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Inclusion of the excluded:

Consumers' quest for hedonism in food consumption

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ABSTRACT

Prior research has shown that practices in aesthetically oriented cultures of consumption are orchestrated by hegemonic taste regimes. Adherence to such regimes may be challenging for some consumers such as those with food intolerances, though, exposing them to the potential social stigma invoked by non-adherence.

This article investigates how consumers with food intolerance strive to adhere to hegemonic taste regimes and avoid social stigma through a qualitative study of the quest of Danish consumers with histamine intolerance to derive pleasure from hedonic food consumption. Four coping strategies are identified: *experimenting* in an exploration of the liminal space between consumable and non-consumable foods, *substituting* non-tolerable foods by safe ones, *facilitating* consumption of non-tolerable foods through the use of medical and technological aids, and *prioritizing* practices of hedonic food consumption over adverse bodily reactions. These coping strategies are conjectured to be generalizable in the context of other aesthetically oriented (sub-)cultures of consumption and suggest an alternative perspective on hedonism as minimization of loss of pleasure rather than as maximization of pleasure.

The implications of the findings extend beyond the context of hedonic food consumption, though, presenting empirical evidence for and nuancing recent extensions of Goffman's theory of social stigma and providing insights on the relation between public stigma and self-stigma, on how taste regimes can be experienced as exclusive and oppressive, and on how social stigma positively reinforces hegemonic taste regimes.

KEYWORDS: Taste regimes, social stigma, hedonic consumption, food intolerances, food consumption.

INTRODUCTION

In recent history, the consumption of food in the Western world has shifted focus from availability and scarcity to pleasure (Holbrook and Hirschman, 1982). Social norms of what constitutes pleasure in food consumption shape and are shaped by our culturally contextualized consumption practices (Bardhi et al., 2010). These practices of hedonic food consumption are orchestrated by “discursively constructed normative systems” referred to as “taste regimes” (Arsel and Bean, 2013).

Non-adherence to the hegemonic taste regime for hedonic food consumption in a given cultural context is often perceived as deviant and can lead to social stigma. The reasons for non-adherence span a wide spectrum. On one end, some consumers may experience life-threatening anaphylactic shocks caused by allergic reactions to ingredients such as peanuts (Hefle et al., 2007) or severe and potentially chronic implications in the case of celiac disease (Ludvigsson et al., 2006). Even though adherence to the hegemonic taste regime is not a choice for such consumers, they are prone to be socially stigmatized (Dean et al., 2016; Schroeder and Mowen, 2014). On the other end, some consumers choose to adhere to alternative taste regimes such as veganism (Twine, 2018) instead of the hegemonic one, likewise exposing themselves to the risk of social stigma (Markowski and Roxburgh, 2019).

In between forced and voluntary non-adherence, there is a substantial liminal space of consumers with less severe food intolerances. A recent large-scale study of the prevalence of such food intolerances among healthy adults found that nearly two-thirds were intolerant to at least one of the 14 categories of food considered (Zheng et al., 2019). Many consumers with food intolerances experience immediate but non-life-threatening adverse bodily reactions such as gastrointestinal discomfort, skin rashes, or migraine when adhering to taste regimes revolving around hedonic food consumption (Ortolani et al., 1999). For such consumers, adherence becomes a dilemma of balancing between the physical, emotional, and social

dimensions of food well-being (Block et al., 2011) in the form of bodily reactions, visceral pleasure, and social-experiential pleasure grounded in practices of hedonic food consumption.

Extant research on food allergies and intolerances often takes a biomedical perspective (Nettleton et al., 2009) or deals with retail and marketing aspects such as food labelling (Voordouw et al., 2009). Consumer research on non-adherence to taste regimes typically focuses on issues such as food moralities (Askegaard et al., 2014) and anti-consumption (Black and Cherrier, 2010), while research on hedonic food consumption considers its connection to healthy eating (Cornil and Chandon, 2016b) or aesthetic aspects such as portion size (Cornil and Chandon, 2016a) and taste (Crollic and Janiszewski, 2016).

This article aims to investigate *how consumers with food intolerances strive to adhere to hegemonic taste regimes and avoid social stigma*. As a particular case, this article studies the quest of Danish consumers with histamine intolerance (Maintz and Novak, 2007) to derive pleasure from hedonic food consumption, identifying four coping strategies that facilitate consumers' (partial) adherence to the relevant Danish hegemonic taste regime.

The results of the study inform our understanding of social stigma, taste regimes, and their interrelation by presenting empirical evidence for and nuancing recent extensions of Goffman's theory of social stigma and providing insights on the relation between public stigma and self-stigma, on how taste regimes can be experienced as exclusive and oppressive, and on how social stigma positively reinforces hegemonic taste regimes.

THEORETICAL BACKGROUND

This section presents hedonic food consumption as a taste regime, connects food consumption and well-being, and introduces social stigma and coping strategies.

Taste regimes and hedonic food consumption

Arsel and Bean (2013) describe aesthetically oriented cultures of consumption as regulated by “discursively constructed normative systems”. They call these systems “taste regimes”, which are socio-historically constructed and sustained by the orchestration of specific consumption practices. Taste regimes shape preferences for these practices and are perpetuated by cultural inertia and marketplace institutions such as media and brands.

Practices can be viewed as a triad of *objects*, *doings* with these objects, and their *meanings* (Magaudda, 2011). Arsel and Bean (2013) provide a model for explaining how specific consumption practices are orchestrated by taste regimes through three abstract dispersed practices: *problematization* negotiates between objects and their meanings; *ritualization* aligns objects with doings; *instrumentalization* actualizes meanings from objects and doings. These abstract practices are incorporated into integrative practices such as domestic consumption.

In a given culture of consumption, one often finds a hegemonic taste regime that most consumers adhere to. Consumers are not passively subjected to this hegemonic taste regime, though, and may instead choose to adopt the norms of certain subcultures of consumption (Schouten and McAlexander, 1995), temporarily breaking out of existing institutional structures (Kozinets, 2002) or shaping new (Muniz and O’Guinn, 2001) or even controversial meanings (Kozinets and Handelman, 2004). Consumer research has shown how consumers can construct their own normative systems through e.g. voluntary simplicity (Shaw and Newholm, 2002), anti-consumption (Black and Cherrier, 2010), or ethical consumption (Grauel, 2016).

The cultures pertaining to hedonic food consumption are instances of aesthetically oriented cultures of consumption. Coveney (2006, p. 113) argues that “choice and the freedom to choose have become a part of the normative category of food”. Research on food

consumption is moving from “an emphasis on restraint and restrictions toward a more positive, holistic understanding of the role of food in a person’s overall well-being” (Block et al., 2011: 5), paving the way for Askegaard et al.’s (2014) insight that food pleasure has not only sensory but also aesthetic layers. Warde (2014: 288) likewise argues that “eating necessarily addresses both physiological and aesthetic aspects of taste”. Cornil and Chandon (2016b, p. 52) describe “the enduring pleasure derived from the aesthetic appreciation of the sensory and symbolic value of food”.

These aesthetic layers are highly context-dependent, where the objects, doings and meanings constituting the consumption practices are subject to different cultural norms. While pleasure in food was linked to overindulgence, affluence, and overwhelming sensory experiences in Roman times, pleasure was associated with simplicity and restraint during Ascetic Protestantism in the 18th and 19th century (Coveney, 2006). Recently, ideas around “slow food” have led consumers to reject the fast-paced production and consumption of food items (Tencati and Zsolnai, 2012). Likewise, in some contexts, we find an increasing emphasis on small portions and exquisite taste (Crollic and Janiszewski, 2016). Consumers value and choose locally produced foods in places where they are accessible (Czarnecki et al., 2020). Vegetarians and vegans adhere to an understanding of pleasure that is not based on meat consumption, voluntarily not adhering to hegemonic taste regimes encouraging meat consumption (Askegaard et al., 2014).

Food consumption and well-being

Cornil and Chandon (2016a, p. 848) observe a paradigm shift from “food as health” to “food as well-being” and find hedonic food consumption correlated with “with greater well-being” (Cornil and Chandon, 2016b: 53). Block et al. (2011, p. 6) view “food well-being” as the “positive psychological, physical, emotional, and social relationship with food at the individual and societal levels”. Some practices of hedonic food consumption orchestrated by

taste regimes are not well-aligned with consumers' increasing focus on health and well-being (Kashif, 2019), though. Consumers exhibit a desire for healthy foods (Rana and Paul, 2020) but have previously been found to associate them with being less tasty and less nourishing (Finkelstein and Fishbach, 2010), embodying practices of healthy eating through experiences and feelings (Kristensen et al., 2013). The choice to indulge in tasty foods can be framed as a matter of consumer self-control (Haws et al., 2016) and as catalysed by sadness (Munichor and Friedlander, 2019).

Consuming food potentially detrimental to one's physical and mental health may result in a wide spectrum of consequences. On one end, consumers may have guilty conscience regarding eating a piece of chocolate cake (Haws et al., 2016) or drinking alcohol despite religious taboos (McAlexander et al., 2014). Here, the consumers can perform practices orchestrated by a taste regime that encourages the consumption of chocolate cakes or alcohol without facing any immediate retribution in the form of negative bodily reactions.

However, for consumers that are facing physiological constraints, well-being is intrinsically and intimately connected to health: pregnant women are exposed to strict dietary guidelines (Lupton, 2013), consumers suffer from food allergies (Voordouw et al., 2009), and consumers with food intolerances are conditioned to avoid certain foods or ingredients, classifying foods as either "vices or virtues" (Cornil and Chandon, 2016a: 862). While hegemonic taste regimes "place pressure on individuals to conform to broader social norms" regarding hedonic food consumption (Haeusermann, 2015: 369), consumers with physiological constraints such as food intolerances are challenged to participate in the consumption practices encouraged by their adherence to these regimes.

Social stigma and coping strategies

Non-adherence to hegemonic taste regimes regarding food consumption has the potential to invoke social stigma (Dean et al., 2016; Markowski and Roxburgh, 2019; Schroeder and

Mowen, 2014). Goffman's (1963) social stigma can succinctly be described as a social difference that when recognized leads to a devaluation and "spoiled social identity". Goffman distinguishes between sympathetic and hostile "others", who react with acceptance and hostility, respectively. The management of social stigma then typically revolves around avoiding "as many hostile others as possible, either by retreating to the company of other stigmatized people or by attempting to pass as 'normal'" but can also involve standing "in the way of hostile views of others in an attempt to educate them" (Orne, 2013: 230).

Social stigma can be subdivided into four types (Bos et al., 2013: 2): *public stigma* as the "social and psychological reactions" to social difference; *self-stigma* as the "social and psychological impact of possessing a stigma"; *stigma by association* as the "social and psychological reactions to people associated with a stigmatized person"; and *structural stigma* as the "legitimization and perpetuation of a stigmatized status by society's institutions and ideological systems".

Public stigma is based on the "cognitive representations that people (perceivers) hold regarding those who possess the stigmatized condition" (Bos et al., 2013: 2): *onset-controllability* as the level of personal responsibility of the stigmatized for the condition; *perceptions of norm violation* as the degree to which the stigmatized violates social norms; as well as *perceived severity* and *perceived dangerousness* of the condition itself. Self-stigma is impacted by how the stigmatized is treated (*enacted stigma*) and how stigma is experienced and anticipated (*felt stigma*), and it is either visible (*discredited*) or concealable (*discreditable*).

Consumers adopt and develop coping strategies to "mitigate the negative psychological and social impact of stigmatization" (Bos et al., 2013: 3). Here, coping refers to both thoughts and actions enabling consumers to solve problems (Lazarus and Folkman, 1984). Coping strategies can be targeted at solving the problem or at the emotional reactions.

Lazarus and Folkman (1984, p. 154) refer to these as “problem-focused” and “emotion-focused” respectively.

Brunel and Pichon (2004) investigate coping strategies for reducing food-related risks, further subdividing coping strategies into inherent and handled risk reduction according to whether the risks are inherent to the product category or pertaining to a particular product. Nam (2019: 435) finds that food-related risk perception positively correlates with “information use and consumer rights” and negatively with “healthy eating and consumer responsibility”, indicating the potential of consumer responsabilization in the risk management of food consumption (Sadiq et al., 2020).

Specific coping strategies for food intolerances and allergies are studied extensively in the medical literature, for example in the context of young adults (Sampson et al., 2006). Voordouw et al. (2011, p. 385) conclude that “current food allergy coping strategies adopted by consumers are inadequate”, though, as they mostly revolve around restricting “dietary choices” based on food labels, largely ignoring aspects such as aesthetics and pleasure. Eldesouky et al. (2020) have shown that food labels alone are insufficient to markedly affect consumption behaviour in the context of sustainable food consumption.

Some coping strategies aim at destigmatization: Sandikci and Ger (2010) analyse how the practice of veiling in Turkey has been routinized and, consequently, destigmatized, while Scaraboto and Fischer (2013) study the phenomenon of “Fatshionistas”, showing how marginalized consumers fight stigma and seek for greater inclusion in the marketplace. In both cases, consumers attempt changing the public debate and the public perception associated with certain consumption practices, similar to how consumers with diabetes (Litchman et al., 2019) work towards destigmatization.

Social media and online communities are playing an important role in recent destigmatization processes. Scaraboto and Fischer (2013) describe how obese consumers

organize themselves online and Litchman et al. (2019) demonstrate how diabetes online communities influence the social stigma associated with the diagnosis. Kingod et al. (2017) find that consumers with diabetes engage with online communities for collective voice and mobilization (changing public perception), identity work (dealing with the shock of diagnosis), experiential knowledge sharing (dealing with their challenges), and social support and connectivity (finding others with similar challenges).

CONTEXT

The prevailing taste regime of hedonic food consumption in Denmark is rooted in a socio-culturally and socio-historically perpetuated normative system. Danish society can be portrayed as founded on “egalitarian individualism” (Bruun et al., 2011: 1), which cultivates strong social connections of distinctive individuals under the universal concept of *fællesskab* (community/social fellowship/relatedness). This concept applies to the micro-level, i.e., friends, neighbours, and colleagues; the meso-level, i.e., clubs and associations; and macro-level, i.e. Danish society at a whole (Bruun, 2011).

The most pervasive cultural concept is *hygge*, which has no direct translation and describes both a state of being and an activity. *Hygge* is about feeling cosy and homey as well as about “having fun in an easy-going yet not overly exciting way” (Linnet, 2011: 23). It is more of a vague feeling of an atmosphere, of “‘something’ that takes place in-between things and people” (Bille, 2015: 257). The hedonic consumption of foods and beverages is a crucial component of *hygge* (Emiliussen et al., 2017).

The culturally contextualized landscape of hedonic food consumption in Denmark is relatively homogenous, occupying a middle ground between the normlessness regarding food at the basis of the success of superfoods (MacGregor et al., 2018) and highly locally contextualized taste distinctions (Shani, 2019). Practices of hedonic food consumption in a

Danish context are built around particular foods as the objects, their ritualized consumption as the doings, and their pleasure associations as the meanings. For instance, enjoying a glass of beer or wine symbolizes a cosy experience described as Danish “red wine culture” by Emiliussen et al. (2017). Eating pickled herring and pickled vegetables (Andersen, 2018) vitalizes childhood memories, a kind of “food nostalgia”, which Pichon and Vignolles (2014, p. 229) call “a source of pleasure and joy”. Chocolate, coffee, and cookies are invited to all Danish celebrations and festivities (Wiking, 2016). Last, but not least, a pleasurable meal in the Danish context has to contain some kind of meat, often in the form of pork and bacon (Cracknell and Nobis, 1990).

Food	Pleasure associations
Wine	cosy, togetherness, festivity, relaxation
Beer	togetherness, refreshment, happiness
Coffee	cosy, homey, joy, togetherness, intimacy
Chocolate	tasty, joy, nostalgia, happiness, homey
Pork & bacon	togetherness, festivity, cosy, joy
Pickled herring/vegetables	nostalgia, festivity, togetherness, happiness, homey

Table 1. A selection of pleasurable foods in Denmark (Andersen, 2018; Cracknell and Nobis, 1990; Emiliussen et al., 2017; Wiking, 2016).

Table 1 provides an overview of some of the foods perceived and viewed as pleasurable in a Danish context. The prevailing Danish taste regime for hedonic food consumption orchestrates practices centred around these foods as the objects, their ritualized consumption in certain social settings as the doings, and their associations with hygge and social connection dominating their meanings. These foods are typically fermented, pickled, or matured in another way, making them inherently rich in histamine.

While the presented classes of pleasurable food constitute the dominating ones in everyday practices of social eating and holiday gatherings, the list is not exclusive as there are further pleasurable foods in the Danish context. As an example, consider gelatine-based

candies (Gram and Grønhøj, 2015), which also potentially create problems for HIT consumers. Their consumption is much more individual, not mandated by the prevailing taste regime, and, thus, easily avoided without repercussions.

Histamine is an organic compound both produced by the human body and consumed as part of everyday food intake and plays a vital role in the regulation of blood pressure, the sleep-wake cycle, and the immune system. Histamine levels surge in allergic reactions but are otherwise regulated by several enzymes. This regulation of histamine levels is disturbed in approximately 1% of the population (Maintz and Novak, 2007: 1185), causing a variety of symptoms ranging from rashes to migraines and anxiety.

Consumers affected by this condition, *histamine intolerance* (HIT), may be challenged to participate in the prevailing taste regime of hedonic food consumption, as the intake of foods rich in histamines would cause negative bodily reactions. Here, the understandings of pleasure are misaligned between the individual and the collective level. Nevertheless, consumers find little help from primary healthcare as, unlike in some other European countries, the condition is not officially recognized as a diagnosis in Denmark yet.

Some Danish consumers with HIT have created an association, the Histamine Intolerance association to spread information about living with the condition to fellow sufferers and the public. The association runs a closed online community as a closed Facebook group with approximately 750 active members. In the following, this community is referred to as the *HIT community* and its members as *HIT consumers*.

METHODS

To study the coping strategies of consumers challenged to participate in prevailing taste regimes of hedonic food consumption, a qualitative approach is highly applicable as it allows to “explore and identify” the subjective experiences and perspectives involved (Balfe et al.,

2010: 135) as well as to “understand the cultural nuances and subjective impact of stigmatization” (Bos et al., 2013: 6). This article follows the logic of the extended case study method (ECM) (Burawoy, 1998), which allows investigating people’s stories about their idiosyncratic lifeworlds and to connect it to macro-level constructs. This article focuses on a specific case (Flyvbjerg, 2016) that allows studying consumers’ coping strategies, namely the HIT community.

The data was collected through a combination of ethnographic and netnographic (Kozinets, 2015; Markham, 2013) methods. This allowed drawing on social media as a “useful source of information on social discourse” (Branthwaite and Patterson, 2011: 439) while supplementing the many “small stories” (i.e. idiosyncratic life stories) with “big stories” (Carù and Cova, 2008: 168) to accurately interpret “meanings, attitudes and motivations” (Branthwaite and Patterson, 2011: 439).

The researcher joined the HIT community in April 2015 and performed netnographic fieldwork for a period of 3 years, collecting material on the issue at hand by observations and building rapport with the members. The observations were mostly from a non-participant role and involved the daily monitoring of the Facebook group as well as participation in some activities such as polls and discussions. Becoming “Facebook friends” with some members allowed for an even deeper “immersion in participants’ lives” (Edirisingha et al., 2017: 424). The HIT community was aware of the researcher’s presence during this part of the data collection, which resulted in 286 pages of single-spaced written text and 57 pages of field notes (including observations & reflections).

Face-to-face interviews with HIT consumers conducted by the same researcher supplemented the netnographic data collected. The in-depth interviews were partially co-constructed in that the first few started with a thematic interview guide and then gradually became co-constructed conversations (Corbin and Morse, 2003). The interview guide was

constructed based on a preliminary analysis of the netnographic data and opened with grand tour questions and then zoomed into questions related to practices of hedonic food consumption and perceptions of inclusion and exclusion.

Informants for the interviews were recruited through purposive network sampling (Bernard, 2011) through the network of the members of the HIT community. After interviews with 13 informants were conducted, the additional data collected to a large degree supported rather than extended existing categorizations, indicating ‘theoretical saturation’ (Glaser and Strauss, 2009). This sample size is well-aligned with expectations for obtaining high confidence categorization results from qualitative interview data (Rowlands et al., 2016).

The 13 interviews (average time: 73 minutes) were recorded and transcribed verbatim. Informants consented to the publication of non-identifiable translated direct quotes. Given the sensitive nature of the data, best practices for de-identifying quotes from key informants were applied, including the splitting of unrelated accounts, the merging of related accounts, and the careful addition of noise to personal identifiers (Saunders et al., 2015). The equivalent and adequate rather than verbatim translation from Danish to English further contributes to making the presented quotes non-identifiable.

Table 2 provides an overview of the key informants, whose utterances in either the Facebook group or during interviews, or both, provide the backbone of the data presented and analyzed in this paper.

Pseudonym	Gender	Age	Occupation
Ditte	female	35	consultant
Flemming	male	43	construction worker
Gitte	female	55	real estate agent
Jane	female	38	brand manager
Jonna	female	73	retired railway conductor
Josefine	female	40	nurse
Kenneth	male	53	lodging manager
Martin	male	32	fitness instructor
Mette	female	64	retired

Rikke	female	57	teacher
Sarah	female	37	pharmaceutical assistant
Stine	female	31	shop assistant
Tove	female	72	retired

Table 2. HIT consumers representing the key informant pool recruited.

The data was coded in three stages. First, the netnographic data was initially analyzed using a text clustering software for identifying topics. Second, relevant excerpts, as well as interview transcriptions, were manually coded using open coding (Corbin and Strauss, 2014). These initial two stages of the data analysis resulted in an extensive set of codes that were consecutively grouped into higher-order codes (Glaser and Strauss, 2009) giving rise to the four themes of “experimenting”, “substituting”, “facilitating”, and “prioritizing”, resulting in the identification of the four coping strategies outlined in the findings section. A deductive element was introduced to the coding process by including codes following Arsel and Bean's (2013) model for taste regimes such as “objects”, “doings”, “meanings”, “problematization”, “ritualization”, and “instrumentalization” as well as codes following the distinction of four types of stigma (Bos et al., 2013) such as “public stigma”, “self-stigma”, “stigma by association”, and “structural stigma”.

The quotes presented in the following section have been selected as representative for recurring topics identified through the coding process. One challenge encountered was that informants rarely explicitly broached the social and psychological impact of their non-adherence, complicating the process of directly connecting specific utterances to concepts such as self-stigma and felt stigma. The trustworthiness of the findings, thus, had to be achieved through longitudinal immersion of the researcher in the HIT community, which facilitated the triangulation across different methods (Denzin, 1970). In particular, observations and reflections from the field notes proved profitable in qualifying the interpretation of the utterances of the informants.

FINDINGS

First and foremost, the analysis reveals that Danish HIT consumers indeed experience tension between their desire to adhere to the hegemonic taste regime for hedonic food consumption rooted in the Danish cultural context and the adverse bodily reactions experienced as a consequence of the orchestrated consumption practices. In the remainder of this section, this taste regime is simply referred to as *the hegemonic taste regime*.

Josefine described this tension rather implicitly when explaining the symptoms she was experiencing from consuming foods that are aligned with the hegemonic taste regime but rich in histamine:

Josefine: *My energy goes down; I get irritated and develop headaches. So, it's actually "easier" for me to keep the [histamine-free] diet. But how I wish I could enjoy a glass of wine and eat pickled onions!*

The triangulation with field notes from the in-depth interview with Josefine as well as observations of her interactions in the HIT community indicates that she wants to consume wine and pickled vegetables predominantly due to her desire to partake in the cosy atmosphere of social gatherings and only to a lesser degree due to the visceral sensory pleasure she would have derived from the taste of the foods.

Sarah hinted more explicitly at the importance of adherence to the hegemonic taste regime when she described her adverse bodily reactions to foods rich in histamine:

Sarah: *I even don't want to try [wine] if it ends with so much snot in my nose. My headaches and my sinuses become very blocked. I don't even take a single glass of wine at parties. And I would really like to enjoy a single one without symptoms.*

In further discussion, it became apparent that Sarah's desire to drink wine was entirely unconnected to its taste and in spite of her anticipation of adverse bodily reactions. Instead,

she wanted to avoid feeling excluded from the ritual of wine drinking commonly performed at social gatherings. Similarly, the inability to tolerate pickled herring proved challenging:

Tove: *I got rid of stomach pain from vinegar [by eliminating it from the diet], so the enjoyment of marinated herring disappeared at the same time.*

Following up on this utterance, the in-depth interview with Tove details how avoiding pickled foods not only denies her visceral sensory pleasure but also keeps her from participating fully in rituals of the hegemonic taste regime such as eating marinated herring for Christmas lunch. Tove experienced a lack of understanding from her social environment regarding her inability to consume marinated herring in the absence of a diagnosed condition.

The inability to adhere to the hegemonic taste regime not only has the potential to exclude HIT consumers from individual consumption practices but also to fully discourage them from participating in certain types of social gatherings:

Flemming: *My buddy has invited me to his birthday. I am considering cancelling on him - too many brewskis [beers] just make me feel bad. I can survive without brewskis - but those guys don't let you party without lots of brewskis. Sucks, but no sense for me to be there.*

The field notes detail that Flemming “anticipated being teased by his friends for not being a ‘real guy’”, i.e., for his inability to tolerate beer and adopt the associated doings and the ensuing devaluation of his status in the group. This felt stigma led to self-stigma and, ultimately, the avoidance of a situation with potential exposure to public stigma.

The importance of the experiential-social pleasure associated with adherence to the hegemonic taste regime formed a prevalent pattern among informants, which the field notes reflect on by summarizing that “informants clearly miss the ability to participate in rituals such as raising a glass of wine for a toast among a group of friends”. While HIT consumers were found to react in different ways to the foods that are the objects of the practices

orchestrated by the hegemonic taste regime, they were united by their problematization and ritualization of these foods, endowing them with a strong meaning of pleasure derived from social connection supplemented by the anticipation of stigma from non-adherence to the hegemonic taste regime.

The following four subsections outline the four coping strategies identified among HIT consumers that allow them to adhere to at least some degree to the hegemonic taste regime and avoid social stigma (see **Table 3** for a summary).

Coping strategy	Experimenting	Substituting	Facilitating	Prioritizing
<i>Key idea</i>	iterative explorations of the liminal space of consumable versus non-consumable*	substitution of non-consumable objects by indistinguishable replacements	enabling the consumption of non-consumable objects through mitigating aids	prioritizing the consumption of non-consumable objects over adverse reactions
<i>Implementation</i>	identification of a possible causal correlation between adverse bodily reactions and the objects consumed	identification or development of possible safe substitutes for non-consumable objects	applying medical or technological aids to alleviate the adverse bodily reactions from non-consumable objects	ignoring the adverse bodily reactions experienced from non-consumable objects
<i>Practical example</i>	identify ingredients of foods consumed and observe which of them cause adverse bodily reactions	drink rhubarb juice with vodka instead of red wine rich in histamines during social gatherings	ingest histamine-regulating enzymes that break down histamines before consuming foods rich in histamines	participate in the ritual of drinking a glass of red wine willfully ignoring the consequences
<i>Goal</i>	to minimize situations of non-adherence to the hegemonic taste regime	to keep intact the problematization of objects essential to the hegemonic taste regime	to keep the rituals and meanings of the hegemonic taste regime intact	to fully adhere to the hegemonic taste regime
<i>Stigma management</i>	consumers minimize public stigma and reduce self-stigma in the form of anticipated felt stigma	consumers avoid public stigma by concealing their stigmatizing condition	consumers avoid public stigma by concealing their stigmatizing condition and reduce self-stigma	consumers reduce self-stigma by decreasing internalized stigma and anticipated public stigma

* In the context of food intolerance, non-consumable objects are foods that cause adverse bodily reactions.

Table 3. Summary of four coping strategies allowing consumers with food intolerances to adhere to taste regimes and manage social stigma.

Experimenting strategy: Sceptical scrutiny in the body-as-a-laboratory

The experimenting strategy refers to iterative explorations of the liminal space of consumable versus non-consumable for HIT consumers. It is based on an investigation of the possible causal correlation between adverse bodily reactions and the objects ingested. This strategy aims for identifying and eliminating challenging objects and doings and otherwise for adhering to the maximum extent possible to the hegemonic taste regime.

In an attempt to identify which objects and doings to eliminate, some members of the HIT community turned to advice from third parties such as self-help books:

Stine: *I am crazy about the book and his [the author's] way of thinking – never mind how he gets his knowledge. Every day, [as recommended by the author] I add coriander, celery, and blueberries to my morning smoothie. And now I hope I will be better soon. I'm just so sensitive, and many of the recipes and vegetables he mentions I cannot tolerate. Tried one day to start with a little lemon in a glass of water – 3 days in bed with migraine, vomiting, fever symptoms and dizziness – ouch!*

According to the field notes, Stine “feels a lack of support from her general practitioner”. Instead, for support, she confided in the advice of a self-proclaimed food expert, whose problematization of foods made her rethink the objects and their ritualization of her food consumption practices. Even when faced with adverse effects, Stine felt encouraged to experiment on her body in the hope of breaking out of the “*crazy life*” she encountered daily due to HIT symptoms.

Other members use introspection to hypothesize and investigate suspicions regarding which foods cause them adverse bodily reactions:

Mette: *I discovered a rash after having eaten unhealthily. [...] Have had organic ice cream made of milk, guar gum and locust bean flour as a thickener, natural flavour,*

and citric acid. As well as pasta with tomato sauce, with soy and herbs including celery. I suspect [some ingredient of] the ice cream.

For Mette, ice cream was becoming problematized as an object of sceptical scrutiny, its meaning as tasty and pleasurable being conflated with her suspicion of its being the cause of her ailments. The process of eliminating and testing foods is a long and tedious one, and daily observations of the HIT community indicated that members commonly found support in exchanging and reflecting upon their experiences with other members.

The HIT community, thus, plays a major role as a safe space for open discussions with sympathetic others who experience similar stigma. Many members reassure each other as to which foods are safe to eat and which ones are not, often delaying consumption until others approve. Members accumulate individual experience, self-help books, and feedback from other members through a reflexive process resulting in personalized “no go” lists.

The experimenting strategy allows HIT consumers to maximize the number of situations in which they can adhere to the hegemonic taste regime and appear to be socially “normal”, in this way not only minimizing the public stigma experienced but also reducing self-stigma in the form of anticipated felt stigma.

Substituting strategy: Fake it and you will make it!

This strategy refers to substituting non-tolerable foods by safe ones in order to enable the participation in food consumption practices orchestrated by the hegemonic taste regime. In other words, consumers are replacing objects in an attempt to keep doings and meanings intact and avoid stigmatization in the context of joint meals during social gatherings.

For instance, consider vinegar as a central ingredient to the pickled foods that constitute important objects of the hegemonic taste regime. While most HIT consumers experience adverse bodily reactions to the consumption of pickled foods and reluctantly

eliminate them from their consumption practices, some members of the HIT community found creative ways of producing pickled herring and other pickled foods, replacing vinegar with oil:

Rikke: *I cannot tolerate it [pickled herring], but just “pickle” things in olive oil. Now my family does not eat anything else!*

In her quest for gaining experiential-social pleasure from being able to participate in rituals involving pickled foods, Rikke involves her family members, turning them into accomplices and eliminating traditional pickled foods from their diet, too. For Rikke, it is crucial that consuming substituted foods allows her family to jointly adhere to the practices orchestrated by the hegemonic taste regime. This substitution decreases the social differences in the family context and, thus, contributes to reducing Rikke’s self-stigma.

The desire to actualize the meaning of togetherness inherent to the hegemonic taste regime is also driving other members, who avoid products rich in histamine, to look for substitutes. For Jonna, it was also important to uphold social traditions and feel included. Thus, she posted the following request for help in the community:

Jonna: *My husband and I are going on an extended weekend with some siblings; we have done that for many years. It's about hygge, good food, games, long walks, and then some of the wet goods [alcoholic beverages]. But beer and wine are on my “no go” list. So, now I ask myself if there are any of you who know about wines or beers that I can drink and be pretty symptom-free afterwards.*

This request yielded a variety of recommendations for objects and associated doings from other community members, ranging from substituting with alcohol-free beers and wines to substituting with wines low in histamine or even self-producing a red-coloured alcoholic beverage served in wine glasses: “*vodka with cranberry juice*” or “*vodka and rhubarb juice*”.

The substituting strategy allows for keeping the problematization of foods associated with experiential-social meaning intact at the cost of the sensory pleasure from the taste of the substituted objects. HIT consumers are, thus, enabled to pretend to adhere to the hegemonic taste regime, conceal their stigmatizing condition, and in this way avoid public stigma.

Facilitating strategy: the thrill of the pill

The facilitating strategy relies on the use of medical or technological aids to counteract consumers' challenges in performing practices orchestrated by the hegemonic taste regime. HIT consumers applying this strategy use nutritional supplements, over-the-counter antihistamines, and probiotics in order to alleviate adverse bodily reactions when adhering to the hegemonic taste regime.

This strategy is particularly applicable in situations where histamine-free or low-histamine substitutes are not available or desired, for example when consumers go out for joint meals or participate in other social gatherings:

Gitte: *If I know that I want to eat something that is problematic because of histamine, I take one pill [of ABC] about half an hour before [eating].*

Pills containing ABC (name changed) are officially classified as nutritional supplements and supply an enzyme to help the body to break down histamine. The field notes summarize that the consumption of pills “allows some members to lessen the impact of consuming pleasurable foods and to conform to social norms during joint meals”.

Some HIT consumers rely on over-the-counter antihistamines commonly applied to treat allergic reactions in situations where ABC pills are not applicable:

Kenneth: *I usually avoid intake of histamine-containing foods, but in exceptional cases, when I choose for example to drink alcohol for a party, I first take a 180mg antihistamine. Be aware that you must not drink alcohol after ABC.*

The effectiveness of these two aids is unclear, though. When asked about their experience with them, informants are split almost equally between “*they have no effect on me*” and “*very effective*”. Beyond evaluation of their effectiveness, some members remind that the use of medical aids can lead to unintended and sometimes dangerous side-effects. One member reflects on his experience of trying to control HIT through self-treatment with probiotics:

Martin: *One should be especially careful with lactic acid bacteria. I really used that a lot. Some friends brought an expensive glass of lactic acid bacteria because they are supposed to be so amazing, but I just got sick [from them]. When I got the right lactic acid bacteria and C vitamins, my world changed for the better!*

Apparently, the bacteria contained by the first type of probiotics were contributing to the production of histamines in Martin’s intestines, proving detrimental rather than facilitating to his well-being in the process.

The facilitating strategy allows HIT consumers for whom medication is effective to derive both experiential-social pleasure and visceral sensory pleasure when consuming foods rich in histamine. In other words, these consumers can consume and perform the objects and doings orchestrated by the hegemonic taste regime, effectively allowing them to keep its rituals and meanings intact. By fully adhering to the hegemonic taste regime, consumers can conceal their condition and avoid the associated social stigma.

Prioritizing strategy: ready to pay the price

This strategy refers to prioritizing the performance of practices orchestrated by the hegemonic taste regime over negative bodily reactions. It demonstrates that willful ignorance

of adverse bodily reactions is a viable option for some HIT consumers who wish to fully adhere to the hegemonic taste regime and avoid social stigma.

Jane occasionally pursued the meaning of a “good cup of coffee” as part of the social-experiential pleasure of “enjoying a moment” while being well aware of the inevitable repercussions of her doings:

Jane: *There are salicylates in coffee – many aren't aware of this. [...] Coffee gives me swellings and a red rash at the nose as well as brain fog. But how unbearable it is not to be able to enjoy a cup of coffee. Of course, I do this from time to time, and then I pay the price.*

Jane consciously prioritized adherence to the prevailing taste regime over the suffering from adverse bodily reactions. Another member of the HIT community described a similar approach:

Ditte: *I do avoid high doses of lactose, but I still want to enjoy my food. I can enjoy a good ice cream, and afterwards, maybe have some discomfort in my stomach.*

In further discussion, it becomes clear that Ditte normally tolerates histamine but is lactose intolerant and prone to a cross-reaction with lactose, i.e., she becomes very sensitive to histamine when consuming lactose concurrently.

Her choice to prioritize adherence to the hegemonic taste regime and to accept the consequences helps her to conform to social norms during joint meals – at least as long as the hosts are unaware of her food intolerances:

Ditte: *We were invited to my husband's employee's wedding. And the groom asked my husband whether we have any allergies or intolerances. My husband mentioned that I do have lactose intolerance but do not want or need any special menu.*

Ditte's husband was aware of her priorities, but just mentioning her intolerance was enough to expose her to a situation, which she experienced as stigmatizing:

Ditte: *The food for the wedding dinner was served nicely in a fancy restaurant, decorated with flowers, and I was looking forward to getting my dish. And after all guests at our table got their normal menu, the waitress came with a special serving and asked who is eating lactose-free. It was ordered specially for me.*

Feeling excluded from consuming the objects encouraged by the hegemonic taste regime but still desiring to derive meanings related to the ideal of joint festive meals, Ditte forced herself to eat what was served:

Ditte: *I was sad, disappointed, and slightly angry with my husband because I was looking forward to trying the same menu which others had, to be part of the group, and to enjoy the normal taste of the food. I, of course, ate what was served, but I did not enjoy it. It was only good for my body. It was restricted - in taste - the normal food tasted and looked better.*

The field notes describe that Ditte was not at all interested to be recognized as suffering from a food intolerance. Quite to the contrary, she wants to be recognized as “normal” and “part of the team”. Ditte, thus, felt stigmatized in at least two ways: from being once more reminded of her food intolerance as well as from the unsought exposure of her discreditable condition to the other guests present.

HIT consumers employing the prioritizing strategy opt for adhering to the hegemonic taste regime and the full experiential-social and sensory pleasure at the cost of ignoring and suffering from adverse bodily reactions. This reduces self-stigma by decreasing internalized stigma from being socially different and felt self-stigma from anticipating public stigma.

Spectrum of coping strategies: temporality and situationality

The long-term immersion of the researcher provided a longitudinal element to the study, allowing not only to understand the motivation behind but also to uncover a pattern of how consumers adopt and develop the coping strategies visualized in **Figure 1**.

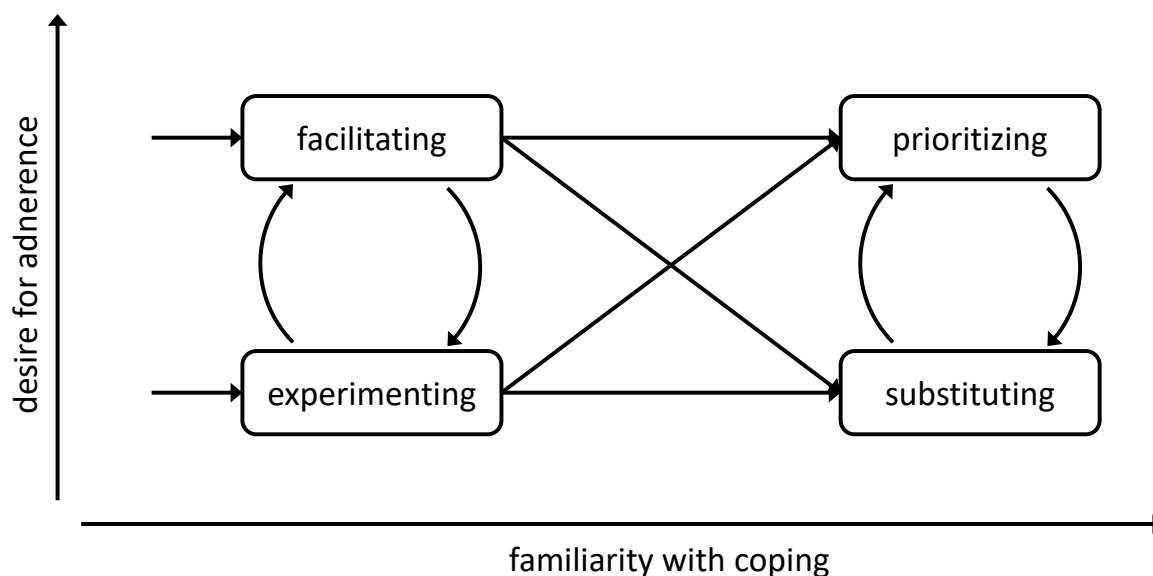


Figure 1. Spectrum of coping strategies.

The HIT community was continuously integrating new members during the three years of field research. Most newcomers started by figuring out which foods cause adverse bodily reactions or by trying to control the reactions with medication, i.e., by applying the experimenting or facilitating strategies. More experienced members often moved to careful prioritization or substitution, depending on the emphasis they place on adhering to the hegemonic taste regime as well as on experiencing visceral sensory pleasure. The four coping strategies were not mutually exclusive but rather situational, i.e., some HIT consumers were found to apply different strategies in different situations, depending on their anticipation of social stigma and the degree to which they sought to avoid it.

DISCUSSION

The findings of this article on consumers with food intolerances ought to be directly applicable to research on other consumers groups exposed to dietary constraints. Vulnerable consumers (Hare et al., 2013) such as elderly consumers are often confronted with changing nutritional needs (Mol et al., 2010), challenging their adherence to hegemonic taste regimes of food consumption, thereby exposing them to the risk of social stigma. Likewise, pregnant and breastfeeding women are exposed to dietary guidelines discouraging the consumption of certain foods such as those containing alcohol (Lupton, 2013). The four coping strategies identified have the potential to aid our understanding of how such consumers strive to derive both visceral sensory and experiential-social pleasure from their food consumption and avoid stigmatization from non-adherence to hegemonic taste regimes for hedonic food consumption.

Beyond the context of hedonic food consumption, the findings of this article can also be applied to the study of other aesthetically oriented sub-cultures of consumption. Schouten and McAlexander (1995) describe such a sub-cultured revolving around the Harley Davidson brand of motorcycles. Consider consumers participating in the hegemonic taste regime of this sub-culture who suffer from spinal arthritis. Such consumers might find themselves severely challenged to perform ride outs and other practices orchestrated by that taste regime. The four coping strategies are also applicable in this case: riders might experiment with how long and in what way they can ride their bike, they might substitute riding the bike by sitting in someone else's sidecar, they might facilitate their riding by special shock-absorbing motorcycle seat pads or might prioritize the pleasure derived from adhering to the taste regime over the suffering from the ensuing back pain.

Non-adherence to taste regimes: from self-stigma to public stigma

When consumers with food intolerances do not adhere to hegemonic taste regimes for hedonic food consumption, the public stigma incurred is a result of high perceived onset-controllability (lack of legitimized reasons for avoiding certain foods) and strong perceptions of norm violations (participation in the rituals of social gatherings is quasi-mandatory). The public stigma is supplemented by self-stigma, with consumers feeling devalued by their inability to derive pleasure from tasty foods and even excluding themselves from social gatherings in anticipation of public stigma.

The four coping strategies identified constitute consumers' approach to managing social stigma. While Orne (2013) finds confrontation and education as a motivation for stigma management beyond the desire to mitigate and avoid hostile reactions, this article finds an additional motivation in the avoidance of sympathetic reactions. This motivation is demonstrated in the section on the prioritizing strategy, where the consumers intend to avoid any kind of reaction – hostile or sympathetic.

Orne (2013: 231) further finds that Goffman “homogenizes stigmatized group”, arguing that queer people constitute a heterogenous group of, amongst others, lesbians, gays, and bisexuals, and that members of the stigmatized group do not necessarily represent “sympathetic others” to the stigmatized individual. This article exemplifies another highly heterogeneous stigmatized group: the HIT community, which recognizes no less than 48 different intolerances (Schneider-Kamp and Kristensen, 2019). Despite this heterogeneity, this article found members of the community nevertheless to constitute “sympathetic others” in all the observed interactions.

One reason for this might be that the identity work of members of the HIT community takes its onset in a feeling of relief of belonging to a group of similarly challenged consumers rather than the shock of diagnosis observed regarding chronic illnesses (Kingod et al., 2017).

HIT consumers' experiential knowledge sharing concerns not only problem-solving but also joint health knowledge production (Schneider-Kamp and Kristensen, 2019). Most prominently, though, HIT consumers rely on the community for social support and connectivity regarding minimizing feelings of exclusions and coping with social stigmatization from non-adherence to hegemonic taste regimes.

Comparing the HIT community to the online health communities studied by Kingod et al. (2017), other main immediate differences are the absence of a clear diagnosis of HIT and the de-facto absence of public stigma associated with the condition itself rather than its social implications such as non-adherence to hegemonic taste regimes. The latter could be understood by extending Orne's (2013) one-dimensional continuum between the extreme points of acceptance and hostility with a third extreme point of ignorance.

Public stigma requires a "shared frame of reference between normals and the stigmatized" (Orne, 2013: 232). Like Scaraboto and Fischer's (2013) community of "fatshionistas" and the diabetes communities studied by Litchman et al. (2019), the HIT community uses their collective voice in an attempt to create such a shared frame of reference by increasing awareness of HIT and fighting for its recognition as a legitimate diagnosis in the hope of reducing the public stigma of HIT consumers. It remains to be seen whether this activism will actually reduce public stigma or just move it towards the condition itself as for celiac disease and food allergies (Dean et al., 2016; Schroeder and Mowen, 2014).

When studying food intolerances and hegemonic taste regimes for hedonic food consumption, the pursuit of pleasure complexifies the picture. While Balfe et al. (2010) identified concealment as the goal of stigma management of young women in the context of chlamydia testing, this article found HIT consumers to be motivated also by a desire for hedonism such as the experiential-social and visceral sensory pleasure of consuming (alcoholic) beverages. Thus, while the pursuit of pleasure through adherence to hegemonic

taste regimes is closely linked to the avoidance of stigma resulting from non-adherence, just like prejudice and stigma (Bos et al., 2013: 2), these two aspects remain inherently different.

The concept of taste regimes (Arsel and Bean, 2013) established in consumer research provides an interdisciplinary perspective where the normative systems that comprise the regimes contribute to structural stigma. Furthermore, this perspective allows to nuance our understanding of “the relationship between self-stigma and public stigma” and, in particular, whether “reductions in self-stigma from, for example, the acquisition of effective coping mechanisms impact public stigma” (Bos et al., 2013: 6). The findings of this article provide evidence that reductions in self-stigma through the identified four coping strategies facilitate increased adherence to hegemonic taste regimes and, thereby, result in a reduction of public stigma, too.

The dark side of taste regimes: from empowerment to oppression

Taste regimes are often portrayed as voluntary, inclusive, and empowering, allowing consumers to maximize pleasure through hedonic consumption (Alba and Williams, 2013). Maciel and Wallendorf (2017) investigate how craft beer aficionados work towards increasing their relevant cultural competences to become connoisseurs. Robinson and Lundahl (2019) describe how voluntary veganism contributes to the empowerment of upwardly mobile consumers. In these contexts, hedonism as the pursuit of pleasure is clearly equated with the maximization of visceral sensory and experiential-social pleasure from consumption.

Food intolerances affect consumers’ problematization as it alters the meaning of objects and doings, leading to a misalignment with the ritualization and instrumentalization of hegemonic socio-culturally mandated and socio-historically perpetuated taste regimes. This article, thus, demonstrates that taste regimes in the spirit of Arsel and Bean (2013) can also be experienced as exclusive and oppressive rather than inclusive and empowering. Consumers

with food intolerances were found to employ coping strategies with the ideal goal of deriving the same level of pleasure from consumption practices compared to non-deviant consumers. In other words, instead of maximizing overall pleasure without an upper limit, consumers with food intolerances strive to minimize the overall loss of pleasure compared to a relational baseline.

As touched on in the introduction, the literature contains ample empirical evidence that non-adherence to hegemonic taste regimes of hedonic food consumption exposes consumers to social stigmatization both when non-adherence is forced (Dean et al., 2016; Schroeder and Mowen, 2014) and when it is voluntary (Markowski and Roxburgh, 2019). Such food resistance constructs consumers identities (Cronin et al., 2014) and, eventually, establishes alternative taste regimes (Robinson and Lundahl, 2019), negatively reinforcing hegemonic taste regimes for hedonic food consumption in the process.

In contrast, in the liminal space populated by consumers with food intolerances, who are challenged by but not forcibly excluded from adherence to hegemonic taste regimes, the findings of this article paint another picture. Many consumers with food intolerances strive to adhere to hegemonic taste regimes to the maximum extent possible, presumably fuelled by the “fire of desire” for the unattainable (Belk et al., 2003) that happens to be just out of reach for these consumers. In an attempt to reduce self-stigma and avoid anticipated public stigma, these consumers pursue a “normal” identity, positively reinforcing the very same hegemonic taste regimes that oppress and stigmatize them in the first place.

CONCLUSION

This article identified four coping strategies that consumers with food intolerances employ when striving to adhere to hegemonic taste regimes for hedonic food consumption and avoid social stigma: *experimenting* in an exploration of the liminal space between consumable and

non-consumable foods, *substituting* non-tolerable foods by safe ones, *facilitating* consumption of non-tolerable foods through the use of medical and technological aids, and *prioritizing* practices of hedonic food consumption over negative bodily reactions. These strategies are conjectured to be generalizable to other aesthetically oriented (sub-)cultures of consumption and suggest an alternative perspective on hedonism as minimization of loss of pleasure rather than as maximization of pleasure, facilitating viewing hedonic consumption as driven by relative, normative, and relational rather than absolute measures of pleasure.

These findings inform our understanding of social stigma, taste regimes, and their interrelation. First, this article provides empirical evidence for and nuances recent extensions of Goffman's theory of social stigma regarding the heterogeneity of stigmatized groups and motivations for stigma management. Second, it provides insights on the relation between public stigma and self-stigma, in particular how a reduction of the latter can impact the former. Third, it demonstrates that taste regimes can be experienced as exclusive and oppressive rather than inclusive and empowering. Fourth and last, it demonstrates how social stigma positively reinforces hegemonic taste regimes.

Directions for future research

This article has revealed that specifically HIT consumers represent an existing but rather invisible market segment with a real demand for histamine-free products, of which there currently is only a very limited supply. More generally, it has demonstrated the potential of employing taste regimes as a framework for nuancing our understanding of the substituting and free-from foods markets beyond concerns for safety and labelling (Voordouw et al., 2009). As taste regimes are highly context-dependent, future research could investigate the universality and specificity of the identified coping strategies through cross-contextual and cross-cultural analysis in the spirit of Ferraris et al.'s (2019) study of cause-related marketing.

Furthermore, the current work could be extended by taking consumers' social and cultural capital into account in order to investigate aspects such as how cultural capital influences the cognitive representations of public stigma and its relation to self-stigma through changes to the perceptions of norm violations. In the context of food intolerances and similar contexts of health and well-being, such an investigation could benefit from assuming a perspective of health as capital (Schneider-Kamp, 2020) that allows for understanding health-related practices as driven by consumers' quest for obtaining recognition and status in a variety of social fields.

Finally, another line of research could continue the critical scrutinization of taste regimes undertaken in this article by studying the dual nature of taste regimes as empowering, on one side, and oppressive, on the other side. This has the potential to nuance our understanding of normative control in and social reproduction of aesthetically oriented sub-cultures of consumption, ranging from youth and fitness culture to queer and religious culture.

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