative of the infamous Danish meat industry. Linking egg allergies and Danish pork implies a kind of allergy to the concept of industrialized foods through a story of a bodily rejection of the idea of the modern food system, rather than actual ills from it. Allergies then are not just about the foods themselves, but can be ideological in a sense—intolerance, one could say, towards the practices of the meat industry or a kind of symbolic rejection of the overly processed nature of the industrial food system that fills grocery stores. In his narrative, the darkness of this creeping uncertainty during meals is connected to his own experiences eating in the contemporary western food system. The respondent goes on to further explain his experience as a modern consumer in relation to allergy, writing:

> Organized crime has begun to earn a lot of money by switching out healthy food with something of much worse quality. The bottle/can/packaging states, for example, 'Genuine olive oil of the highest quality.' But the contents are something else: a much cheaper oil that may also be dangerous to

> the consumer…But it unfortunately seems that people with food allergies live dangerously. Perhaps it is the same for other consumers when apparently completely unscrupulous, greedy psychopaths can carry out these gigantic scams with our food. (Archive questionnaire respondent, M27045)

This respondent, and others, took the food allergy and intolerance prompt and wrote instead about food scandals, pesticides and additives, and, such as above, unscrupulous criminals swapping high quality ingredients with dangerous diluents. This has to do with issues of contamination, knowing what's in your food and thus in your body, and relatedly, food hurting you without your knowledge.

The discomfort of realizing that food can be deliberately mislabeled or substituted, subverting the multiple levels of state protection and regulating agencies, is perhaps a taste of what is must be like to be allergic to foods and wonder what is in your food. The respondent's ultimate realization that the fear the egg-allergic boy must surely feel at every meal is also a part of his own everyday life in the form of uncertainty about the source of processed foods speaks to the joint experiences shared between eating communities.

The hidden dangers element of celiac disease is, as establish in earlier chapters, the general uncertainty towards gluten free foods and the risk for cross contamination. Trust and familiarity made eating once again routine but with its own rituals like label reading and double-checking. The potential for miscommunication, misunderstanding, and lack of knowledge, however, meant that food contained hidden dangers.

Camp respondents explained that even though they had received their diagnoses and avoided gluten *now*, they wondered about the damage already done in the time before the diagnosis. It is again the idea that, despite your best efforts, there might be damage being done without your knowing. The same concern for silent damage going on inside our bodies with every meal we eat persists, arguably, as a defining characteristic of the modern Western diet (Levenstein, 2012). The western eating pattern is one of anxiety and fear, something of a paradox considering food is more plentiful and safer than ever before (Fischler, 1980; Levenstein, 1993).

While food allergies and intolerances belonged to 'food that makes you sick,' it also aligned with 'restricted diets.' The gluten free diet, which is a restrictive diet, has ballooned in popularity, fuelled in part by its alignment with preventative health in the public discourse. A restrictive diet asserts control over what one eats, which can be appealing in the uncertainty of the modern food system. The appeal of dietary restrictions then is that they feed into the mistrust, anxiety, and fear of the modern food system, while at the same time offering relief from the same emotions. Instead of gluten, the enemies are pesticides, additives, and carcinogens. As introduced in chapter two, Robert Crawford's (1980) analysis of healthism argues that the future-oriented concept of health, combined with healthism's insistence that health comes from individual choices, leads to a sense of insecurity about imagined, potential, future illnesses. This desire for diets that can act as preventative care within the larger cultural healthism then allows for the integration of gluten free products and "free from" foods into supermarkets.

The rest of the chapter turns the focus to the distinctions that emerge as a result of the commercialized gluten free diet, and what these distinctions do to an eating community and commensal situations.

Distinctions: Consequences of Commercialization

Distinction is an organizing principle of the gluten free eating community because food is the object that makes them different. Paradoxically, however, the need for separation is a source of both discomfort and comfort; while keeping gluten free food distinct is necessary to keep them safe, it is also a source of social discomfort in terms of inclusion and participation. Distinctions emerge to protect the physical body, while also creating social distinctions—intended or not. Distinctions also emerge within the gluten free eating community itself, as efforts are made to distinguish themselves from the gluten free diet *trend* for not only medical reasons, but for social ones as well.

Distinctions start in the contested definitions between allergy and intolerance. For whom a gluten free diet is appropriate is contingent upon however the spectrum of gluten-related disorders is understood or interpreted at a given time. While a gluten free diet is always necessary for someone diagnosed with celiac disease, the processes for receiving that diagnosis are contested.

As Ludvigsson et al., (2013) write in their multidisciplinary review of medical literature around celiac disease, "As with many other chronic conditions, the boundaries of celiac disease are not always clear, with the consequence that there is considerable confusion and a lack of consensus regarding diagnostic criteria of celiac disease and related conditions" (43). Rather than a constantly clear definition of celiac disease, medical research points towards a spectrum of gluten-related disorders, terminology, and diagnostic criteria, including: asymptomatic celiac, atypical celiac, classical, latent, non-classical, and overt celiac, pediatric classical, potential, refractory, silent, subclinical, symptomatic, and typical celiac, as well as celiac autoimmunity, genetically at-risk of celiac disease, gluten ataxia, gluten intolerance, and gluten sensitivity (Ludvigsson et al., 2013).

For those with potential celiac, non-celiac gluten sensitivity, or genetically at-risk of celiac disease, a gluten free diet may also be appropriate without needing to be as strictly maintained.

Despite unclear diagnostics, definitions, or even the contested existence of gluten intolerance, there has been an upswing in interest in the gluten free diet on the internet, in media, and in marketing, as well as by patient groups, physicians, and manufacturers (Di Sabatino & Corazza, 2012). For every published citation on non-celiac gluten sensitivity, there are 4,598 Google searches, "10 fold higher than that for breast cancer, Alzheimer disease, lung cancer, or celiac disease itself" (Di Sabatino & Corazza, 2012, p. 309).

The tension over who controls or understands what is gluten free enough is further complicated by the nature of the problem, that is, just as the distinctions over 'gluten free' and 'celiac disease gluten free' are blurred, the distinctions between food allergy, food intolerance, celiac disease, and gluten intolerance and equally contested. There are different levels of gluten free and the distinctions defining them are not actually stable, but more mercurial and ongoing.

What does 'gluten free' mean then, materially and in practice, as we move along the spectrum of gluten-related disorders considering that "… it turns out that 'food allergy' and 'food intolerance' are both slippery, contingent concepts subject to complex processes of social negotiation that have been, and are being, constructed and reconstructed within a diverse and shifting set of social relations" (Nettleton, Woods, Burrows, & Kerr, 2009: 649)?

Celiac respondents had a wary alliance with the gluten free diet trend, with frictions stemming from blurry distinctions between (a) reasons for avoiding gluten, and (b) what is suitable for someone with celiac disease versus someone avoiding gluten as a dietary trend. The ambiguity stems not from 'gluten,' which has a stable definition as "the complex of water insoluble proteins from wheat, rye and barley that are harmful to patients with celiac disease" (Ludvigsson et al., 2013), but the 'free' part of gluten free. From the food industry's "may contain traces of" labeling to differing international labeling standards, how gluten free a food is has room for interpretation.

With more and more gluten free foods available in "a pre-fix dominated food culture" (Horton, 2004) and a 'free-from' foodscape, it is easier to shop gluten free—and gluten free is important to performances of 'healthy/health conscious' lifestyles. As discussed in the beginning of the chapter, for those not following a gluten free diet, gluten free frequently represents alternative and health foods, linked into the same sphere of 'food consciousness' identity and foods that health-conscious people buy.

"Gluten free," in this way, plays out in a Bourdieuian sense with connotations of physical taste representative of cultural taste, i.e., as preference, status, cultural capital. It is read as a consumption practice, or a choice motivated by taste as a process of distinction and differentiation—a symbolic use of gluten free products (materiality) in a practice of enacting a desired lifestyle or identity. If 'gluten free' carries connotations of either belonging to a specific cultural status associated with 'health consciousness' that prioritizes health as a goal-oriented project, or as a fad—superficial, short-lived, picky, trendy—then food choices can be seen as signs to be read in a social space.

But maintaining distinctions between gluten-containing and gluten free is an important part of daily eating for someone with celiac disease, and how well this distinction is maintained directly influences what is defined as safe, or even as edible food. Safety becomes linked to other concepts

Figure 10. Wheat free muffins (not the same as gluten free) on display at a café, no longer wheat free due to cross contamination.

like inclusivity and physical spaces 'for me.' Inclusion and safety are facets of a shared concept and rely on distinctions in order to operate. As the popularity of the gluten free diet and consumer trend resulted in an abundance of gluten free products, the perceived safety of gluten free foods diluted as they were no longer solely for celiac persons. The distinction between gluten free and *celiac disease* gluten free, blurred.

The gluten free diet's association with fad dieting carries a connotation of superficiality and ephemerality. Celiac respondents showed concern that if 'gluten free' translates to 'a choice' or 'picky' or 'short-lived,' by those outside the gluten free eating community, that it would not be taken seriously, and there would be less incentive to guarantee or maintain 'celiac disease gluten free' levels of safety.

Mapping out the transgression of 'gluten free' across the borders of eating communities serves to not only show that its definition and usage is constantly negotiated and renegotiated, but that the boundaries of an eating community are equally contingent and negotiated—blurring and sharpening, tensing and flexing and redrawn by various institutions, ideologies, technologies, emotions, and relationships.

Social Distinctions

> I think it's important when people ask why I can't eat it or while I'm explaining it, I say I have celiac disease…because making that distinction is important to me, that I'm not just doing it for the fad. That's not what it's about. (Camp Celiac counselor, Respondent 12)

As much as distinction is important for the established medical reasons, celiac respondents also made an effort to distinguish themselves from the gluten free consumer trend—that is, distinctions not for medical reasons, but social ones.

While part of making the distinction identifying themselves as celiac versus trend dieter is certainly done in an effort to have their dietary needs taken seriously, for social reasons they didn't want to be confused as being on the 'gluten free bandwagon.' People following food fads are portrayed in media and pop culture as superficial, preoccupied with food and health, and pushing a moral lifestyle through food. They are portrayed, essentially, as both gullible and inconvenient. And gluten free, as the latest trend, is equally mocked as physically weak or sickly, high maintenance, and demanding, in everything from political cartoons to children's television programing.

Deliberately identifying as celiac is a social strategy employed in order to not be the mistaken subject of judgment from others. If we consider the premise that an eating community is the product of performances of distinction, then respondents choosing to strategically distinguish themselves as having *celiac,* rather than just being gluten free, informs a gluten free eating community identity. These practices depend on materiality—in this case, of food. As Horton (2004) writes, people literally eat their way into identity positions as food and sociality come together powerfully and produce performances of identity.

> I have a coworker who's trying to be gluten free and she knows that it effects her, but then I see her eat something [containing gluten] and I'm like 'Really?!' It's almost like a slap in the face for me. That's a diss to my lifestyle and my health. (Camp Celiac counselor, Respondent 7)

This respondent highlights the social distinctions at play within the gluten free eating community, rather than medically defined distinctions. Her frustration with other gluten-sensitive people eating gluten illustrates a distance between 'us' and 'them,' where choosing to break the diet is a direct affront to not only her health, but her way of life which depends on the maintenance of clear gluten versus gluten free distinctions. On the one hand, some respondent thought people following a gluten free diet *without* celiac were "undermining the cause" by creating confusion over food safety and the seriousness of celiac disease; on the other hand, they acknowledged that the gluten free trend was the reason why they now has so many gluten free products commercially available. They had to learn to "stand up for themselves" and deal with "anti-gluten free countermovement" that respondents perceived as a result of the gluten free diet's commercialization:

> Then it's like, 'Oh you're just doing that because the celebrities are doing that.' It's completely turned around the whole gluten free thing, like—having celiac disease is having to explain that you have celiac disease and are not doing it for the fad. (Camp Celiac counselor, Respondent 11)

The "slap in the face" is then about disloyalty and damage done to the cause. 'Cheating' on the gluten free diet was perceived as a threat to identity and bodily boundaries by indirectly putting celiac people's health at risk. Gluten intolerance challenges distinctions between both eating communities—from health food versus normal food, and from keeping gluten free distinct and separate versus normalized and interchangeable. Gluten intolerance transgresses, and thus blurs, the gluten free eating community's boundaries and, in doing so, illustrates how eating community borders are not stable and distinct, but blurring and fluctuating with time and place, creating new practices and norms.

Identity also becomes important when defining what is allowed into an eating community. Even within the gluten free eating community "gluten free" is still mercurially defined—often depending on where in the world that product is (the EU and U.S. have different labeling regulations for gluten free claims, for instance) and which body is ingesting it (people with celiac have varying symptomatic sensitivity to gluten exposure).

Until recently, a celiac diagnosis meant saying goodbye to beer, but with the gluten free boom beer has suddenly returned to the gluten free foodscape. This happens either (a) by using alternative grains to barley, such as sorghum, thus completely avoiding the issue of gluten, or (b) by introducing enzymes during fermentation that break down the gluten protein to below the industry's acceptable parts per million (ppm), as one gluten free beer brand explains:

> Once the beers are ready for the fermentation tanks, we add a brewing enzyme called Brewers Clarex™ which breaks apart and detoxifies the gluten protein chains. The beers are then packaged in a closed environment to eliminate any cross contamination risk. ("How is the gluten removed," 2015)

During a group interview, one respondent brought up the different standards of gluten levels in beer, arguing they had heard that in places like Sweden certain mainstream beers also found in the U.S. were considered suitable for celiac persons. The respondent went on to recommend a new gluten free beer, which relies on the enzyme process to reach safe gluten levels. At the rest of the group's hesitance, the respondent noted that within the gluten free eating community there are certainly different degrees of sensitivity, but that there are also different levels of individual strictness—implying that the gluten free eating community was also prone to being overly cautious to the detriment of quality of life. Others disagreed, arguing that even trace amounts could be damaging one's insides without notice, and that because of asymptomatic celiac there was always the lingering potential for being sick without feeling sick.

Becoming Sick to Avoid Becoming Sick

This concept of being sick while asymptomatic brings us back to the discussion at the beginning of the chapter when questionnaire respondents linked food allergies and intolerances to their own experiences with not really knowing what is in their food. This is reminiscent of Crawford's (1980) take on healthism's concept of *potential*—the potential to always become sick and the responsibility to prevent it—and the demand for constant body monitoring as part of achieving 'healthiness.' The constant potential of damage to hidden insides requires a kind of inward gaze and constant monitoring of one's body boundaries.

Body monitoring is a practice that has been, quite literally, embodied by celiac as a routinized part of daily life. Day to day eating carried a rhythm of familiarity. Respondents knew what products were trustworthy and knew how to navigate their personal kitchen spaces and local markets. But the introduction of a business dinner or a celebration at work or a school BBQ broke the rhythm of routine.

Because of the perception of having more options, but being less certain of their safety, respondents developed one strategy for navigating eating in these 'unsafe' spaces: 'becoming' a sick person. As 'gluten free' underwent a translation from the celiac eating community to the mainstream eating community, so too did respondents' notion of being a sick or healthy person:

> I never used to say that I have celiac disease, because I don't consider myself to have a disease unless I have gluten. We're perfectly healthy unless we eat gluten, so I don't think I have a disease. But now, if you just say 'does that have gluten in it' or 'I'm gluten intolerant' or something, I think that waiters don't take it as seriously. So now I say that I have celiac disease because I want to make it clear that I'm not just trendy or on the gluten free bandwagon right now… In a way it kind of bums me out because I don't like saying that because I don't feel that way, but I understand that I have to underscore it so people understand that it's important. (Camp Celiac volunteer, Respondent 2)

Due to the misunderstandings around what gluten is, where it can be found, and the difference between gluten free for celiac disease versus gluten free as a trend, respondents found that it was not enough to just ask for gluten free food without having to clarify the seriousness of their situation. For respondents like the one above, this meant having to identify as a sick person even if they felt "perfectly healthy."

The distinction here between sick and healthy blurs—it's contextual. While these people always technically have a disease, the everyday experience of their chronic illness is rather routine so long as measures are taken to avoid their trigger. Celiac, in other words, did not become a part of their conscious identity until their bodily integrity was threatened—whether by someone 'undermining the cause' or through contact with gluten. The 'slap in the face' when a gluten intolerant friend chooses to gluten is a kind of disloyalty undermining not only 'the cause' but threatening her perceived potential for health.

The threat of asymptomatic celiac intertwines with healthism's potential illnesses through the concepts of contamination and pollution, both of which represent the unknown. They are, in other words, bodily experiences of liminality wherein being sick while asymptomatic highlights the dissolution of distinction between healthy and sick.

Food can build us up or break us down, and in that way, food makes us vulnerable. That food can both cure us and make us sick, that it can be both life and death, healthy and unhealthy, poison and cure, is the paradox of our everyday eating.

Just as gluten intolerance challenges the boundaries of eating communities, it also illustrates that the boundaries of being gluten free float within the body as liminal space. This blurring of public and private, and inner and outer bodily boundaries influences how respondents interpret their own illness experiences. This is not only a manifestation or navigation of the borders between eating communities, but a navigation and negotiation of their own bodily borders. This navigation is made both easier and more complex by the new gluten free products that have emerged as a result of the gluten free consumer trend: while it is easier to access gluten free foods, it is harder to know if they are safe.

Cheerios

General Mills cereal brand Cheerios has a history of aligning itself with health claims, advertising the heart-healthy nutrition of whole-grain oats and beta-glucan's cholesterol-lowering properties.

Gluten free, as the latest health-adjacent trend, is not necessarily a surprising evolution of the product. A recent commercial (Cheerios, 2015) as part of their gluten free marketing campaign opens with a young girl, maybe five years old, running into a kitchen with her mom trailing behind.

As the narrator explains:

> This is Violet. She's been waiting for this moment for a while, a moment other kids wouldn't think twice about: her first bowl of Cheerios. Because now that Cheerios are gluten free, Violet and many others are enjoying their first bowl today.

A montage follows of Violet's awkward grasp on a big spoon loaded with cereal, little kids in a pillow fort, a child cramming a handful of dry cereal into his mouth while the family dog eats up what falls to the floor, a father and son clinking spoons in a morning 'toast,' a boy tossing Cheerios into another boy's mouth from the backseat of a car. They are kids and families being fun, messy, goofy kids and families. The musical accompaniment plinks and swells. Children smile.

And I check my email.

☐ ☆ [redacted] **Fwd: Cheerios are Going Gluten Free!** - Forwarded message From: [redacted] .com> Date: **Oct 6**

☐ ☆ [redacted] **Cheerios recalls 1.8 million gluten-free boxes that may contain wheat October 05** - [redacted] well from t **Oct 6**

Figure 11. Screenshot of my email inbox: the first email celebrating the Cheerios launch, followed immediately by a second email of the Cheerios recall warning

So close.

The commercial nails the emotional, social component of celiac disease discussed in chapter three—participation, the novelty of choice, and excitement over new foods. The commercial's 'first bowl of Cheerios' theme positions Cheerios as a kind of helping hero giving these kids experiences they wouldn't otherwise have had. But it also reaffirms the suspicion respondents aimed at the gluten free commercial products emerging in this context of abundance; a major food manufacturer, General Mills, rolls out a gluten free cereal only for it to be immediately recalled over contamination concerns.

On the one hand this example shows the actualization of the double-edged sword of having more gluten free options but less safety, as a gluten free product launch fails with 1.8 million boxes of cereal recalled. On the other hand, it also reinforces the processes of normalization; other cereal brands also offer gluten free products, but frequently as an additional recipe to an existing product line. As Cheerios makes the original product gluten free through changes to its supply chain, however, gluten free enters the everyday life of the mainstream eating community through exposure in routine shopping at 'regular' markets.

Conclusion

This chapter traces how 'food allergy' has emerged as a part of everyday life, as compared to its relative obscurity only a few decades ago, while understanding how food allergies and intolerances are positioned in public discourse alongside 'foods that make you sick' and 'restricted diets.'

It has thus discussed the overlapping experiences of food allergy and uncertainty felt in the contemporary western food system, arguing that food allergy has become both a metaphor in public discourse for the consequences of modernization and an appealing preventative method as a restrictive diet for avoiding potential illnesses.

This chapter also maps the manifestation of distinctions—both physical and social—that emerge as a result of the commercialized gluten free diet trend. Different strategies emerge as ways to both minimize and emphasize distinctions throughout the everyday experience of the gluten free diet. The case of the gluten free diet, however, illustrates a multiplicity of distinctions that goes beyond social hierarchy. There are distinctions between groups and within groups, between spaces and situations, and practices of distinctions that are both social and physical.

The following chapter moves on from distinctions to discuss how they are instead blurred and redefined as new commensal dynamics emerge around the dinner table.

Chapter Five
Renegotiating Commensality

> It has become much more difficult to cook food for others than it was 20 years ago. There is often someone who is allergic to something. Sometimes several who are allergic to different things. Additionally there is someone who is vegetarian or following a LCHF (low carb, high fat) diet. You almost need to say in the invitation what you're planning to make and have a dialogue with respective guests. Nevertheless, I'm often afraid that someone will have a problem: maybe there was a trace of nuts in the flour I used to bake the cake? I am grateful when the meal is over and everyone feels well. (Archive questionnaire respondent, M27041)

People without food allergies or intolerances are increasingly influenced by the rising prevalence of, and commercial catering to, food allergies and 'free from' dieting. In the example above, for example, cooking for others, traditionally seen as a source of social bonding, is even seen as a source of stress and anxiety. This chapter relies primarily on data from questionnaire LUF240 distributed through the Folk Life Archive at Lund University. As such, I am including perspectives of those on the 'other side' of the table. The perspectives of those in and outside the gluten free eating community are woven together here to illustrate the new commensal dynamics taking place.

In his analysis of green communities, sociologist Dave Horton (2004) claims that distinctions are performed, and that these performances produce and reproduce identity and community boundaries. We can also frame the eating community as the product of performances of distinction, or sets of practices in action. These distinguishing practices are part of making the community distinct from others, and are in this way about boundary maintenance. As Cohen (1985) writes, "the consciousness of community is, then, encapsulated in perception of its boundaries, boundaries which are themselves largely constituted by people in action" (p. 13). How do new way of interacting around the table influence perceptions of an eating community's boundaries? And how do notions of hospitality, provisioning, responsibility, and love blur and redefine commensality and the community?

Whereas the previous chapters have discussed the different practices that emerge that keep identities and community distinct, this final empirical chapter discusses the frictions that blur community boundaries and produce new commensal dynamics.

Provisioning and Care

Even if they themselves were not directly affected by food allergies or intolerances, non-allergic and intolerant respondents were, and are, still exposed to it indirectly through the grocery shelves.

Respondents reported that their main experiences with food allergies and intolerances were when they were shopping and, ultimately, providing for others. Being able to buy lactose free milk or gluten free cake that tasted 'normal,' and that was available at a 'regular' super market, meant many respondents without allergies and intolerances perceived accommodating food allergies as 'no big deal.' But this in and of itself is a big deal if we consider the speed at which, as the last chapter established, the phrase 'food allergy' has gone from a foreign word to a commonplace part of day-to-day vocabulary.

> It is probably easier to maintain the diet now that there is a large selection of products…Now one can practically have a 'stock' of sugar-free or gluten free food in the freezer.
>
> I am active in many organizations where we usually eat or take a coffee break, and I have noticed that there are many people now than before who are, for example, gluten intolerant. It has become a habit when we organize something for a coffee break to always think about also offering even gluten free bread. (Archive questionnaire respondent, M27007)

Like this respondent, people's primary contact with food allergies and intolerance happened through shopping, which points to the way these alternative foods undergo processes of normalization. Being able to buy an allergen-free substitute did not just make it *easier* to provide, but habitual or even normal to offer an allergen-free alternative at social eating situations.

Another respondent (Archive questionnaire respondent, M27057) perceives it to be so common to take into account people with allergies and food intolerances that she does not see it as a problem. Taking them into account is becoming the new normal. And, additionally, for these respondents, shopping was a practice that allowed them to perform inclusivity when interacting with the gluten free eating community.

For people outside the gluten free eating community, shopping was a practice for performing aspects of social relationships, such as inclusion, caring, and, as argued by anthropologist Daniel Miller in his theory of shopping, love. But love, as he conceptualizes it in relation to shopping, has as much to do with feelings of concern, resentment, frustration, and obligation as it does with care, responsibility, and habit (Miller, 1998). Through this frame, shopping is directly tied to responsibility, defining it as "the activity you undertake nearly every day in order to obtain goods for those people for whom you are responsible (Miller, 1998, p. 2).

Shopping takes place in a context of other aspects of daily life, social structures, and relationships that can all contribute to performances of concepts like responsibility, caring, 'good parenting.' But, taking into account that eating communities are not just about eating, but also shopping, feeding, and cooking, it is worthwhile to trace the apparent role of shopping and provisioning for those not following a gluten free diet in their experiences interacting with the gluten free eating community.

As Miller (1998) goes on to write,

> The bulk of provisioning is related to a state in an ongoing relationship, an underlying constancy complemented by a mood, a compromise, a smile, a punishment, a gesture, a comfort, all the minutiae that make up the constantly changing nuances of a social relationship…the material culture of shopping works with complex temporal structures of change, stability, and the daily developments in any given relationship (p. 141).

The materiality of provisioning, or shopping, fluctuates with the everyday developments of an ongoing relationship. If we apply this theory of shopping to providing for food allergic and intolerant friends, family, and acquaintances, it follows then that they would make shopping the central aspect of their experiences with food allergies and intolerances. Though they may know generally where allergen free foods are located in the supermarket, they are likely most confronted with food allergies and intolerances when they are trying to provide, when they want to show they care, or want to make sure someone can participate.

Provisioning here is then an 'other-oriented' practice of nurturing or care that takes into account the fluidity of relationships. As anthropologist Penny Van Esterik writes, "nurturance refers to the capacity to nurture others, to care for them with empathy. This usually involves the provision of food. The activities of caring for others, feeding them, and, most importantly, eating with them are at the heart of nurturing practices" (2015, p. 31). Provisioning is an act of care and empathy, and preparing and proffering food for food allergic and intolerant people is thus an emotional practice.

Hospitality

One such dynamic of provisioning seeks to actively normalize food allergies and intolerances by not calling attention to them, that is, by not making those foods separate. While making one meal that everyone can eat, regardless of dietary restrictions, is perhaps logistically more efficient, it is also one that simply absorbs food allergies and intolerances, taking them into account while not calling them out. And here we can understand provisioning, and the care involved, as an aspect of hospitality. Hospitality linked to commensality, "may express symbolic capital and cultivate social relations, but the immediate aim is really to celebrate a social relation and to give hospitality and show friendship" (Chee-Beng, 2015, p. 14).

Non-food allergic or intolerant people bringing allergen-free foods into the home usually spawns from some kind of relationship—familial, platonic, romantic—with a food allergic or intolerant person, the dynamics of which acknowledge this new element in the interaction. When one respondent's lactose intolerant grandchild visits, for instance, the whole family eats lactose free. Though she buys lactose free butter, margarine, milk, and cream for the grandchild, she also reported buying them even though she herself doesn't require them. This can be considered an act of hospitality in that efforts are being made to make the child 'feel at home' at the table.

Choosing to stock up on allergen free foods in anticipation of an allergic guest implies that "the choice becomes a sign that you have shown some concern" (Miller, 1998). This concern demonstrates not only care, but a change in the way care is shown; it is not just the invitation to eat together that shows care, but the new or additional component of offering specific food for specific people.

> So now at family functions we have food labeled 'gluten free' or not. Everyone really, really gets it now because there's a critical mass of us who can't eat (gluten). There are five of us now in my family. It's like 'Okay, you guys are a pain in the ass, but there are a lot of you and you're part of our family so we'll deal with it.' As opposed to before where we would sort of bring our own food and not expect anything and not really participate. But now everyone is kind of on board with it and helpful. (Camp Celiac volunteer, Respondent 2)

The shifts that commensality goes through as the gluten free diet and more customized eating makes its way to the dinner table is illustrated in this willingness to accommodate at family functions. The logistics of the gluten free diet, at least at first, can bring tension to commensality. This can be felt socially as commensality is when we socially eat and create community. The gluten free diet trend and commercially available gluten free foods have also posed a re-creation of commensality for people with celiac and following a gluten free diet. For the gluten free eaters in the family from the previous quote, to participate and be included in the group during family functions, the rest of the family modified how they traditionally ate and how they used to show that they care by not only making sure the gluten free eaters could physically participate, but that they felt safe and could be emotionally present as well. "Love," Miller writes, "as a practice is quite compatible with feelings of obligation and responsibility" (1998, p.19).

This compromise in performing care speaks to the gastro-politics of eating. Gastro-politics, a term coined by socio-cultural anthropologist Arjun Appadurai (1981) in his ethnographic study of South Asian Hindu eating behaviors, is defined as "conflict or competition over specific cultural or economic resources as it emerges in social transactions around food" (495). Food transactions homogenizing or heterogenizing effects mean they can either lead to "intimacy, equality, or solidarity" or emphasize "distance, rank, or segmentation" (Appadurai, 1981, p. 508). The negotiations taking place, such as everyone temporarily switching to a grandchild's diet, or continuing to buy lactose free products for the household when it is not required, illustrate instances of homogenization not only in eating practices but social relationships via commensality.

The decision for everyone to not only accommodate one person's diet, but also to then follow that diet, even temporarily, is an important emotional practice. Eating is an incredibly intimate action—on an individual level it involves letting the outside world into the body in order to literally change the body's composition, and on a societal level, we use food to create intimacy and reinforce social bonds. Consider the act of feeding someone else: a mother nursing a child, a family member feeding a sick relative, cooking for a romantic partner, or inviting friends over for dinner. Feeding another person is an action filled with emotional, cultural connotations of providing, care, fondness, but also a large degree of trust and responsibility; to feed another person is to decide and have control over what someone else puts into his or her body, and that is powerful.

The decisions of these respondents to change their diets, or to let the diets of one person dictate what they themselves will eat, represent significant blurring of body boundaries and of an eating community's boundaries as well. And while the decision to accommodate the needs of one person may be communicating acceptance and inclusion, this is not a one-way interaction. While those altering their diets may feel that it is no big deal, or that it is worth it to make the other feel welcomed, the person causing all this change can feel like a burden, or demanding, or guilty. The following sections will discuss this back-and-forth occurring as new dynamics at the table are negotiated during commensality.

Reconfigured Social Dynamics

Meeting the individualized needs of a more and more food sensitive group of eaters means a need for more communication. One respondent (Archive questionnaire respondent, M27048) described preparing food for a friend who could not tolerate fish, shellfish, peppers, or nuts. Because her friend's diet was so complex, the last time she was due to visit the respondent texted ahead to ask if she could have certain ingredients. This respondent, along with others without allergies and intolerances, reported that knowing ahead of time what someone can or cannot eat makes providing for them much easier; after she knew her guest's allergies, she wasn't worried about *how* to have her over for dinner. This is a kind of provisioning that is not just about providing *things*, but providing communication, and one that runs between both eating communities.

Though this might seem obvious—of course it would be easier to make allergen-friendly food for someone if you know they have a food allergy or intolerance—having these conversations was not so seemingly black and white, but rather fell into a gray zone of social convention, expectations, and politeness. This meant, then, that while the respondent mentioned above found the meal easy to prepare once this information transaction took place, for others like the respondent in the introduction of this chapter, preparing food for a food allergic or intolerant person was an activity fraught with anxiety. And on the other hand, communicating to a host about dietary needs can be equally uncomfortable.

> It really puts a damper on the mood when my husband must say that he can't eat something. There is an uncomfortable feeling from the host when they begin to explain that they just didn't know and will come up with an alternative, and the smooth start to the meal is interrupted. Sometimes you don't know the hosts particularly well and then it feels a little presumptuous to call before to say that we are allergic to shellfish and nuts. It feels a bit like if you're going to 'order' different food, you should just have just declined the invitation instead. (Archive questionnaire respondent, M27044)

Discomfort emerges as a shared emotion that creates tension around commensality. It is not such a black and white issue to just communicate because this kind of communication involves a change in social norms—one where the host does not have total control over the menu, for one. A lot of it seems rooted in politeness, and trying to redefine 'rude' in real time. In this case, is it then rude not to call ahead and let the host know—perhaps resulting in the host feeling suddenly put on the spot or like an inconsiderate host—or, is it rude to 'order' alternative food and to feel as if they are making demands when a host is being friendly by inviting them at all. Further complicating the issue, if someone with a food allergy or dietary restriction does call ahead and lets the host know, do they then 'lecture' them on food preparation (i.e. celiac and cross contamination), and do they trust the food that the host has now gone out of their way to make?

This is a new dinner table dynamic that is more collaborative, cooperative, and affective. Though the dinner table is an emotionally laden place in western contemporary society, a site where cultural ideals clash with reality (Wilk, 2010), this allergen friendly table also has to do with the notion of responsibility. Who is responsible for a smooth encounter? Who is obligated to provide, whether it be food or information? Who is obligated or expected to eat? Is it expected of the sick person (is it their responsibility) to reveal their bodies in this way, or is the host expected to ask ahead of time? And if someone does explain their dietary needs, are they obligated to be met or is that person obligated to bring their own? Food allergies and intolerances are not just happening to the gluten free eating community, but are part of the everyday lives of people one way or another. Maybe not as a daily concern, but when it does pop up, it manifests the social norms and the unwritten rules and dynamics around commensality, providing, caring, and responsibility. These challenges—or frictions at the meeting of eating communities—are productive and create a new/different dynamic around the dinner table where responsibility and caring are still absolutely present, just represented, practiced, and performed differently.

Responsibility

> I have invited my summer neighbors to dinner tonight. I will prepare morel mushroom gratin, lamb chops with potato wedges, and rhubarb pie with vanilla sauce for dessert. We will begin with a drink of dark rum and Martini Rosso spiked with a little absinthe. We will pair a good red wine with the meat. My neighbor Benny is Jewish and I have known for a long time that he doesn't want to eat pork. He is not an orthodox follower of Judaism, but chooses to do so out of respect for Jewish traditions. Of course I respect this and it isn't a problem for me. Benny also has diabetes, and this poses a bigger dilemma. (Archive questionnaire respondent, M27015)

Cocktails, a potato side dish, lamb chops paired with red wine. She describes what sounds like a pleasant evening with neighbors, all up until a rhubarb pie foiled it:

> Should one offer a diabetic sugar-filled rhubarb pie and vanilla sauce? Is it my responsibility to prepare 'diabetes meals' for him, or is it his responsibility to opt out of foods that he should avoid? When I am at my neighbor's home, I have seen that Benny doesn't avoid all sugar-containing foods. Should I then take on a responsibility that he himself does not take? His wife gets very worried that he cheats on the diet, so should I refrain from offering inappropriate food for her sake? (Archive questionnaire respondent, M27015)

This dinner party with a diabetic neighbor illustrates the issues that this chapter seeks to address: responsibility, obligations, and expectations that are reconfigured in the creative space produced by frictions between eating communities. There are multiple strands of responsibility to follow here, the first being the pairing of respect and responsibility. While she 'obviously' respects his religious restrictions without problem to her menu, his health restrictions are not seen as a matter of respect, but responsibility. She is thus making a distinction between hurting someone's beliefs and hurting someone's body.

The main question that seems to be perplexing her, however, is her role in Benny's health, which is at odds with healthism ideology insisting that health is an individual endeavor. Should she offer pie and vanilla sauce to a diabetic? Is it her responsibility to make diabetes-friendly food for him or is it his responsibility to avoid the things he should avoid? If he doesn't adhere to the diet himself, is it her responsibility to make sure he does in her home? And there's the additional social component of Benny's wife—is feeding her husband a way to maintain a social bond between these two women?

Ultimately her concerns seem to be rooted in worry for harming Benny's health and the perceived weight of the task of being indirectly a part of maintaining someone's immediate health. But we also see how social norms and rules for politeness around eating and feeding serve to filter her experience and give her doubts about propriety or unspoken expectations placed on her; the picture is further complicated by Benny's wife, perceived obligations towards Benny, the Jewish community, and the welfare state.

Is it then rude or offensive to offer Benny sugary foods in full knowledge of his diabetes? Or is it offensive to make that decision for him? He is, after all, a grown man capable of making his own choices about his health. Maybe Benny's apparent non-compliance at home is part of his own personal 'cost/benefit' analysis where he has decided it is worth it to eat foods containing sugar. Maybe his blood sugar was low and he needed sugar at that moment, like one diabetic respondent who mentions that it is annoying when others try to police her sugar intake:

> If I, as a diabetic, eat something sweet my blood sugar rises, but nothing really happens. After a few hours it will have gone down again. One problem though is when it is too low and I need something sweet. Everyone who knows that I am diabetic protests: You're not going to eat that way. (Archive questionnaire respondent, M27058)

But that is also not something that someone like Benny's host can know at any given moment and is ordinarily not any of her business. Her dilemma comes when it suddenly becomes her business through her invitation to dinner. The new frictions and dynamic could be smoothed with communication: she could decide to make her pie and let him know in case he

wants to bring his own option, or she could make the pie and offer a sugar-free option, or ask him or his wife what he normally eats for dessert, which would perhaps demonstrate consideration for the wife. There is no clear rule to follow because the dynamics of the dinner party have changed as more people eat according to food intolerant diets.

While earlier in the chapter it was discussed how access to free-free foods in regular markets made food allergies and intolerances increasingly normal and possible to cater to, we see in the diabetic dinner party that products do not immediately make for a totally smooth interaction. While available and accessible products make it easy to provide, there are still social logistics to tend to and that challenge the social scripts around, for example, obligation and expectations, and responsibility.

Those following a gluten free diet, and those who do not, share questions and emotions surrounding responsibility during social eating. The question of who is responsible for health is intertwined with unwritten social rules of expectation and obligation, as illustrated by the following quote from a celiac respondent discussing the negotiations that occur in the workplace:

> There's someone I work with who is gluten free and my manager brought some cupcakes for her birthday. She said 'Oh yeah, I got four gluten free one's.' But they weren't in a separate box; they were in one big box. And she was like 'I think it's these four. I got four gluten free cupcakes, I think it's these four.' She could sense I was a little nervous so she went and got the receipt and showed it to me. I glanced at it and it said *two* gluten free cupcakes. After I saw that I was like, 'you know what, I'm just not going to eat these cupcakes.' I didn't make a scene out of it, but then I had this whole thing, like, do I tell this other woman not to eat them also? She's gluten free but not as strict, so is it on my conscience to let her know? (Camp Celiac counselor, Respondent 13).

These are not just social dynamics being negotiated, but emotional dynamics involving responsibility for other people's health. Here, the respondent is balancing the need to stay healthy and avoid gluten while also not offending his boss who has gone out of her way to provide food for the food allergic or intolerant people. Is the respondent obligated to eat the cupcake if his boss went out of her way to provide it? No, of course he doesn't have to eat anything, but it might feel that way. The shared knowledge that proffered food is a sign of inclusion, and that refusing food can be rude, there very well be a complicated feelings of obligation felt by both the person buying the gluten free donuts and the people that they are for. Assuming that bringing cupcakes to the office to celebrate a coworkers birthday is their workplace practice, if read through the lens of Miller's theory of shopping, the manager has changed the way she shows care by taking into account the food allergic or intolerant persons and their restrictions so that they can participate. She may also feel a degree of obligation to do so; if she knows some bakeries carry gluten free foods now, as opposed to it just not being a workable option in years past, is there an expectation that she should buy some as well? At the same time, is the respondent obligated to tell the other gluten free person about what he read on the receipt if he knows she is not strict about avoiding gluten?

There is no easy or standard solution for people on either side of the interaction because the situation is new, emerging with the availability of gluten free foods at, for instance, mainstream bakeries. The tension between obligation and expectation then becomes a dance between food allergic/intolerant and non-allergic/intolerant persons about who is responsible for what. If, as many respondents have noted, it is easier today to access allergen-free foods and products, is a host then expected to use them? And if they do, is the food allergic or intolerant guest obligated to eat what has been prepared especially for them? What if they are concerned about the knowledge level of the host about preparation methods for allergen-free foods? Or, despite the availability of allergen-free products, are food allergic or intolerant guests expected to bring their own food?

While unwritten rules around social expectations and obligations, of good manners, of how to feel about rejecting food or having your food rejected, of power dynamics and workplace relations are all deconstructed, they are, in turn, reconstructed to account for and adapt to new frictions. It is not merely that one community or the other is affected, but they negotiate and transform in creative ways together.

The perceived social obligations to behave in certain ways to be seen as, for instance, polite or a good guest or a good host, leads some to make

health decisions based on social factors: "If I am a guest, I eat what is offered. I would rather have a night of stomach pain than be impolite" (Archive questionnaire respondent, M27041).

Politeness is part of this interplay between obligations and expectations and highlights the power of the social norms and the way shared cultural knowledge sediment in the body. That some respondents were willing to be sick rather than rude further illustrates the intertwinement of bodily and social aspects of eating in that the perceived social injury to sense of self outweighs potential physical injury to the self. This means that these are not just social, but individual negotiations taking place; she continues to add that this is an attitude that she is trying to change: "I need to be a little more tolerant of my food intolerance" (Archive questionnaire respondent, M27041).

Conclusion

This chapter illustrates how the concept of health as an individual responsibility is challenged, since managing a gluten free, and other free from diets, relies on the cooperation and coordination of food manufacturers and producers, governmental organizations legislating labeling standards, restaurant staff, school kitchen coordinators, family and friends—basically anyone or any institution involved in mediating the journey of food from raw materials to the plate.

The friction produced here is logistical, but also emotional in nature. Guilt, anxiety, relief, trust, gratitude, resentment, they all travel between the eating communities as these social norms are transgressed. The availability of gluten free products does not necessarily mean a smooth transition between the two; though they certainly help, they also introduce new questions around provisioning, care, and commensality.

Commensality is an important lens from which to view the emergence of an eating community, as an eating community is formed during commensality. Being kept from the participating during social eating times, or the 'communal table,' can put stress on both sides of the table. There is the desire to be included, but not wanted to make demands or seem rude or ungrateful. There is, on the other side, a desire to include, but not be responsible for making someone ill. With the gluten free eating community, we see both a break in commensality, and a *return to* commensality with a new dynamic within the community.

The normalization of gluten free and other free-from foods has lead to new negotiations in social dynamics around commensality. The social scripts for social relationships and food—sharing, refusing, as representing care or duty—change when people can't perform them the same way. These are emerging dynamics in commensality –texting ahead, a collaborative menu, teaching and learning—that result from friction between the eating communities as they interact. These frictions, despite being at times messy or uncomfortable or emotional, are productive. They are creative as they ultimately lead to new routines in commensality.

Chapter Six
Community, Commensality, and Liminality

The gluten free diet is one way to understand the emergence of eating communities, as well as larger processes of change to contemporary western eating patterns. Changes to the contemporary food system have occurred quickly over the past 30 years, as illustrated in this thesis through analyzing the increase of commercially produced foods aimed at food allergies and intolerances and 'free from' dieting. Looking at the gluten free diet, this restrictive, medicalized diet has entered the everyday eating patterns and practices of celiac and non-celiac persons alike, appealing to both consumers and to the food industry. Healthism's ideological linking of health, morality, and an imperative on individual responsibility has been fertile grounds for the medicalization of eating as dieting. This, in addition to modern consumers who seek customizable menus and individualized eating preferences, has made the gluten free diet appealing in recent years. The food industry has long capitalized on selling 'health,' from making health food claims on labels to vitamin supplements and probiotics. The gluten free diet trend, emerging on the heels of the Atkins diet, was commercialized as the next 'free from,' preventative health diet.

The aim of this thesis has been, firstly, to study the emergence of an eating community by examining the social, emotional, material, and practical aspects of the gluten free diet. What does an emergent eating community look like, and how does it emerge? And what kinds of translations occur as a restrictive, medically necessitated diet goes 'mainstream' as a consumer diet trend?

The eating community concept does not imply a cohesive or unified whole, but allows for individualized eating, intergroup distinctions, and diasporic community. Eating communities are not singular—belonging to one does not preclude belonging to others, nor does belonging need to be a necessarily conscious act. I doubt, for instance, that my respondents would identify themselves as belonging to an eating community, in those words. But the words they did use hinted at a shared knowledge and situation. They said they come from 'supportive communities' that took their dietary needs into consideration, or that the community at the camp was positive because of a shared understanding about following a gluten free diet. They talked about belonging to a 'cause' and fighting for legitimization, and about families that changed their eating habits and reorganized their eating spaces to fit the needs of a sole celiac member. This is an eating community—not everyone in it has to follow the diet; the practices, emotions, and interactions that emerge during commensality are the eating community.

This gluten free eating community is not something prior or persistent but emerges through practices, use of materials, communication strategies, and the rituals and routines that are produced and reproduced in everyday life. And though this thesis talks much about eating communities, commensality, food, and bodies, I am not implying that food and eating are the main or only sources of socializing or community—certainly people carry multiple identities depending on their social context. Like Turner (2000) notes, however, in this thesis I seek to ask how "groups and communities are constituted as significant at different times and what the significance and participation of different people and practices in these processes implies" (p. 59).

What I see in using the lens of the eating community is not a move from one fixed state to another—whether inside or outside the respective eating community, or healthy or sick. It is in this way much more a post-modern exercise in ambiguity and blurred boundaries. I use the concept of borders and boundaries because they are visually and spatially representative of an abstract concept like community—but they are more an analytical metaphor and tool than the goal of analysis itself.

I have conceptualized the eating community as a set of practices and the product of performances of distinction. I argue through my empirical material that community is built through practices, ultimately practices of distinction—what is or is not food, what is or is not safe, etc. The boundaries of the community are not static by any means; rather they're constantly in flux and dependent on interactions between materials, emotions, and experiences. This emphasizes how food objects—such as gluten free products—norms, and values become important points of reference for a sense of community and belonging (Parasecoli, 2014), as well as how community can emerge as a strategy for navigating in uncertain spaces.

This thesis has also aimed to analyze what the gluten free diet explains about contemporary eating communities. It has explored how the consumption of gluten free foods illustrate the transformation of an eating community—not only the eating community of those following the diet, but that of 'everyone else' who increasingly interact with the diet's materiality and its social consequences. In line with ethnological tradition, this thesis has looked at the particular in order to get a picture of the general—that is, the sentiments, bodily experiences, and practices of people with celiac disease were used as perspective on general aspects of eating communities, as well as how changes in culture, economics and medicine transform food related cultural practices.

Due to the gluten free diet, the increasing numbers and awareness of food allergies and intolerances, and people without allergies or intolerances following 'free-from' diets, I have discussed the emergence of new practices, strategies, and norms around commensality, produced by the social friction of negotiations taking place around the table. The emergence of a new eating community means the emergence of distinctions that differentiate the gluten free eating community from others. This thesis has explored how these distinctions play out as people and food products cross between eating communities and the subsequent effects on the relationships between eating communities as a result.

Communications and interactions across these 'borders' are not one-way and are not unchanged by their travels. This thesis has discussed how the frictions at these interacting communities materialize not in one community or the other, but both. Of particular focus is the tension between commensality and community caused when someone cannot participate at the table 'normally'—occurring both for people on medical diets and following diet fads.

For instance, the combined material from the camp and questionnaire emphasized how gluten free products traveling into supermarket shelving influence new definitions of 'healthy,' while also confusing it for the gluten free eating community. People not following a gluten free diet positioned 'gluten free' alongside vegetarianism, veganism, religious diets, organic foods, and food scandals. The gluten free diet belonged under a broader category of 'disruptive eating' and 'food that makes you sick,' and in a Bourdieuian sense of taste as cultural distinction. These borders and boundaries are present, however 'coexistence' is perhaps an even more important metaphor to understand the dynamics of the investigated eating communities.

In her book *The Body Multiple* (2002), philosopher Annemarie Mol writes an "ethnography-of-a-disease" illustrating how a multiple objects can coexist under the same name. Similarly, when I discuss gluten free I am speaking of different versions of an entity going by the same name: 'gluten free for celiac,' is strictly maintained and the 'gluten free' of fad diets is more relaxed, while at the same time *how* gluten free a gluten free food *is* is interpreted by restaurants, cafes, school cafeterias, airlines, at 20ppm or 100ppm, or in very low gluten versus gluten free labeling.

Here we have the coexistence of multiple entities going by the same name. They all have the protein gluten in common, but they are practiced, or as Mol would say, enacted, and understood in very different ways. The object, the location, the situation create the context for how, in this thesis, gluten free products and the concept of something being gluten free can mean different things to different people while still referring to the same object.

This coexistence, or "the modes of coordination, distribution, and inclusion that allow differ versions of a 'single' object to coexist" (Mol, 2002, p. 180), can be a cause of confusion in the everyday, lived experience following or preparing a gluten free diet—as hosts grapple with not using contaminated utensils on gluten free products, as restaurants increasingly offer gluten free options but ask "are you ordering gluten free for an allergy or preference?" and as celiac persons try to gauge the level of 'gluten free' knowledge someone has before eating proffered foods. The coexistence of multiple versions of 'gluten free' is both part of what manifests

the borders of eating communities while also blurring them.

There are distinct eating communities that are made up of practices and materials, but the ways they are distinct blur when they interact, such as through the materiality of gluten free products that belong to both eating communities in different ways. The different-ness of their meanings causes social and logistical frictions when the eating communities interact. Frictions are not a bad thing, but productive of new and different ways of eating and defining health, sickness, and normality.

As products are incorporated into everyday routines not only do the borders of eating communities expand, contract, and blur, but so do notions of bodily boundaries. I argue, ultimately, that these products point to friction points at the meeting of eating communities, and that these frictions are constitutive of a productive, creative space, a kind of liminal zone; the space between is an overlapped space belonging to neither, affecting both, and constituted of the reconfigured expectations and contested definitions produced by the friction of meeting eating communities.

The availability of gluten free products influences perceived expectations and obligations at social eating times, with feelings of responsibility, anxiety, and trust splinter and reconfigure at times of shared or public eating. There are thus negotiations and social frictions taking place at the dinner table, a liminal space where new commensal dynamics emerge, and challenge notions of hospitality, care, and responsibility. I have discussed notions of love, responsibility, and anxiety—finding that just because there are now affordable allergen-free substitutions readily available does not mean that the frictions of boundary maintenance are completely smoothed over.

Coexistence

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The Liminal Table: Commensality and Community

> Transgression, the crossing of borders…is itself a transition to the other (non-normal) state, the sacred or festive world. But this time, from the point of view of corporeality, transgression also points to the breaking down and crossing of the borders continuing and defining the body imposed by culture as an Order. (Falk, 1994, p. 59)

I have argued that social frictions are produced during commensality when some of those participating have dietary restrictions. And I have argued that these frictions are productive. It is not a standoff at fixed, unyielding boundaries of an eating community but a kind of liminal space where negotiations take place. It is a transformative, creative space where objects and concepts like 'food' and 'companionship' are redefined, social practices and obligations are reconfigured, emotions fluctuate, and bodies enter a dialogue with difference.

I refer to the borderland of eating communities as a liminal space in the way of British cultural anthropologist Victor Turner's "in-betweenness," wherein "undoing, dissolution, decomposition are accompanied by processes of growth, transformation, and the reformulation of old elements in new patterns" (Turner, 1969, p. 49). Though liminality is often applied towards ritual processes such as 'coming of age' or harvest, applying liminality to food studies is not unprecedented. Mary Douglas' structural stance on ritual pollution uses examples of religious dietary taboos to illustrate how 'unclean' is produced by unclear or contradictory categorization—that they are "at once no longer classified and not yet classified… neither one thing nor another, or maybe both; or neither here nor there; or maybe even nowhere (in terms of only recognized cultural topography), and are at the very least 'betwixt and between' all the recognized fixed points in space-time of structural classification" (Turner, 1969, p. 48).

In arguing for commensality during situations when, in the case of this thesis, someone cannot participate 'normally' due to a gluten free diet, I will discuss this process through the metaphors of the dinner table and the mouth. Certainly the dinner table is not the only location where commensality takes place, or even where eating in general takes place, but I want to apply liminality through this metaphor for its spatial aspect, its cultural connotations as a place of commensality, and because my respondents reported friction mostly during times of shared eating—dinner parties, lunch rooms, restaurants. Similarly, the mouth as a metaphor is used by Falk (1994) to explain cultural and community gatekeeping—I seek to extend his metaphor to understanding commensality at a dinner table where not everyone can participate 'normally' on the basis of their dietary restrictions.

As anthropologist and social scientist Bjørn Thomassen (2014) writes, "liminality refers to moments or periods of transition during which the normal limits to thought, self-understanding, and behaviour are relaxed, opening the way to novelty and imagination, construction and deconstruction" (p. 1). This description of liminality links transition to relaxed limits, and construction and deconstruction. The metaphorical dinner table (*co-mensa*) of commensality becomes a liminal space of social in-betweenness.

The prior experiences, the norms, the expectations of the shared dinner table are suspended or laid down as one approaches the table. Then follows the liminal space of the seat at the table. It is in this space that negotiations take place—or have taken place beforehand—and rituals are practiced to create the commensal experience. Asking guests about their dietary restrictions, texting photos of food labels to those with food allergies that will sit at the table, or keeping gluten free foods or toasters stocked in one's home in the anticipation of a gluten allergic eater. Bringing your own food, labeling dishes to prevent contamination, or keeping receipts or packaging labels for allergic persons to double-check. These become part of the new rituals of commensality. They incorporate some of the rituals or practices of, for instance, celiac persons who rely on clear labeling and clean preparation surfaces, and modify them to fit the new dinner table.

This liminal dinner table also produces uncertainty and perplexing emotions as the old structures are challenged. As Thomassen (2014) writes, "whenever previously existing borders or limits are lifted away or dissolve into fundamental doubt, the liminal presents itself with a challenge: how to cope with this uncertainty?" (p. 2). People feel anxiety over being rude by asking for special food, and others feel anxiety over how to provide such food without making anyone sick. An eating community is in part formed through emotions, as they can be the impetus for new practices that cause the community to expand or contract. Trust, for instance, is one such emotion that has featured prominently throughout this thesis. Embodied strategies emerge for establishing trust and these strategies are practices particular to the community. Trust is negotiated in the space through incorporating rituals and practices from, for instance, an eating community while also drawing on knowledge of existing structures of commensality at the table; a host might provide food packaging labels for review, while at the same time a gluten free person might decide to let the host know beforehand about their allergies in order to not make them uncomfortable or put on the spot later.

But this comes with a reworking of what is appropriate—it becomes appropriate to let a host know about your dietary restrictions and need for accommodation without being seen as demanding or impolite, it becomes appropriate to bring your own food to a commensal occasion to assuage the concerns of a host, and with increasingly 'like real' allergen friendly substitutes there is a return towards everyone eating the same thing, rather than making anyone feel 'singled out'. New practices emerge, commensality occurs, and the boundaries of an eating community blur and are redrawn.

In this liminal space of the dinner table, there is also bodily inbetween-ness as healthy or sick, as normal or 'special.' Internal negotiations take place as, for instance, gluten free persons decide whether or not to eat possibly contaminated food that someone has gone out of their way to provide for them, or to identify as celiac and reveal a previously invisible sickness as part of their social identity, or decides to eat something they are intolerant to because the social pain of being impolite is worse than the stomach discomfort to come. The mouth is the site of this physical, bodily inbetween-ness, where food has entered but not been swallowed, where decisions of physical taste, cultural taste, cultural taboo, inclusion and exclusion occur and the food, and all that it represents, is brought into the body.

This thesis has argued that the frictions that are produced in these interactions at the borders of eating communities are both constructive and deconstructive. Deconstructed shared, tacit knowledge of commensality is reconstructing into a new experience around the table. Liminality implies a transition, which I argue is what we see during commensality regarding dietary restrictions. There is a before, which is changed by negotiations that occur at the dinner table, and result in new dynamics and new commensal norms.

This thesis has illustrated the way commensality is disrupted and disconnects from community, but how they ultimately come back together in a different dynamic. While commensality is temporal, situational, and disintegrates after a meal, community is lasting—it is not static or forever, but it can remain after a meal and is in fact reified by the meal.

Camp Celiac exemplified how commensality is interrupted but reconfigures, reuniting commensality and community. In everyday life celiac disease puts conditions upon eating, but, at the camp, commensality and community come together again as the daily concerns around contamination are taken care of through clear labeling, clean preparation spaces, and, of course, gluten free meals. Once the dietary restriction is not only logistically taken care of, but also emotionally solved through practices of trust, commensality takes place in a dining hall where everyone can eat. Commensality, as a part of creating feelings of inclusion and solidarity, once again becomes part of an eating community in supporting *community*.

Commercialization of the gluten free diet is a continuation of the 'free-from' diets that came before it, illustrating the interwoven aspects of a cultural ideology of healthism that places health as a super value, consumer uncertainty within the contemporary food system, and the burgeoning economic opportunities that restrictive diets pose for the market. The consumer demand for gluten free foods has produced food objects that travel between eating communities, available to both those who need or desire these foods. While the increased availability and quality of gluten free products can smooth interactions at moments of commensality, such as one being able to simply provide gluten free foods, this also poses its own set of problems to community.

Negotiating cultural norms around provisioning and participating, feelings of guilt, relief, distrust, comfort, inclusion, fear, anxiety, and the always-ongoing processes the reconfigure the social dynamics at the dinner

table all work to challenge and create an eating community. It is through the everyday practices and social interactions, or consequences, of the gluten free diet that we see the emergence of an eating community rooted at the intersection of body and culture.

Svensk sammanfattning

Bakgrund

Det moderna livsmedelssystemet, inklusive måltider och ätandemönster, har förändrats snabbt. En av de förändringar som har skett under de senaste 30 åren, är ökningen av kommersiellt producerade livsmedel riktade mot personer med allergi eller intolerans mot olika livsmedel.

Glutenfri kost, som ursprungligen använts som behandling för den autoimmuna sjukdomen celiaki, har på senare år blivit allt populärare i västvärlden. I USA och Sverige, som denna avhandling hämtar sitt material från, utgör personer med celiaki omkring 1-2% av befolkningen. Efterfrågan på glutenfria produkter är dock betydligt större och har resulterat i miljardomsättning för livsmedelsindustrin.

Hur har denna medicinska diet blivit en del av vardagliga praktiker inte bara bland personer med celiaki utan även bland många andra? Vad är det med den glutenfria dieten som verkat tilltalande för konsumenterna och livsmedelsindustrin? Och vad innebär den ökande medvetenheten om och förhållandet till födoämnesintoleranser för samspelet kring middagsbordet?

Syfte, forskningsfrågor och material

Syftet med denna avhandling är att studera uppkomsten av en måltidsgemenskap (eating community) genom att undersöka sociala, känslomässiga, materiella och praktiska aspekter av glutenfri kost. Den diskuterar hur konsumtionen av glutenfri kost belyser omvandlingen av en måltidsgemenskap, inte bara för dem som följer dieten utan också för ”alla andra”, som i allt högre grad kommer i kontakt med och måste förhålla sig till den och dess sociala konsekvenser. I enlighet med etnologisk tradition tas utgångspunkten i det specifika för att kunna diskutera det generella: känslor, kroppsliga erfarenheter och vardaglig praxis hos personer med celiaki används för att ge perspektiv på allmängiltiga aspekter av måltidsgemenskaper liksom på hur kulturella, ekonomiska och medicinska förändringar omvandlar matrelaterade kulturella praktiker.

En viktig del av det empiriska materialet består av intervjuer och deltagande observationer som samlats in vid ett etnografiskt fältarbete vid ett sommarläger för barn med celiaki i Kalifornien (Camp Celiac). Det är dock inte sjukdom eller matens medikalisering som står i fokus för avhandlingen. Celiaki har valts specifikt framför andra kostrelaterade sjukdomar och restriktioner eftersom vi just nu befinner oss i en situation där den glutenfria kosten rör sig från att vara en medicinskt nödvändig diet till en kulinarisk trend. Sommarlägret utgör en fallstudie vars syfte är att diskutera det större sociala fenomenet måltidsgemenskap. Till avhandlingens empiriska material hör också svar på en frågelista om matallergier och -intoleranser som sändes ut från Folklivsarkivet i Lund. Trots att de flesta som besvarade listan inte själva hade mat- och kostrelaterade sjukdomar var olika dieter ändå närvarande i vardagen genom familj, vänner och bekanta.

Utifrån det ökande användandet av glutenfri kost, såväl av personer med celiaki som av personer som utan allergier eller intoleranser som följer ”fri från”-dieter, diskuterar jag också uppkomsten av nya metoder, strategier och normer kring ”middagsbordets gemenskap” (commensality). Framväxten av en ny måltidsgemenskap baserad på glutenfri kost skapar skillnader gentemot andra måltidsgemenskaper, och innebär sociala friktioner som förhandlas i samband med måltider. Denna avhandling syftar därför också till att undersöka hur skillnader mellan olika måltidsgemenskaper praktiseras och gestaltas.

Forskningsfrågorna är:

- Hur belyser den glutenfria dieten skapandet av nutida måltidsgemenskaper?
- Hur kan framväxten av glutenfri kost som en trenddiet bidra till förståelsen av matvanor och beteenden?

För att bevara de övergripande frågorna ställs flera underfrågor. Vari består lockelsen med restriktiva dieter och hur blir alternativa dieter ”normala”? Hur ser en framväxande måltidsgemenskap ut och hur uppstår och formas den? Vilken roll spelar kommersiella krafter när en diet ökar i popularitet, och vilka slags översättningar görs när en medicinskt nödvändig kosthållning förvandlas till en trenddiet?

Sammanfattning av de empiriska kapitlen

Kapitel två syftar till att kontextualisera den glutenfria dieten både som trenddiet och som socialt fenomen. Med historiska exempel på olika dieter diskuteras aspekter av hur ätandet har medikaliserats och hur kostföreskrifter och matrekommendationer har utvecklats genom ett samspel mellan medicinska framsteg, marknadskrafter och ideologier som rör förhållandet mellan mat och hälsa. Jag argumenterar för att den nuvarande glutenfria trenden är en fortsättning på äldre ”fri från”-dieter. Genom att sätta in den glutenfria kosthållningen i ett historiskt sammanhang och relatera den till andra och tidigare dieter kan vi bättre förstå dess popularitet idag.

Kapitel tre är en fallstudie av en glutenfri måltidsgemenskap. Här presenteras data från ett etnografiskt fältarbete på ett amerikanskt sommarläger, Camp Celiac, för barn med celiaki. Med hjälp av begreppet rum (space), socialt såväl som fysiskt, diskuteras hur måltidsgemenskaper uppstår genom olika metoder, strategier, ritualer och rutiner i vardagen. Vidare undersöks spänningen mellan middagsbordets gemenskap (commensality), alltså den gemenskap som finns i samband med delandet av en specifik måltid, och den måltidsgemenskap (eating community) som är kopplad till följandet av en särskild diet, i detta fall glutenfri kost. I kapitlet diskuteras de spänningar som uppstår när någon inte kan delta ”normalt” under en måltid och vilka konsekvenser det får. Exemplet Camp Celiac visar hur middagsbordets gemenskap riskerar att brytas genom de ramar som glutenfri kost sätter för ätandet. Samtidigt visar också lägret hur gemenskap kan etableras och definieras genom kroppsliga praktiker och erfarenheter. Till skillnad från de flesta andra måltider för personer med celiaki, kan matbordets gemenskap och den överordnade måltidsgemenskapen, baserad på nödvändigheten av att följa en glutenfri diet, sammanfalla.

Kapitel fyra är det första av två kapitel som undersöker konsekvenserna av kommersialiseringen av den glutenfria dieten. Material från Camp Celiac vävs samman med svar på frågelistan där perspektivet är hämtat från dem som står utanför den glutenfria måltidsgemenskapen. Här diskuteras hur människor som inte följer en glutenfri diet placerar den tillsammans med vegetarism, veganism, religiösa dieter, ekologiska livsmedel och matskandaler. Den glutenfria dieten ingår i en bredare kategori av ”problematiskt ätande” och ”mat som gör dig sjuk” och, i Bourdieusk mening, av smak som kulturell distinktion. Vidare diskuteras hur ”matallergi” blivit en del av vardagen, i jämförelse med hur relativt okänt det var för bara några decennier sedan.

Kapitlet behandlar de överlappande upplevelser av matallergi och de osäkerhetskänslor som skapats av det moderna västerländska livsmedelssystemet. Detta kapitel kartlägger också hur distinktioner, fysiska såväl som sociala, manifesteras. Olika strategier för att minimera och betona skillnader uppstår genom den dagliga erfarenheten av en glutenfri diet. I fallet med den glutenfria dieten illustreras en mångfald av skillnader som inkluderar, men också går utöver den sociala hierarkin. Det finns skillnader mellan grupper och inom grupper, mellan utrymmen och situationer, skillnader som är både sociala och fysiska.

Kapitel fem fokuserar på vilka konsekvenser den kommersialiserade glutenfria kosten fått på middagsbordets gemenskap. Middagsbordet ses som ett liminalt utrymme där ny måltidsdynamik uppstår. Jag diskuterar hur uppfattningar om gästfrihet, omsorg och ansvar utmanas och vilken betydelse begrepp som kärlek, ansvar och ångest får. Framväxten av lättillgängliga allergenfria alternativ reducerar vissa friktioner i vardagen, samtidigt som nya utmaningar vad gäller inköp, omsorg och gemenskap skapas.

I kapitlet illustreras hur begreppet hälsa som ett individuellt ansvar utmanas av att hanteringen av glutenfria och andra ”fri från-”produkter är beroende av samverkan och samordning mellan många olika instanser: livsmedels-producenter, statliga organisationer som ansvarar för märkningskrav, restaurangpersonal, skolkökssamordnare, familj och vänner. Att inte kunna delta i sociala måltider kan skapa stress på båda sidor av bordet. Där finns önskan att inkluderas, men inte att ställa krav eller verka oförskämd eller otacksam. Där finns, å andra sidan, önskan att inkludera, men utan att vara ansvarig för att göra någon sjuk. Normaliseringen av glutenfri kost och andra kostavvikelser leder alltså till nya friktioner och förhandlingar kring middagsbordets gemenskap. Dessa friktioner och förhandlingar, trots att de ibland är röriga, obekväma eller obehagliga, är produktiva då de leder till nya rutiner kring måltiden.

Slutdiskussion med slutsatser

Kapitel sex knyter samman avhandlingen genom att förklara vad detta arbete har lagt till begreppet måltidsgemenskap. Jag har konceptualiserat måltidsgemenskapen som en uppsättning praktiker och en produkt av framförandet av distinktioner. Med hjälp av mitt empiriska material argumenterar jag för att gemenskaper är byggda på praktiker, ytterst praktiker baserade på distinktioner: vad som är mat och vad som inte är mat, vad som är säkert och vad som inte är säkert, etc. Gemenskapernas gränser är inte på något sätt statiska. Snarare är de ständigt i rörelse och beroende av samspel mellan materialitet, känslor och erfarenheter. Detta understryker hur matobjekt, som glutenfria produkter, och normer och värden blir viktiga referenspunkter för skapandet av känslor av gemenskap och tillhörighet, liksom hur en måltidsgemenskap (som den glutenfria dieten) kan fungera som en strategi för att navigera i osäkra utrymmen.

Det jag ser genom att använda måltidsgemenskapen som lins är inte en rörelse från ett fast tillstånd till ett annat, vare sig inom eller utanför respektive måltidsgemenskap, snarare rör det sig om rörelser mellan fält med suddiga gränser. Det finns förvisso tydliga måltidsgemenskaper i bemärkelsen personer som lever på glutenfri kost och dem som inte gör det. Men gränserna tenderar att upplösas eller bli otydliga när olika måltidsgemenskaper möts i vardagen. Personer med celiaki och personer som följer en glutenfri diet av andra orsaker förenas genom materialiteten av glutenfria produkter, men skiljs åt av konsekvenserna av eventuella avsteg från dieten. Skillnaden i betydelser av glutenfri diet orsakar sociala och logistiska friktioner när olika måltidsgemenskaper interagerar. Friktioner ses här inte som något negativt, utan som produktiva för nya och annorlunda sätt att äta och definiera hälsa, sjukdom och normalitet. Det skapas ett kreativt utrymme, en slags liminal zon; Mellanrummet är ett överlappande utrymme som inte hör till något, som påverkar båda, och som utgörs av de omformade förväntningarna och omtvistade definitioner som produceras av olika men överlappande måltidsgemenskaper.

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