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Food and Diabetes: Constructing a Diabetic Identity Through Food

FOOD AND DIABETES: CONSTRUCTING A DIABETIC IDENTITY THROUGH FOOD

Heather Alpino

I was compelled to write this paper because of my seventeen years as a diabetic. Diagnosed with Type I diabetes at the age of four, I have often struggled with my love of food and the fact that food can also be my worst enemy because of the medical consequences related to its consumption. In addition to the academic and research goals explained below, this project served as a way for me to connect with other diabetics, thus forming a small diabetic community at the University of Pennsylvania. Not only was it enlightening and helpful to hear about the subjects' life experiences as diabetics, this project forged a bond between the interviewer and interviewee, and every person with whom I spoke thanked me for this opportunity to discuss issues pertinent to their lives that they could not openly speak about with their non-diabetic friends.

In her article *Food and Emotion*, Deborah Lupton writes: "Food and eating are central to our subjectivity, or sense of self, and our experience of embodiment, or the ways that we live in and through our bodies, which itself is inextricably linked with subjectivity" (2005, p. 317). Food has important characteristics that allow people to fashion their identities around what they eat. The foods that parents feed their children, for example, can play fundamental roles in the adults their children will become, instilling in them important cultural values at the national, and, more specifically, the familial level. Examples of this include Anne Allison's discussion of Japanese mothers and obentos (2008) and chapters of E.N. Anderson's *Everyone Eats: Understanding Food and Culture* (2005). In this paper, I will show how substituting certain foods in favor of more diabetic-friendly foods changes the cultural histories that are transmitted from generation to generation as well as among people of the same generation. This occurs because having a diet different than that of most eaters plays an important role in shaping the individual identities of diabetics, distinct from their larger social setting.

Subscribing to culturally-accepted food choices symbolizes one's identification with that group and demonstrates control over the body (Lupton, 2005, p. 318). Food becomes, then, a way for diabetics to distinguish themselves from those around them, thus separating them from certain communities and simultaneously creating a converged community of diabetics. Within this specific

cultural setting, foods that are perceived to be neutral by the average eater can be seen as disgusting and can represent fear because they can damage the diabetic's health (Rozin, 1997).

I had three main foci of interest in mind for this project. The first involved how having a detailed knowledge of how nutrition affects diabetics' consumption choices. Secondly, I was interested in what diabetics eat, especially in comparison to non-diabetics. Finally, and most importantly, I was interested in the "Otherness" of diabetics, since diabetics have their own unique culture in contrast to the greater social context that surrounds them. For example, there are certain foods that diabetics are not supposed to consume, such as sweets, and this can differentiate them from their peers. At the same time, however, these peers can affect diabetics' food consumption patterns. A central theme running through these three main topics is that of a shared diabetic culture in light of a lack of a diabetic community. The people whom I interviewed all shared diabetic experiences to which they felt non-diabetics could not relate. Through this project, I was able to connect the dots in the diabetic community that exists at the University of Pennsylvania, since each interviewee offered personal anecdotes that, taken with those of the other interviewees, painted a picture of diabetic life at Penn.

In this paper, I will be discussing the convergence of the diabetic culture, the role nutritional knowledge plays in choosing what to eat, what diabetics eat and various ways of negotiating health and the freedom of food choice, the importance of cooking for diabetics, the loss of self through food, food as a nuisance, diabetes and weight management, the loss of pleasure derived from not eating out and abstaining from alcohol in a college setting, the guilt and psychological complications related to food and diabetes, and diabetics' relationships with food vis-à-vis non-diabetics.

METHODS

I interviewed five people who were diagnosed at various points in their lives: ages six, seven, ten, fifteen, and sixteen, respectively. All five have attended the University of Pennsylvania and are Type I diabetics, of which three use insulin pumps and two use injections of insulin to control their blood glucose levels. I spoke with four females and one male, all from middle-upper class backgrounds and within the age range of eighteen to twenty-two. Four of the subjects were White, and one subject was Asian-American. Even within this small group of subjects, there were a variety of circumstances surrounding their diagnoses. Diabetes does not run in TF's family, and it is believed that she got diabetes after catching a virus. PL was also the first person in her family to be diagnosed with Type I diabetes, although her uncle and grandmother both have Type II diabetes. It is a similar case for KL, although her mother and some of her cousins are hypoglycemic. Diabetes

runs in JB and FR's families; two of JB's grandparents and FR's younger sister and grandmother having the disease.

AN OVERVIEW OF TYPE I DIABETES

Before I begin a discussion of the diabetic culture of my interviewees, I think that it is useful to understand some fundamental information about Type I diabetes. Type I diabetes is a disease in which the pancreas does not produce insulin. It can be contrasted with Type II diabetes in which one's body does not produce enough insulin or one's cells cannot properly use the insulin. Type I diabetes is usually diagnosed at an earlier age than Type II diabetes, and it was formerly termed "juvenile" diabetes because many patients are diagnosed as children or young adults. Type I diabetics can use either insulin pumps or injections of insulin to manage their diabetes. Regardless of the method they choose to manage their diabetes, it is recommended that Type I diabetics check their blood sugar levels frequently, as often as eight times a day. Poor management of Type I diabetes can lead to harmful complications, since consistently high blood sugars can lead to cardiovascular disease, retinopathy, neuropathy, and kidney damage (American Diabetes Association, 2009).

THE CONVERGENCE OF A DIABETIC CULTURE

Often we speak of communities in terms of diaspora--a "local" diaspora, for example the children of a family going off to college and trying to continue the culture they learned at home--or a "macro" diaspora, for example Jewish survivors of the Holocaust and Armenian refugees from the Armenian genocides continuing their lives in new places all over the world (McCabe, Harlaftis, & Minoglou, 2005). Sometimes separated by vast distances, these people attempt to replicate and renew a culture, continuing imagined communities and links to their communal past. Diabetics, on the other hand, never started out living together and sharing a common culture. Instead, they are scattered around the world, but eventually come to share a common diagnosis of Type I diabetes as well as similar diabetic lifestyles. At some point after diagnosis, diabetics may find themselves at a point of convergence with other diabetics, because to some degree they share a diabetic identity and culture. The narrative begins here: A diabetic is initiated into the diabetic culture by a doctor who diagnoses her at a hospital. The doctor then teaches her, and perhaps her parents, about the diabetic lifestyle in the hope that she will continue this lifestyle in order to remain healthy. Her next task is even more daunting, however, since she has to return to the real world--largely peopled by non-diabetics--and put this diabetic culture into action. She has to reject the urges to be like her non-

diabetic peers, to eat cupcakes and chocolate bars, and must consciously choose her diabetic culture over the prevailing peer culture. Over time, she develops her own slightly modified way of managing her diabetes, thus showing some individuality with the collective diabetic culture. Even if there are other diabetics in her town, she will most likely not interact with them, since there is no centralized location where one finds diabetics, and thus, no real diabetic community. These ideas extend to the lives of the diabetics at the University of Pennsylvania, since while many diabetics live on campus and share similar diabetic lifestyles, they are dispersed, and do not form a true community. The diabetics whom I interviewed began their diabetic lives scattered and remain so, since the five of them knew of only one or two diabetics at the University of Pennsylvania. These diabetics were often not close friends, however. Even at home before college, only PL had ever had close diabetic friends, two girls in elementary school whom she never saw again once middle school began.

One would think, perhaps, that people sharing a common interest and goal would naturally group together to form a support system, but this does not seem to be so, at least on a day-to-day basis. All five of the respondents attended diabetes camps in the past - both as participants and as counselors, forming a network of diabetic “acquaintances” within this space where a diabetic community seemed to exist. All five of the students regret, however, the fact that there is no clearly-defined diabetic community at the University of Pennsylvania. When she arrived at Penn, KL went to Student Health Services to meet the staff and asked if they could give her the names of some diabetics at Penn in the hope of starting a club and support group. Because of privacy reasons, she was unable to get this information and has instead found a support system through online blog networks. She says: “You know, having a community is really important. It’s so nice to hear people express the things that have been at the back of my head.” PL thinks interacting with other diabetics is extremely important, but that “you still need to be individual and manage things your own way. I want to hear about new ways to manage my diabetes, but I don’t want to be preached to.” “Every diabetic is different,” says JB, “but it’s just nice to know they’re around.”

These differences are discussed in a paper by Julie Wagner (2004) that addresses ways to evaluate the quality of life of diabetics. She writes: “While diabetes may affect many domains of an individual’s life, the domains that each individual values most may differ across individuals as well as within individuals over time” (2004, p. 1280). These differences can be anything from changed family relationships vis-à-vis diabetes when students go off to college, for example diabetics having

to cook for themselves for the first time without their help of their parents, to varied diets and body image problems that can result from girls wearing insulin pumps.

“KNOWING” DIABETES

The American Diabetes Association’s 2009 Standards of Medical Care in Diabetes cites insulin treatment, diet, and exercise as important components in living a healthy diabetic life. Medical Nutrition Therapy (MNT) continues to be a “cornerstone of diabetes therapy” (Lipkin, 1999, p. 41), and this latest report recommends intensive nutritional training which includes understanding carbohydrate counting and how to use the glycemic index. Alcohol should be limited, and antioxidant supplements are encouraged. There are many things to consider when deciding how much insulin to inject, including carbohydrates, fats (which can affect how and when both the insulin and the food start affecting the body), and portion sizes of food items like lean meats that are not, in normal-sized portions, significant sources of carbohydrates.

All five of the people whom I interviewed had gone through some type of nutritional training. Regardless of the age of diagnosis, four of the five respondents said that their parents, especially their mothers, played an important role in their everyday food choices up until college since they did not yet fully comprehend the appropriate diet for a diabetic. Because of this, one could say that there are two overlapping levels of transmitting knowledge to diabetics, especially if they are diagnosed at a young age: doctor to parent coupled with parent to child. TY was diagnosed at age 16 and met with a nutritionist at every six-month checkup, yet she says she often fell asleep during these meetings, leaving her mother to do the carbohydrate-counting and to portion out foods. PL was diagnosed at age 7, and it was up to her mother to learn all of the nutritional information that would keep her daughter healthy, weighing her food and buying books about nutrition. Since FR’s sister had been diagnosed with Type I diabetes twelve years before him and since his father is an endocrinologist, the nutritional transition was not too difficult despite the fact that he never had formal nutritional training. Instead, his father passed on to him his own detailed knowledge of diabetes, telling him about “good” and “bad” foods and how to deal with sweet foods and low blood sugar levels.

This knowledge about diabetes care management has been shown, however, to not always be applied when food is involved. Watkins, Williams, and Martin and colleagues (1967) studied diabetics at home to see how they managed their diabetes without the aid of a doctor or medical practitioner. They found that a better general knowledge of diabetes correlated with better home

management of their diabetes. Although the patients took their insulin injections on time and tested their urine for ketones more often, their diet did not seem to vary as much with regards to knowledge about diabetes. Only 16 of the 60 patients that they studied were judged to have eaten complete meals that were reasonably spaced out and that were "acceptable" for a diabetic patient. McCaul, Glasgow, and Schafer's (1987) studies confirm that knowledge is a poor predictor of adherence to diet rules. Next, we will see how Penn's diabetics express their knowledge of diabetes in their everyday food choices, negotiating food with sacrifices such as having to take more insulin, monitor blood glucose levels more closely, and to potentially have an increased risk of diabetic complications if blood sugars are not controlled.

WHAT DO DIABETICS EAT?; NEGOTIATING RULES AND DESIRES

Steve Ferzacca (2004) sees the nutritional training that diabetics go through as inculcating in diabetics a "sense of necessity," as per Pierre Bourdieu's insights into taste (1984). This "judgment of taste" (Bourdieu, 1984) for diabetics involves dietary guidelines developed by nutritionists to guide food choices for people of many different cultural and ethnic backgrounds, in addition to these peoples' own personal taste preferences. Diabetics are expected to subscribe to these recommendations in order to be healthy, but the decision to do so requires them to completely change their current dietary habits. The necessity to keep oneself healthy is often in conflict with diabetics' food desires.

As a result of their nutritional training, all five interviewees take what they eat fairly seriously, some more than others. TY hardly ever eats pasta and refuses to eat pizza, foods high in fat, and foods high in the glycemic index. Of course, these carbohydrate- and fat-filled foods were all things that she had enjoyed eating before her diagnosis at age 16. Like TY, PL grew up eating a healthy diet, so her diet did not change drastically. For all of the respondents, however, eating healthfully before diabetes did not exclude moments of cheating, when they could eat a slice of pizza, a cheeseburger, or a nice big slab of chocolate cake. Now, these are taboo, things to be scared of, and they are potentially harmful to these diabetics' lives.

Most of the respondents said that they really enjoy food. PL says: "I'm definitely a food person. I pretty much plan my day around when I eat. When I'm at home, I ask my mom what's going to be for dinner the day before that meal." JB says: "Food is my life," and FR adds: "I'm a food aficionado." As I am sure is apparent, it is difficult to love food so much and to have diabetes because of the ways in which certain foods act on a diabetic's body. FR likes a wide variety of foods, such as Indian and Ethiopian food, that have a high fat content and that make controlling his

blood sugar much more difficult. This variety seems to be worth it for him, however. He said, “You know, it’s true you have one life to live... and it’s a bit of a push and pull between diabetes and gastronomic happiness.” JB says: “It’s about balancing the rewards and consequences. It’s subjective. It’s probably pretty different for every diabetic.” Other people, do not see food variety as a good enough reason to risk complications with their blood sugar levels and instead of eating from food carts and McDonald’s, they cook their own food, opting to travel downtown to shop at the Reading Terminal Market and at Trader Joe’s.

Even the risk-taking adventurous types have had to make some substitutions in their diets. FR says that he “absolutely love[s] calzone. It’s so good,” yet calzone has caused him to have ketones, a by-product of his body burning stored fat for energy as a result of high blood sugar levels, four times at Penn. Thus, he has finally decided to give it up for good. For him it is also goodbye to baklava, syrup on pancakes, and his favorite cereal, Cocoa Puffs.

LOSS OF SELF THROUGH FOOD

For many of these people, being diagnosed with diabetes meant giving up a significant part of their cultural identity. Although they now live in Canada, both of TY’s parents were born in China, and the majority of her extended family still resides there. Although rice is a significant component of most Asian diets, TY has now given up rice as a part of her diet, separating herself in a way from traditional Asian culture. Chinese food in and of itself, she says, contains a great deal of added sugar, so she tries to stay away from Chinese food as much as possible. In addition, TY now has to hide this new diabetic identity from her father’s more traditional side of the family. She says: “It’s definitely an Asian culture issue. You’re not supposed to be open about having an illness. It’s shameful in a way, since you don’t want to dishonor your family and make your mother look bad in case they think she’s the reason you got diabetes.”

FR shares some of TY’s frustrations. He comes from a Jewish family that adheres to kosher diet restrictions. Since birth, he has been eating foods and food combinations that are deemed acceptable by the Jewish culture. Before being diagnosed, the restrictions imposed by kosher eating had little effect on him, but now he faces diabetic complications if he does not learn to combine a kosher diet with a diabetic diet. He confided to me that he is now “less kosher than in the past,” but that only two or three people know this, not including his family. For him, combining dairy and meat means fewer carbohydrates, which makes it easier for him to manage his blood sugar levels. He says: “It’s been great in the sense that I’ve expanded my diet, but if my family knew, there’d be hell to pay.”

FOOD AS A NUISANCE

All five respondents follow the American Diabetes Association's exercise recommendation. Four of them work out almost every day, and the fifth respondent works out about twice a week. KL says that "Man wasn't meant to atrophy. You just have to work out to be healthy." For many people, exercise can be a tool to lose weight, and many people do not eat before exercising in the morning. Things are quite a bit different, however, for diabetics. PL "really hate[s] it" when she wakes up in the morning with a low blood sugar level and must eat something before working out since it "totally defeats the purpose."

The other major complaint was having to eat when they did not want to. As a child, when she had low blood sugar levels during the night, PL drank large glasses of milk even though she did not feel like it. As a result, she now associates milk with these experiences and rarely drinks it. TY hates having to "force feed [herself] and shove things down [her] throat" when her blood sugar level drops. The opposite situation, in which blood sugar levels are high but the person is hungry, is seen equally as a nuisance. JB said "There are times when I feel absolutely famished but my blood sugar is through the roof, so I have to eat a salad or something with very little sugar. It sucks because that stuff never fills me up."

Further, many of the interviewees cited vacations as especially difficult times because they were unable to cook for themselves and had to rely on going out to eat, for which it is more difficult to estimate nutritional properties. TY hates going to Hong Kong because there is little nutritional information on packaging, which "really scares [her]." FR says that he dislikes family events and parties where he "hate[s] to be rude" and eats the food anyway.

DIABETES AND WEIGHT MANAGEMENT

Exercise, weight, and food all play important roles in these diabetics' lives. The weight issue seemed to play a much more important role in the lives of the female diabetics, which is consistent with more general social norms. TY was diagnosed at age 16, which was, according to her "the peak time of insecurity and feeling down on yourself," so she was already trying to diet and exercise more often. PL really cares about her fitness and the way that she looks, saying that she is a "Diet Coke, Splenda, vegetables, and few desserts kind of girl... I kind of do the South Beach diet without really doing it since I love meat and veggies," she says. Like some of the other diabetics, she uses the amount of insulin she takes as an indicator of how much she is eating. JB says "If I'm consistently taking more than a certain amount of insulin every day, I know I'm eating too much and that I will get fat," since insulin doses correlate with the numbers of calories a person eats. PL, who claims to

have gained the “freshman five million,” limits her bread and carbohydrate intake based on what she ate earlier in the day.

She, JB, and KL all say that they often skip breakfast before they go to the gym in order to “maximize fat burn.” Even though they are diabetics, these young women seem to resemble the typical female Penn student. Some of them, like PL, however, criticize some of the techniques used by diabetics to increase their weight loss. There are research findings (Daneman, 2007) showing that it is fairly common for young female diabetics to keep their blood sugars high in order to burn an additional fifteen percent of calories a day. Almost all of the interviewees were outraged by these findings because of the repercussions of allowing blood sugar levels to remain elevated for extended periods of time.

LOSS OF PLEASURE: EATING OUT

Food connoisseurs and people across the globe enjoy dining out and sampling the diverse tastes the world has to offer. Not all diabetics, however, allow themselves to try these delicacies. Some take the “diabetic rules” more strictly than others. All five of the interviewees found it difficult to go out to eat, since nutritional information is not readily available. In addition, almost all of them mentioned the fact that “you really don’t know what’s in the food... like if there’s secret additions of creams and sugars.” For this reason, some of these diabetics eat “countable things” when they eat out, foods for which it is easier to estimate their nutritional properties. TY will not eat pasta when she goes out to eat and instead opts for a salad. “Bland and a bit boring,” she says, “but I know my blood sugar won’t get too out of whack.” Occasionally she will choose a burger, but it is not the quintessential American burger since she removes the bun in order to limit carbohydrate intake and to make it easier to estimate the carbohydrates in it. When they do go out to eat, however, they try to limit themselves to certain restaurants for which they have been able to obtain some sort of nutritional information.

BEING A DIABETIC IN COLLEGE

An important part of the freshman experience is eating at the dining hall with your hallmates and other friends. Since freshmen are required to be on meal plans at Penn, the dining hall is a place where students convene to discuss their classes, have fun, and have a meal. This is difficult for diabetics, however. As a freshman, TY rarely went to the dining hall and instead cooked her own food in her apartment, since she found that the dining menus and schedules rarely reflected what was actually being served.

The stress of college life causes further difficulties for diabetics. Almost all of them mentioned feeling overwhelmed during exam weeks when they have to study for tests and have to write term papers. Again, almost all of them report not being able to stick to normal eating times, which although manageable for a non-diabetic, can be quite difficult for these students. Two of the interviewees had their own ways of dealing with this. TY pre-cooks food before exam periods so that she does not go out to get food that is “inappropriate for [her] diet,” and KL pre-portioned out her food into bags containing twenty carbohydrates that she can grab on the go.

LIMITING ALCOHOL AND SOCIAL REPERCUSSIONS OF ABSTAINING

TY did not consume any alcohol her freshman year at Penn, as she did not know anyone well enough to take care of her if she had blood sugar problems because of it. She started moderately drinking once every two months during her junior year. Of course, alcohol does not make or break someone’s happiness in life, but alcohol is a visible component of the typical college student’s social life. For some of the students whom I interviewed, not partaking in alcohol caused them to feel a bit “out of the loop,” since they truly want to have fun with their friends but are afraid of the health consequences of a night of drinking. The two people whom I interviewed who rarely drink choose instead to “hang out with people who are more like [them] – more low key. [They] just try to avoid putting [themselves] in situations where something could go wrong.” KL has never tried alcohol saying “Even with a trusted friend, drinking would be really hard for me. Not drinking has become a problem recently though since I just turned 21, and all of my friends want to go out to happy hours. It’s definitely awkward.”

The other three students drink on a fairly regular basis, at least once a weekend. They too, however, have concerns. PL says “It’s really hard to figure out the right balance with alcohol since it’s so tricky with your blood sugar. It makes your levels go down first but then it can spike up later. I try to make sure there’s at least a little fruit or something with sugar in my drinks.” Others are less concerned with the changes in blood sugar that alcohol can cause and are more worried about carbohydrate content and the glycemic index. These students said that they usually drink diet soda with some type of liquor such as vodka or whiskey and avoid things with “loads and loads of sugar like Mad4Mex margaritas.”

YUCK: FOODS MADE FOR DIABETICS

All of the interviewees had, at some point in their lives, tried sugar-free diabetic foods. PL has some not-so-fond memories of eating sugar-free cookies as a child, while FR’s grandmother

continues to send him sucrose chocolate despite that fact that he hates it. All of the respondents agreed, however, that they prefer the “real” version of a food, even in a more limited quantity, as opposed to an “anemic, worthless, gross-tasting copycat.” TY says that she “had the unfortunate experience of tasting diabetic bread... needless to say it tasted like cardboard.” Despite having diabetes, FR continues to use full-sugar syrups in his coffee as opposed to sugar-free syrups that “taste like nothing.” For those respondents who drink soda, they all seem to agree that Diet Coke or Diet Pepsi is acceptable, however. All of the respondents have reported using Sweet ‘n Low or Splenda sugar substitutes, except for KL who says that “sugar-free stuff tastes weird. Plus, it upsets my stomach, so I avoid it at all costs.” Some of the respondents, such as KL, say that despite the fact that they stay away from sugary foods, they get their sweet fix in other ways. KL satisfies her sweet tooth with fruit, light apple juice, gum, and hard candy. JB, FR, and PL all keep portionable sweets that they can enjoy in small quantities, such as pieces of dark chocolate, in their dorm rooms to combat the urge to eat large amounts of sugar.

GUILT AND PSYCHOLOGICAL CONSEQUENCES OF DIABETES

Some of the diabetics used food as a way to combat their health situation in a slightly passive-aggressive manner. TY says that she went through a six-month period of depression after being diagnosed with diabetes, both because of the harmful effects of the disease and the limitations she would have to put on her food intake. “I was totally freaked out by everything,” she says, “but I was in high school. I needed to rebel against this forbidden food.” As a result, she says: “I began a carb-craze to pretend that nothing was wrong with me and that I could eat whatever I wanted.” Even she admits that this behavior was passive-aggressive and that choices like these were very dangerous for her health.

All of the interviewees seemed preoccupied by the consequences of diabetes, despite their daily food choices, JB even saying that she was “scared shitless” by diabetic complications. Some take these worries perhaps a bit too far, such as TY who said that a year after she was diagnosed, she would not eat any carbohydrates until she felt “like [she] would drop dead without some.” She blames this on the fear of carbohydrates raising her blood sugar levels, but she and the other respondents, especially the girls, certainly show signs of preoccupations with their weight as well as with their diabetes, perhaps indicating that they use their diabetes as a cover up for further self-imposed dietary restrictions.

BEING AROUND NON-DIABETICS

All interviewees state that it can be difficult to eat with their friends, who can “eat pretty much whatever they want.” KL remembers being a child and on Halloween having to donate her candy, only being able to have one fun-sized candy bar. TY says that it is when she eats alone that she eats “the best” since “it sometimes is hard to resist temptations when [she eats] with [her] friends.” KL seems to have a fascination with non-diabetics, often watching them in class while they eat, considering the differences between their and her consumption patterns. “It’s true,” she says, “I have a bit of pancreas envy.”

Most interviewees cited examples of when their friends would try to pressure them into eating non-diabetic-friendly foods, such as a slice of birthday cake. JB says: “I remember one time when it was a coworker’s birthday while I was doing my internship last summer. Most of the office knew I was diabetic, but they still said ‘Oh! This cake is so good. You have to try it.’” Studies have been done on situations like these, as discussed in the paper “Diabetes Regimen Behaviors: Predicting Adherence” (McCaul et al., 1987). As part of a study on Barriers of Adherence (to proposed diabetic regimens), subjects had to imagine that they were out to eat with a group of friends who were pressuring them to eat a piece of cheesecake. The researchers determined that a diabetic’s social circle can, in fact, have strong influences on how a diabetic eats, as is often the case for non-diabetics as well.

In addition to the peer pressure that goes along with not partaking in alcohol and foods unsuitable for diabetics, the mere presence of non-diabetics can affect how diabetics behave and consume food. KL says that she “sometimes [feels] the need to fill the role of the diabetic. I eat well in general but I eat especially well when people know about my diabetes. I don’t want them to think I’m bad, and I have to keep up my [reputation] as the healthy one.” JB agrees that people like to see diabetics fulfilling that role. “I can deal with eating with non-diabetics,” she says, “but I hate when people say ‘shouldn’t you not be eating that, I thought diabetics couldn’t eat sugar.’”

CONCLUSION

Diabetes becomes a way of life for diabetics, an overarching theme that guides their daily food choices and behaviors. In Julie Wagner’s study (2004), the diabetic lifestyle seems to be a typical way that diabetics characterize their world. In order to assess diabetics’ quality of life, the authors went through a three-part study: a semi-structured interview in which they nominated five “life domains” that they considered most important in terms of the quality of their lives, a process of

rating each domain, and a final process of weighing each domain against the others. Diabetes was the third most frequently listed domain, coming in right behind family and friends.

Diabetes seems to serve as both a centripetal and centrifugal force, bringing diabetics together, since they share fairly common lifestyles, and forcing them apart, since each individual diabetic has her own way of managing her diabetes. The diabetic culture is, thus, a tense one that is difficult to define because of its convergence characterized by a great deal of individuality. The people whom I interviewed do not interact with other diabetics on a daily basis, thus demonstrating the lack of a diabetic community. Diabetics do seem to share a common culture, however, since they are often clearly marked from their non-diabetic counterparts by their food choices and their overall lifestyles, taking insulin, exercising, and monitoring blood glucose levels. The centrifugal forces facing the diabetic culture include varying degrees of managing diabetes, some diabetics choosing to eat non-diabetic-friendly foods and others strictly adhering to nutritional guidelines. Although to some degree diabetics share a common culture, many diabetics express a desire to be members of a diabetic community. The diabetics whom I spoke with, for example, seem to feel that having some sense of diabetic community is important in terms of mutual support in light of a common disease. Because of this, I think that it is important to encourage dialogue among diabetics on all aspects of diabetic life, especially regarding food. Creating a more present diabetic community in everyday life can be beneficial, and this can have more value than an “imagined” diabetic community based simply on the general convergence of diabetic lifestyles. More concrete diabetic communities can be built through food since it is such an important part of diabetics’ lives. Fostering a group dialogue about different food choices and how to best negotiate deriving pleasure from food and managing diabetes could be a life-changing step in diabetics’ lives, especially those at the University of Pennsylvania.

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