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SOCIAL CONTEXTS OF FOOD EXCLUSION

This article deals with social problems experienced by people who exclude certain groups of products from their everyday diet. These exclusions stem from various reasons and involve a range of everyday material and social practices. They evoke particular kinds of social interactions within the household, among hosts and guests, and also induce different reflexive interpretations of the participants.

The aim of this paper is to explore the problem of how elimination diets are practised and explained on an everyday basis, and to describe particular strategies and techniques undertaken by food excluders in shops, in their kitchens, and at the table. The empirical basis for the qualitative investigation is a set of eight participant observations combined with in-depth interviews conducted with urban residents with higher education living in northern Poland.

Keywords: food practice, food studies, qualitative research, Poland

INTRODUCTION

Food is an important social and cultural phenomenon and has long been subject to anthropological analysis, including works by such authors as Claude Lévi-Strauss (1966, 1969) and Mary Douglas (1966, 1972). However, it is only recently that it has attracted considerable attention from other social researchers (Johnston, Rodney and Szabo 2012; Kopczyńska 2013; Slocum 2013; Sutton 2013; Bachórz 2014; Bilewicz and Śpiewak 2015; Domański et al. 2015).

The dichotomy between the edible and inedible, which is central to our investigation, is considered one of the prevalent elements of traditional cultures, as described by Douglas

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in her canonical work *Purity and Danger* (Douglas 1966). It might be said that food taboos are intrinsically inbuilt in cultures and stem from fundamental social rules of a particular group. Taboos have played an especially significant role in the understanding of the divide between the sacred and profane. Examples of food bans can be found in many religions, for instance a ban on the consumption of pork in Islam and Judaism, or beef in Hinduism. Later, food taboos were explained not only by religious and symbolic reasons, but also ethical and pragmatic considerations (Harris 1974). In some interpretations symbolic meanings of food were directly connected with physical health, just as in the case of kosher food in Judaism, related to food safety and avoidance of health risk (Douglas 1972).

In many cultures traditional food taboos seem to be less important today. The prevalent processes regulating food habits are rather connected with scientific knowledge about nutritional values, food processing technologies, global market mechanisms, and new ecological and health risks. On the one hand, these processes lead to an increase in knowledge and an expansion of the opportunities of the people, and on the other – they impose new restrictions on culinary practices (Giddens 1991; Beck 1992). These restrictions and powers also contribute to shaping new forms of modern individual and collective relations and identities connected with food choices (Jacyno 2007). The difference between traditional and modern historical forms of organization of culinary practices is that while traditional food taboos referred to the majority of a society and institutionalized forms of social control, the elimination diets of late modernity constitute minorities and are regulated less formally, individually or within smaller social networks. It is not surprising that even in conditions of great diversity people who choose radically different diets can be met with astonishment or disapproval from the majority in everyday situations, and may be exposed to different kinds of social exclusion (Frysztacki 2005).

The phenomenon of eliminating certain foods from one's diet has recently attracted considerable attention in social science literature. Categories containing the whole spectrum of different health issues connected with food, from food intolerance to various diseases, have attracted an impressive amount of research (Cohn 1997; Teufel et al. 2007; Nettleton et al. 2010). The category of food exclusion which has been described the most extensively includes various eating disorders, such as anorexia and bulimia (Brumberg 1988; O'Connor 2013). Other problems drawing the attention of psychologists and sociologists include gender and body image (Counihan and Kaplan 2005), vegetarianism and veganism as late modern lifestyles (Fiddes 1997; Saunders 2007; Arppe, Mäkelä and Väänänen 2011; Yeh 2013), and some aspects of family adaptation to these new dietary regimes (Asher and Cherry 2015).

In this paper we combine different causes and motivations of diets which are all considered within the one broad category of food exclusion. "Food exclusion" means that that in everyday life an individual for various reasons consciously resigns from eating one or more products. We combine respondents who follow their diets because of their choice and ethical beliefs with those who suffer from food intolerances, allergies or food-related diseases. We assume that this approach may lead to a new way of understanding how food exclusions in general function within social contexts.

THEORETICAL GROUNDS: THE MACRO AND MICRO CONTEXTS OF CULINARY CHOICES

As sharing food at the common table is still one of the best ways to maintain family and friendship ties, our exploration aims to contribute to the discussion of a general problem of upholding small communities in the postmodern era when it comes to food exclusions. In order to understand how the macro-context of late modernity contributes to this process in everyday life, we exploit some ideas included in theories of individualization and risk.

The concept of 'individualization' is derived from Beck's definition explaining it as a process of detraditionalization, one which involves changing patterns of lifestyle in modern and late modern society (Beck 1994). It is also connected with Norbert Elias's (1987) concept of a society of individuals and a 'culture of individualism' described by Małgorzata Jacyno (2007). Social scientists have come to recognize that the process of detraditionalization is more complicated than simply abandoning traditions, and includes complex and interrelated processes of detraditionalization, re-traditionalization and the invention of new traditions observed both at the global and the local levels (Hobsbawm and Ranger 1983; Gross 2005). All of them require intensification of individual reflexivity and deliberation in all domains of life (Giddens 1994). Social control shifts from the community to an individual human being, but this cannot radically reduce the insecurity induced by modernization (Beck 1992: 21). People, separate in their relationships, forced out of their time and place by new technologies of interaction, burdened by too much responsibility, are involved in an ongoing decision-making process which can only bring uncertain outcomes (Gross 2005). The reflexive creation of the self and their do-it-yourself biographies draw individuals away from their relatives and stable communities, and push them toward others who choose similar ways of life.

Reflexivity encompasses a spectrum of human fears and anxieties (Beck 1992). Since expert systems frequently offer contradictory recommendations, individuals are forced to seek more reliable sources of knowledge to cope with a change in habits (Leschziner and Green 2013). Michael Fine (2005) suggests that the feminist social movement has greatly contributed to a change of the hierarchy of topics in mainstream awareness. Currently it is not only the market, technology and risk that count on a global scale, but also such topics as everyday life, the body, and emotions. This gives a chance to bring sociology closer to the most fundamental concerns of people's existence as embodied physical beings perceived in the context of social relations. Including these concerns in sociological study requires taking into account the vulnerability of bodies, their disabilities and illnesses, their role in sociability, as well as their potential to give pleasure and meaning. New structural tensions intensify early modern processes of detraditionalization and diversification of lifestyles related to bodies, which in turn gives social power to new expert systems and social networks even when self-safety and self-satisfaction are the primary standards (Gross 2005).

Harrison White (2008) understands social networks as informal and temporary patterns of order which emerge from general uncertainty and peoples' attempts to control it. In our research uncertainty is directly connected with culinary habits and changes in the routines of everyday life. Jan Fuhse (2015) explains that new cultural forms, which help individuals in

dealing with potential problems, are mainly communication events and sequences, whereby meanings of social identities, interpersonal ties and relational expectations are created and maintained. All these cultural forms are defined and shaped in ongoing interactions and in relation to one another. Participants' attempts to control them leave a trace in social space in the form of 'stories' which are told about their identities and relations to one another (Fuhse 2015: 18; Mandelbaum 2010).

QUESTIONS

In the context of late modernity, food exclusions which are grounded in individual decisions and practices can be understood as a radical answer to the uncertainty of everyday life. So far, most social research has considered health-motivated and lifestyle diets separately, explaining them in terms of cultural or material (medical) values (cf. Nettleton et al. 2010; Asher and Cherry 2015). Our project is based on the assumption that irrespective of different motivations and ideologies underlying various diets, there are material and social practices which have much in common and might have comparable social consequences for the individuals involved. Our assumption is also that elimination diets, resulting partly from individualization processes of late modernity, might lead to even further individualization in private life. Both processes may encourage important changes in the personal identities of excluders.

We define 'food exclusion' as any elimination diet which is undertaken for any possible reason, such as lifestyle, health, ethical or religious beliefs. Food exclusion in our research might result from personal choice, informal social pressure, or medical guidelines.

Our aim is to consider whether food exclusions contribute to social processes of creating the dichotomous we-they division within small communities and within self-reflections of the participants (Tajfel 1978). We also want to observe what other social consequences food exclusion may have in the social microscale of households and circles of friends. We are interested in the ways by which changes in the private culinary field occur, and in social structural pressures which could encourage instances of deliberate, non-habitual food cognition and practice in culinary networks (Leschziner and Green 2013).

Our main questions are as follows: How does an individual with food exclusion habits go about her everyday life? Does the diversification of culinary habits create divides within households? What deliberative and innovative practices do food excluders and their relatives undertake to cope with these potential divisions and to prevent personal isolation of any household member?

METHODOLOGY

This paper discusses the findings of a qualitative study of food exclusion in social relations. The research project included eight case studies of people who have eliminated one or more food products from their everyday diets. All empirical research was conducted by one of the authors, Joanna Krukowska, who has nine years' experience of following a vegetarian

diet. The other author does not practise any exclusion diet. The applied method involved a combination of participant observation, the shadowing method and comprehensive interviews following Jean-Paul Kaufmann's guidelines (Frankfort-Nachmias and Nachmias 1976; Kaufmann 2007; Kvale 2008). The interviewees were asked to demonstrate and describe how they shop, cook and eat on a daily basis. The researcher accompanied each person while she was doing her groceries and preparing a typical meal. While observing all culinary practices involved, the researcher asked questions concerning the diet, culinary habits and biographical details connected with food practices and ongoing activities. The more reflexive questions concerning biographical aspects of culinary choices were asked after the meal was prepared. The average time of all study units, including observation and interview, was about three hours. Each case study was conducted in Polish, and citations in the paper have been translated by the authors. Most situations were pre-planned and took the form of one-to-one meetings, but as they were partly conducted at homes, some of them spontaneously turned into joint interviews with a pair or a group of three or four people. The research process was supposed to involve the same stages: shopping, cooking and interviewing in each case, but one participant changed the rules, and gave the researcher access only to the declarative sphere (interview no. 6 on the list provided below and marked *6d_24f*).

The participants were informed that the project was focused on culinary techniques and practices. This strategic move was aimed to distract them from the potentially stressful research situation and contributed to putting them at ease. As a result, they were able to speak freely about their social and personal relations in which food played an important role. Hospitality emerged as an extra issue of the study, as most interviewees invited the researcher to share in the meal that they had prepared.

In view of the small size of the research sample, the value and the goal of our qualitative analysis do not lie in generalizations but in discovering mechanisms how exclusion diets work in everyday social and personal lives. We hope that revealing these mechanisms can also have some implications for theoretical and practical considerations in larger-scale food studies.

CHARACTERISTICS OF THE SAMPLE

The interviewees observe the rules of the following relatively strict elimination diets: vegetarian, vegan, raw vegan, gluten free, coeliac disease diet, irritable bowel syndrome (IBS) diet, low-cholesterol diet, hypothyroid diet, and Karaite Jewish dietary taboos/traditions. Most participants adopted elimination diets motivated by both ethical considerations and health reasons; religion was the main justification only in one case. The sample was selected with the intention of including participants with different diets, family statuses and household arrangements, although the interviewees were similar when it comes to their gender (mainly women), social position (middle class) and place of residence (a big city on the Bay of Gdańsk in the north of Poland). Since the culinary topic was important due to its non-habitual nature, and sometimes was quite a new element in their lives, all participants were reflexive, aware and articulate regarding food issues, from shopping-related matters, through cooking techniques, to receiving guests. Each of the interviewees was either the main person

responsible for cooking, or shared this capacity with other members of the household. Seven out of eight participants in the project were women; the only man in the study was recruited by his female partner. The absence of other men from the project was not intentional but resulted from the accessibility of participants in view of the topic. This could be explained by traditional division of duties in Polish homes (CBOS 2013).

The basic social and dietary characteristics of our interviewees are as follows:

- 1) 20-year-old female, raw vegan; lives with her parents and brother (1rv_20f);
- 2) 25-year-old female, gluten-free vegetarian; shares a flat with another person, but does not eat with him; her family lives in the south of Poland and grows their own vegetables and fruits, which she brings home (2v_25f);
- 3) 26-year-old female, pescetarian¹; lives with her mother and they eat together; she had started her diet only two weeks before the interview (3sv_26f);
- 4) 22-year-old male, vegetarian (4v_22m); shares an apartment with his girlfriend (4v_20f1) and two other flatmates; three members of the household participated in the interview: two vegetarians, one vegan (4v_20f2); they cook together;
- 5) 24-year-old female, suffers from irritable bowel syndrome (IBS); eliminates dairy and meat, spends half of her time living with her fiancé and half with her grandfather (5d_24f);
- 6) 24-year-old female, suffers from hypothyroidism; abstains from salt, sodium, gluten and sugar; shares a flat with her friend but they do not often eat together (6d_24f);
- 7) over 50-year-old female, a Karaite mother who cooks for her husband and two grown-up children; excludes pork and some products during religious holidays; both she and her husband are on a low cholesterol diet; other household members reject certain other foods, so she frequently cooks separate dishes using similar ingredients, but with different techniques (7rd_50f);
- 8) 45-year-old female, in the process of adaptation to complete elimination of gluten because of severe coeliac disease, lives and eats together with her elderly parents and a grown-up daughter (8d_45f).

RESULTS

The results have partly changed our initial assumptions about how people follow elimination diets in the individualized world. In the interviews food excluders did not declare their isolation from either friends and family, or from acquaintances or colleagues. To a higher degree they declared their separateness toward the society as a whole: its traditions and culture, dominant knowledge, and modern institutions like media, healthcare and the market. Each of them had experienced some complicated and emotionally difficult moments connected with

¹ Pescetarianism is the practice of following a diet that includes fish or other seafood, but not the flesh of other animals. It can be also described as semi-vegetarian with fish and seafood.

the change in everyday life routine, but they were successfully overcome. Some interviewees enjoyed their position of food experts in their social networks, whereas some displayed uncertainty and confusion. The ‘network experts’ were happy that their relatives and friends appreciated their knowledge and experience when it came to food product quality, good taste, health motivation issues, and culinary techniques. Those less certain and confused about their culinary knowledge and skills were generally novices who sought help from more experienced individuals, including the researcher. Some of them were apparently ambivalent towards their diet because of its involuntary nature.

THE MICROWORLD OF SOCIAL RELATIONS AROUND THE TABLE

And, you know, other friends motivate me and give me some recipes. And my mother sort of supports me... Well, actually, at the beginning my mum didn’t really have a clue about this whole vegetarianism thing and said: “Well, I don’t know, you’re probably going to lose some weight and so on”. And it isn’t like that. I had to make her aware of that, talk about it, so she finally got convinced and she has even cut down on meat herself. She still eats it, but much less than before. There are less meat products in the fridge, because I said that it’s going to make my life easier. ‘Cause if there were some meat snacks it would needlessly tempt me or something... So, there have been some changes in the fridge too (3sv_26f).

This fragment of the interview with a young woman who has just started her pescetarian diet gives us some insight into the process of the biographical and family change connected with the food exclusion diet of one of its members. We can see that initially the grown-up daughter, motivated by her friends to exclude meat from her food, was not fully supported by her mother. However, she received increasingly more support and a prospect emerged that her mother might also change her culinary habits. As a result, both of them can experience not only a safer and healthier life, but also a new form of their mutual relationship. The family position of the grown-up daughter has increased in comparison to the position of her mother, who is no longer her authority in the kitchen. On the other hand, the mother has been able to preserve the status of her daughter’s companion at the table. As the daughter is an adult, the fact that she lives with her mother in her home is not so obvious and there was probably a need for some new arrangements in the household. It seems that the introduction of new culinary practices may help to establish a new pattern in this family. In the interview the woman tells more about how it works:

Sometimes we make arrangements, so I tell my mum “Today I’m cooking this and that”, and sometimes mum calls me and says “Today I’m buying this and that”. And sometimes we don’t arrange anything; we come home and there is something we can eat (3sv_26f).

Another example comes from the interview in which a young female talks about a food exclusion diet directly connected with her health problems. The difference of the family context is that in this case the mother and her grown-up daughter do not live together anymore, so they can meet at the table only occasionally.

Maternal care is symbolized and maintained here by preparing food which is suitable for her daughter's special dietary requirements:

I've recently tried dumplings without salt for the very first time in my life. They were delicious! [...] My mum said that if she couldn't visit me, she would give me homemade dumplings (6d_24f).

The case of a bigger family (7rd_50f) is more complicated, because the mother takes into account different culinary needs and limitations of four family members; some of these are religious and spiritual, some arise out of taste differences, and some result from medical advice. Although this requires a major effort on her part as she cooks many different dishes, she seems to accept the situation; in addition, it makes her irreplaceable. Experienced in the culinary field, she is effective both in finding something that suits all members of the family and in preparing different versions of the same meal for each of them.

Despite the fact that changing diets encouraged changes in family settings, the position of the mother remained the most important. What if the mother is absent and culinary practices involving food exclusions coincide with the creation of a new household consisting of people of similar positions? Our sample includes the case of four young people (two females and two males) who have shared a flat for about six months. Two of them are a vegetarian couple: a man with nine years' experience of meat exclusion and his female partner (T), who has been a vegetarian for only a year; she was persuaded to exclude meat by her boyfriend. They regularly eat together with K, the other female in the household, who is a vegan, so they all cook vegan meals. The other male in the household eats meat and a lot of dairy products because he is on a high-protein diet; he does not share meals with the rest of his flatmates.

At the beginning, we decided that someone would cook dinner for everyone, just like that; and we decided that we could arrange this somehow, and everyone sort of booked two days a week. So, I have Tuesdays and Sundays, K has Mondays and Wednesdays and T has Thursdays and Saturdays. And Fridays, because they don't fit in, we decided that Friday is a fast food day (4v_20m).

On the basis of this example we can see that while some types of food exclusion diets, such as vegetarian and vegan, were negotiated, there was one which was not. In the couple living in this household, the female had changed her culinary habits and adapted to her vegetarian partner, and both of them adapted to the vegan diet of their table companion. On the other hand, the male on a high-protein diet, typically followed by muscle mass builders, seemed to prefer his bodybuilding pursuit to sharing food habits with his flatmates, so he chose to cook and eat on his own. Apparently, his diet had a low potential to spread among the entire group. His food choices resulted in his exclusion from a large part of everyday duties and pleasures shared by his flatmates. When we were recruiting our participants, we did not meet a group of people living together who would share a high-protein diet. On the other hand, one interviewee reported the case of a couple who had split up because of the male's obsession with intensive body building, which appeared to have severely affected the relationship.

To avoid the false belief that food exclusions are more directly connected with a person rather than particular household, we are going to present the example of a woman who

alternates between her culinary habits depending on whether she lives with her grandfather or her fiancé:

With my grandfather, I bake an apple pie. It's something that we always do together, because you need to hold the dough in the right way so that it's properly formed; you always need two people to do this. We make this apple pie according to an original recipe, which is sort of an my late grandma's special. You make two kinds of pastry, you put one of them in a baking tray, you put in apples; my grandpa takes apples from a huge jar, adds cinnamon and some breadcrumbs on top and after that we put the other pastry on top of all this (5d_24f).

[And with your fiancé?] We don't cook together, because we don't have time. It's mostly him who has no time. And he doesn't really know how to cook. [Does he cook something from time to time?] The last time he cooked it was pasta with vegetables for Valentine's Day. [So you have a sort of the main role in the kitchen, because you have more time?] I think it's more of my role than his, or even no one's role at all. The kitchen isn't something that connects us (laughter) (5d_24f).

Summarizing the above considerations and examples, we can say that regardless of their special requirements most food excluders and members of their networks cared about maintaining collective culinary practices if possible. Only raw vegans and those who were on a high-protein diet tended to follow an entirely individual plan of the day, which also involved a total detraditionalization of the meal structure and individualization of the schedule and frequency of meals. This, in turn, brought the risk of social exclusion from everyday practices of other members of the household. Such risk is easier to avoid when the effort to exclude some food products goes hand in hand with including some new products or techniques of their preparation that food excluders can offer to their relatives and friends. In fact, our interlocutors quite often said that they invited others to try the food of their favourite taste or of a special nutritional value which they had discovered for themselves.

Just tell me how much you want; not too much and not too little. You know... I mean, I don't want to give you too much so that you don't have to make yourself eat it, but I don't want to give you too little. [Just put a little bit on a plate, so I can try it]. Here you go (3sv_26f).

Taking into account all the interviewees, we have found five forms of organization of social relations during meals in households where at least one member has special food requirements. The first one involved preparing a number of variants of dishes corresponding to different types of regimes, sometimes including a special course for the food excluder. The second pattern involved cooking a dish that catered to the needs of all the consumers. In the third form, the subgroups or individuals with different food practices had their meals separately. In this case, the participants knew one another's needs and preferences but did not make changes towards mutual accommodation. The participants also talked about two other forms of organization, which we could not observe in the course of our study as they referred to host-guest relations rather than those connected with living in the same household. In the first example, hosts tended to focus mainly on the individuals who do not resign from eating any products at the table, with the option of cutting out the components of the meal which were inappropriate for the food excluders. In the second case, the hosts totally ignored the

dietary requirements of food excluders and offered them something that they could not eat. The interviewees explained this by the host's inexperience or lack of knowledge, but also by a kind of dislike of a guest with special dietary needs. These last two options evidently demonstrated the lack of prospects for future interrelations. In general, our interviews and observations indicated that, although this sometimes created certain problems, mutual acceptance and an effort to understand the dietary requirements of others were the most common options.

BETWEEN FOOD EXCLUSION AND FOOD EXPERTISE: ACHIEVING AN EXPERT POSITION

I try to choose fruits that look fresh and these ones look like they've been here for some time. Oh, I'll take a grapefruit, because I heard that they boost your metabolism. I'm not sure if it's true, but if it turns out it is, I'll be happy I bought it (5d_24f).

Major classical culinary techniques include chopping, peeling, boiling, frying and baking. The lack of some products and gaps in knowledge encouraged the interviewees to actively seek new solutions and combine traditional and late modern rules and techniques of food preparation. Although their methods and tricks in the kitchen were generally similar to those applied by non-excluders, they enumerated some new techniques, based on the use of modern cooking equipment, such as juicers, blenders (low- and high-power), pasta machines and bread machines. These methods were explained as healthier or as ones that minimize the loss of nutrients. Because of specific practices of food acquisition and storage, the kitchens of food excluders sometimes were visually different from others: they were full of vegetables, fruits and unusual household appliances (which was the most striking in the case of the raw vegetarian). Considering their culinary practices, all interviewees relied both on their own experience in the kitchen and on external sources of knowledge, including the advice of friends and information from the web and cookery books. Their culinary techniques frequently followed those applied by their close relatives who had introduced them to the world of food. In our sample, it was most often the interviewee's mother.

As expected, the researched group displayed different forms of reflexivity and sought specialized knowledge about food. The participants declared that they tried to read a lot on this topic and talked to people they recognized as experts.

We can see how the process of gaining expertise begins:

[My sources of recipes are] my head, the Internet, my mum, my friends; it's a mix. I also really like to take a recipe from a particular person, because I can ask questions. A recipe gives me something that's clear and accurate. Still, I can ask questions, how to do this, how much time for that. It's great, much better than the recipes from the Internet. Well, you know, I can also look and see how to do it (3sv_26f).

The young woman, just starting her pescetarian diet, is relatively inexperienced, which makes her culinary practices dependent on many sources of knowledge. She prefers direct face to face contact with her food advisers rather than searching the Internet for information.

I don't want to fry anything, and if I do it sometimes, I use some olive oil, but I still add some water. I've read that some doctor said that frying was wrong; oil and high temperatures – it's not

good; but if you do it, you should choose olive oil. I “fry on water” mostly. I stew. I add some water to onions; it makes them soft and tasty (2v_25f).

As a result of a successful learning process and observation of positive effects of their diet on their body and mind, new food excluders might become food experts themselves.

My mum and my dad, who is not convinced about that sort of thing, started to drink it. Then he came to me for barley grass powder for his friends who had also read something about it (6d_24f).

An important source of knowledge is the exchange of information within the emerging social networks, where the experience in exploring alternative ways of eating has an impact on the position of the members. The most experienced participants served as the most reliable sources of health and taste information, as they tested their knowledge in a more deliberative and creative way than an average eater. For them, the elimination diet became a strong enough impulse to encourage a constant exploration of new recipes and rare culinary techniques. Their broad knowledge about nourishment stemmed from the need to find practical and nutritious substitutes for common ingredients, or to discover a new value in commonly used products. But it can also be quite the opposite: their exclusions of food could result from their curiosity and interest in tasting food, reading and hearing about it, and experimenting with it.

Access to globalized information, semi-medical and ‘alternative’ knowledge, as well as to products from various parts of the world, is based on the social and cultural resources of the participants. Acquired knowledge, skills and expertise are used for their own purposes, but also for the purposes of other members of their social circles. This encourages the process of structuring the network of social relations along the framework of different levels of culinary knowledge and skills, including exceptionally ‘good taste’ (see Bourdieu 1984 for an interpretation of this phenomenon in terms of social class). People living in the same household with a food excluder were frequently included in the process of change in some respects, and after some time they could benefit from the culinary transformations in their kitchen. Followers of elimination diets shared their theoretical and practical knowledge of food-related issues, which was usually based on products and alternative expert systems that were less common and less accessible.

These days people ask me which juicer they should buy or what they should mix in their juice and things like that. I find it really nice. [So, you are an expert?] (laughter) A little bit, but I don’t feel like one. But I guess it’s better that way (1rv_20f).

My vegetarian friend made it [*kimchi cabbage*]. Some time ago he tried kimchi and made a few jars of it and gave us some of them. [Preserves]. That’s it. So, we prepared kimchi soup and we tried it, but it was so hot that we had to throw it away; we didn’t even want to look at it (4v_20m).

This example shows that even though the friends are members of the same network and share a similar diet, their tastes are different: what is edible and tasty for one appears to be unacceptable to others. Although the respondents who received the culinary gift might have

made a mistake preparing the meal, this example may also tell us something important about possible limitations in the transfer of culinary experience. New products and meals must pass a sensory test and must correspond to the skills and taste of the consumer who tries them. Much attention is paid to the body, which is quite obvious considering the particularities of the culinary field, but the exact mechanism of shaping taste in social interactions has not yet been established. When talking about tasting the meal, the interviewee used the pronoun 'we', which proves that his body reactions were negotiated collectively.

COPING WITH HEALTH RISKS: EXCLUDING POISONS THAT OTHER PEOPLE EAT

Each respondent mentioned health issues in the elimination diet. Even if health was not the main motivation for food exclusion, it came up as an important subject while discussing knowledge of food trade or the use of fertilizers in agriculture. Based on medical and nutritional science, food was classified into healthy (pure) and unhealthy (toxic or contaminated). Each participant understood 'healthy food' in a slightly different way and some definitions were contradictory.

Here, it's my favourite spot for groceries, the greengrocer's. I eat both their ready-made and not ready-made salads (laughter), and the ingredients too... That's why I love this shop; it's not only about perfect quality (...). Pickled peppers please. That's exactly the ones I'm thinking of. (A jar of Dagoma pickled peppers), but I trust the greengrocer! (7rd_50f).

I think it's more of a craze that people don't eat gluten these days, so when they see something marked "gluten free" they think it's healthier. I can see the point if it's written "gluten free" on a packet of pasta, because normally it's something that contains gluten. But corn flakes? If they are marked "gluten free", it makes no sense at all... (3sv_26f).

Food excluders' vocabulary concerning areas they distrust included 'television', 'conventional medicine' and 'common knowledge', while their vocabulary of risk was infused mainly with two words: 'poison' and 'contamination'. The risks of poisoning and contamination were associated mainly with chemical additives and highly-processed food intake, as well as the wrong proportions and wrong composition of the different components in a meal. Each respondent used at least one method to minimize the risk of eating 'dangerous food' (e.g. reading labels in search for 'poisons' or missing ingredients, checking the expiry date). Since none of these beliefs were directly connected with a particular elimination diet, they can be treated as a manifestation of the extremely high consciousness of these consumers and their attribution a high value to the care about health safety. In addition, products which were intended to compensate for the excluded food were sometimes unnecessarily exotic or strange from the perspective of individuals who do not resign from eating any products.

Buying reliable products and keeping the kitchen free of the 'poisons' regularly eaten by other people is the first step of effective exclusion of unhealthy food. According to the participants, the problem with the unconscious intake of 'poisons' is that the harmful effects

of some ingredients might not be evident even to a consciousness consumer because their impact on the body is slow and it requires a long time and special knowledge to discover the process. The important elements of this knowledge include an awareness of the complex processes of the global market which decide about particular aspects of food production, the environment in which food is produced, the methods of transport, and the mechanisms of trade. All the practices and assumptions of food excluders contributed to the construction of new and sometimes unobvious classifications of what is good and bad to eat, and what is safe and dangerous for one's own health. Even when these categories were not explicitly discernible in verbal communication, they manifested themselves in practices connected with buying and processing food.

The social mechanism which helps food excluders find healthy food involves generating 'networks of food trust' which include different people and places that can guarantee the safety and quality of food, regardless whether it is sold in global chain stores or local shops, depending on particular kinds of products. Drawing on their experience, consumers are able to learn information about the origin of food, its packaging, storage and freshness, and determine whether the price is appropriate. Such information is often obtained informally by means of oral communication; sometimes consumers rely on trust in the seller from a local grocery, with whom they have established personal relations. Owners of grocery stores are in regular contact with suppliers. In the face of special offers in supermarkets, the majority of small retailers emphasize trust and quality rather than the price, which is hard to beat. Although most local shops do not have ecological certificates, they have instilled trust and succeeded in establishing personal relations with their customers. These practices have contributed to shortening the distance between production and consumption.

Food excluders seemed to act in more traditional ways than we had assumed: once they had developed trust in a particular shop or chain, they tended to repeat their earlier choices, which prevented any change in their new healthy habits. These processes correspond to other patterns of ritualization, which we could observe in the kitchens and at the tables. Such patterns include turning towards herbalism and gardening practices, interest in their parents' or grandparents' farms, food processing as a leisure activity and generally in rural life, to which some of our interviewees attached a renewed value.

Maybe my mum is so healthy because they had food from their own farm. They used animal fertilizers; the animals were fed potatoes and cereals; it was organic [...] (8d_45f).

BREAKING THE RULES

But I tell you, this Christmas, oh Jesus, it's going to be really hard, because, well, it happened. It's not that I didn't like meat or something. In fact, I was very fond of meat and this happened mainly for ideological reasons. It's going to be hard, really hard (3sv_26f).

The rules concerning any food exclusion diet which our interviewees decided to follow were never applied without any exceptions. It was not only in the case of the most

traditional religious justification that the participants said that from time to time they did something “wrong” and committed a “sin” by breaking the principles of their diet. According to our interviewees, their departure from the rules sometimes resulted from social concerns. A good example here is a situation when the person who was invited as a guest did not want to make her host feel uncomfortable. In other cases, which repeated quite regularly in our interviews, a certain level of non-compliance with the rules was part of routine practice, for instance a ‘fast food day’ once a week, or having a ‘forbidden’ meal when someone was feeling down.

In a number of cases, food exclusion rules were broken without any justification other than someone’s own will. This might function as a safety valve: the option of disobedience protects the whole initiative from failure. Even talking about the circumstances involving social pressure, the participants declared that eating or not eating something was mediated by their own decision, for example ‘this time I’m allowed’, ‘I allow myself to do this’.

This could create an impression that what matters is fulfilling one’s freedom of choice, actualizing one’s will, following the urge of their body or simply their own will. This not only makes the situation less uncomfortable, but also has some moral value, like authenticity, self-fulfilment, self-satisfaction and freedom of individuality.

In fact, food exclusions result both from different ethical and health considerations, and from particular social settings. The decisions on what to eat and what to not eat are not made in conditions of complete freedom. Rather, they involve negotiation between contradictory forces, where membership, solidarity, enjoyment, rules and agency play roles. The problem is the quality and scale of possible deviations from the diet: how often and how far can one depart from the rules? The strictest border of a diet, one that would not be crossed, is physical disgust which a person feels towards the food. Once the products arouse disgust, they become simply inedible. As in the case of other emotions, the feeling of disgust is experienced both as totally out of control, and as acquired and impossible to change. In the culinary field this is a cultural phenomenon in which moral and bodily concerns meet, and it is not surprising that advocates of vegetarianism try to encourage disgust towards meat (Jaczewska 2016). The following example illustrates how a person used her disgust to realize her intentions which had not yet been fully established:

I mean, I took advantage of the moment when my mother was preparing some meat for dinner, meatballs or something, and I felt somehow disgusted when I saw it. Then I decided that “Hey, this is a good time! I’ll try to use it, that it grossed me out” (3sv_26f).

If the exceptions become a rule themselves, the whole diet becomes unserious. The most striking example of such an ‘unserious’ stance towards one’s own food exclusion was the female who excluded dairy products because of her health problems and medical advice:

I don’t eat any meat apart from fish and seafood. [sic!] And dairy – unfortunately I have to reduce it to a minimum. Sometimes it happens that I eat something because of my gluttony, because I like it so much, but it doesn’t work good for me, especially cow’s milk. If I have a glass of milk, my day is ruined (5d_24f).

This is my weakness. I can't drink [cow's] milk, but I put it in my coffee. [And what impact does it have on you?] If it's this much milk, just symbolically... I usually try to use plant-based milk, but if there is no possibility, I drink coffee with cow's milk, but really it's only just a drop and this is something that happens regularly; it's my little sin, but after this much milk I'm still alive (5d_24f).

It is interesting and may be important that she hardly ever contested her own decision to exclude meat, which was completely unrelated to her disease or risk to her health.

Although the levels of acceptance of such departures from the rules were different among our sample, we had a general impression that, quite paradoxically, the interviewees with health problems treated their diets less seriously than those who had made their own decisions about what was healthy and safe for them. This was closely connected with their own predictions of long-term effects, described as destructive and dangerous for themselves. The difference is noticeable even between different rationalizations of different kinds of food exclusions within one food excluder, as in the case of the woman with the irritable bowel syndrome described above. Her example helps to weigh the impact of medical risk against the impact of individual belief related to one's own body. Following her own beliefs and her bodily desires as the main authorities, she tried to negotiate or even ignore her bodily limitations at the price of suffering later on.

CONCLUSIONS: UNOBVIOUS MEANING OF FOOD EXCLUSIONS

We are operating on two different levels of contexts and mechanisms at the same time. The microscale of human bodies, personal identities and social relations was the field of our research and analysis. The macroscale of cultural change connected with the individualization, feminization, and globalization of offers and risks was an important point of reference in our interpretations. We are aware of the existence of a gap between the two, which creates an area of our uncertainty about how these two levels could be reasonably linked in theoretical terms. Our conclusions are also of a different scale and those concerning the microscale, which are presented below, seem to be more convincing and empirically grounded. However, we also take the risk of making some assumptions on how these micro-settings might relate to the macroscale of a potential social change, taking into account the context of a relatively peripheral European country undergoing social and economic transformation and imitative modernization.

Generally speaking, the meanings of objects and practices are not easy to express verbally. In fact, our respondents found the question "What is the meaning of food in your life" quite challenging. In spite of this difficulty, we could notice that the basic experience of food exclusion differed depending on the fact whether it was voluntary or obligatory. All the diets became somewhat obligatory when they had been decided upon, but the difference was the location of the control centre, which was situated alternatively in the individual him- or herself, or in the external expert system, such as in medical institutions.

Table 1. The structure of the experience of food exclusion depending on the nature of the initial decision

Voluntary diet	Imposed diet
I can	I can not
Good for me	Bad for me
Healthy	Unhealthy
Edible BY me (from the self)	Inedible FOR me (against the self)
Permitted by me/specialist	Forbidden by specialists/me
Me – the specialist	He/she (institution) – the specialist
Expanding to the lifestyle	Narrowed to the problematic element of life
Expected to grow	Expected to finish/be cured

In Table 1 we present the most characteristic expressions used while participants talked about their diets. The first category of voluntary diet involves such food exclusions as vegetarianism, veganism and a gluten-free diet. They often coincide with health considerations, which, however, do not necessarily play the major role. The second category of imposed diet includes food exclusions caused by allergies and food intolerance diagnosed on the basis of medical tests. Imposed diets were closely connected with medical advice, which recommended food exclusion as a type of treatment. This table is not intended to give a precise division between the two forms of excluders' experience. Rather, it indicates important dimensions of differences which characterize food exclusions in a subjective perspective, when they were undertaken for various reasons. In the course of our study, in the cases where food habits stemmed from a totally voluntary choice, interlocutors devoted more time to talk about them and more extensively verbalized why and how they undertook them. They produced a wide range of answers explaining their lifestyle choices. Their approach might be downplayed as egoistic in terms of group concern, as it seems to care more about the individual than the community. However, the followers of those voluntary exclusions seemed quite convinced that they were altruists because of their empathy for animals and the Earth. The stricter the elimination dietary rules, the more persuasive was the argumentation. It is possible that participants felt that entering a path verging on the ascetic might seem bizarre to individuals who do not resign from eating any products. A rejection of certain foods as a lifestyle attached new meanings to food, as it became the expression of value commitment and entailed a variety of techniques for coping with non-eating habits. Medically justified elimination diets receive a greater degree of external understanding and acceptance, but apparently they are less approved internally and more eagerly broken. In this case the respondents described their food exclusions as a list of bans which were difficult to cope with. Lost flavours awakened their bodily desires and nostalgia, and the construction of their food reality thrived on contradictions.

Food choices might be an important dimension of social and cultural change, although not all kinds of food exclusions have comparable potential in this regard. Medical requirements are generally less attractive in creating communities, and in spreading lifestyles, so they were in fact less eagerly accepted and less effectively followed by the participants. On the other hand, in their reports they stressed the social value of having the courage to transgress the rules, the autonomy to make decisions, gaining immediate bodily pleasure, retaining old habits, or simply the possibility of eating the same food together with other people. All of the above have more attractive value than following an obligatory diet, and could subjectively outweigh the potential health risk or even temporary bodily discomfort.

Paradoxically, exclusion means inclusion of something different instead, and the category of *displacement* could be probably more adequate to describe the whole process. Food excluders could turn out to be even more omnivorous in the sense that they try different food cultures more than the majority, especially those who belong to lower social strata (Domański et al. 2015; Domański 2016). Thus food exclusion could play an important role in expressing or increasing their social and cultural capital. This effect is especially visible from the perspective of individuals who do not resign from eating any products, who discover something new from the food excluder and try it for them. For food excluders this gives additional value to their everyday struggle to acquire appropriate food and gives them access to exclusive networks, communities, social bonds, and even intimacy connected with eating. In fact, they do not experience social exclusion. Food can be chosen to express oneself in many theoretical approaches. According to our research, despite those individualistic features food exclusion is not associated with solitary practices, detached from the circles of family and friends. Even if food practices contest family traditions or stem from medical reasons, individuals seek and form new groups based on trust and intimacy, including collective food practices, and their family members display some culinary transformations as well. As a result food excluders find companions similar to them or encourage empathy toward their particular culinary needs, and in this way they contribute to the development of social skills connected with taste diversity management. Their fascination with new products and flavours that were not available before open new consumption paths and a chance to make new choices not only for themselves, but also for others. It is probable that everyday food experts will account for an increasingly more significant group in the social world.

We recognize two important social limitations to the expansion of these processes. The first is that they are fairly elitist and for many reasons are not accessible to lower social strata. The second is that they work best when they are voluntary. If they become an institutional obligation, their developmental, social and cultural potential may be lost. All of the processes described above involve the creation of a new relationship with the human body as well as new definitions of pleasure and taste, where not abundance and satiation but the exclusion of some foods is both a collective and individual gain. Obviously, the study presented in this paper does not exhaust the problem of elimination diets or food exclusions, but in our opinion it emphasises the fact that although the embodied experience of food exclusion is individual, it assumes a collective potential which may gradually change even larger social and material structures of the world, with a more visible feminine trait.

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SPOŁECZNE KONTEKSTY WYKLUCZEŃ POKARMOWYCH

Niniejszy artykuł dotyczy problemów, z jakimi borykają się ludzie wyłączający pewne grupy produktów z codziennej diety. Wykluczenia te wynikają z różnych przyczyn i dotyczą szeregu codziennych praktyk materialnych oraz społecznych. Celem niniejszego artykułu jest zbadanie, w jaki sposób dieta eliminacyjna jest praktykowana i wyjaśniana na co dzień, a także opisanie konkretnych strategii i technik stosowanych przez osoby wykluczające pokarmy w różnych sytuacjach społecznych. Empiryczną podstawą badania jakościowego jest zbiór ośmiu przypadków szczegółowych obserwacji, połączonych z pogłębionymi wywiadami przeprowadzonymi z mającymi wyższe wykształcenie mieszkańcami miast w północnej Polsce.

Wyniki badań pozwoliły na pogłębienie rozumienia znaczenia radykalnych zmian diety, które z wyjątkiem wybranych przypadków nie prowadziły do ukształtowania samotnych rutyn odżywiania się. Wykluczenia pokarmowe stawały się tematem i podstawą ożywionych interakcji, skierowania uwagi na innych i dostosowywania się do ich potrzeb, próbowania nowych produktów, potraw i sposobów przyrządzania. Nawet jeśli rezygnacja z popularnych pokarmów była początkowo kłopotliwa, z czasem dawała pozycję eksperta, nierzadko prowadzącego innych do zmiany wiedzy, gustów i codziennych praktyk.

Słowa kluczowe: praktyka żywnościowa, badania żywności, badania jakościowe, Polska