

# The Identity of Gluten-Free

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A discursive psychological perspective on identity construction in online interactions about gluten-free dieting

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## ABSTRACT

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One domain where scientific expertise is increasingly being contested is regarding food choice, for example in the case of gluten-free dieting without a medical diagnosis. The interactions concerning gluten-free dieting on two online discussion forums were analysed regarding the knowledge claims that participants used, and the way in which they constructed their identities. Three practices were found. Participants displayed a technical expert identity as to gain credibility for their condition. They also built a gatekeeper identity to make the group more inclusive. Finally, they displayed an expert (but non-doctor) identity to gain understanding for the complexity of the condition. It is recommended to stimulate the dialogue between experts and lay people, and to also take into account the positive side of this development, which entails that people are more conscious about dietary options and healthy eating.

## INTRODUCTION

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Over the last number of decades, the way information is shared has changed due to the emergence of the internet and social media (Kulshrestha et al., 2015). These new forms of media enable the general public to individually access and assess information without the help of experts, creating an expert-like movement (Prior, 2003).

People are more actively seeking information, to become an expert in their own right. This is not achieved to undermine science but rather to reject the notion of accepting everything blindly (Hobson-West, 2007). The general public feels the need to be informed to the point where this becomes an imperative (Hobson-West, 2007). The traditional institutions are however still drawing on their implicit or explicit instructions to 'blindly trust them' (Hobson-West, 2007; Moore, 2007). This creates a conflict, between the state people want to achieve and the directions of the institutions. In not complying to these instructions, scientific expertise is seemingly contested (Moore, 2014; Hobson-West, 2007; Versteeg and Te Molder, 2016a; Kerr et al., 2007).

The growing engagement of the general public, in the search for information, gives rise to social movements, acclaiming expertise, thus putting more pressure on the 'official' experts and expert organizations. One of the fields where these social movements have grown immensely during recent years, is food. These social movements lay claims for a healthier lifestyle which is, in these cases, mostly determined through dietary needs and lifestyle changes. A good example of such a movement is The Green Happiness.

The Green Happiness is a movement which claims to have discovered the secret to healthy living ("Heerlijke recepten, leuke artikelen en consulten | The Green Happiness", 2017). The messages proclaimed by movements like the Green Happiness are not necessarily proven healthy and in some cases even shown to be unhealthy. The Green Happiness has for instance been shown to lack certain nutrients which makes it unhealthy. This was extensively described by the Voedingscentrum, which is an institute dedicated to the research of nutrition and health and seeks to inform the general public ("Your 50 Days of Green Happiness | Voedingscentrum", 2017).

## GLUTEN-FREE DIETING

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One important 'new' movement is that of eating gluten-free. Gluten-free has become an important decision factor. Over 21% of people originating from different countries, rated gluten-free as a "very important" attribute when making food purchasing decisions (Reilly, 2016; Moore, 2014; Copelton & Valle, 2009). Gluten-free foods were purchased for various reasons. In a 2015 survey of 1500 American adults the most prevalent reasons were to buy it for "no reason" or because it was seen as the "healthier option", while the least used reason was to adhere to the diet because it was considered to treat gluten sensitivity (Reilly, 2016).

## COELIAC DISEASE

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Gluten-free dieting is the only option for people who suffer from a condition called coeliac disease. Coeliac disease is an autoimmune disorder which causes damage to the small intestine when gluten is ingested (Reilly, 2016). The damage causes a loss of intestine functionality which generates a variety of symptoms. An estimated 1% of the Indo-European suffers from this disorder (Veen et al., 2013). Coeliac disease can only be remedied by a gluten-free diet and requires strict life-long adherence (Vici et al., 2016).

Medical diagnosis can be provided, but is an intricate process. The tests are invasive and often produce inconclusive results. The tests require blood samples and an intestinal biopsy (Copelton & Valle, 2009). It is also required for a person to be on a gluten diet for six months, which may cause symptoms to grow worse, to prevent false negatives. Overall it is a time-consuming process (Copelton & Valle, 2009; Moore, 2014).

## FOOD AND (ONLINE) IDENTITY WORK

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Gluten-free diets may be adopted for various reasons. A diet often requires that people justify their sudden change in behaviour, since eating is a social process and an integrated part of social structures (Delormier et al., 2009). The justification of changes regarding diet relates to the identities of people (Schroeder & Mowen, 2014).

Identities and food choices or diets are closely related (Schroeder & Mowen, 2014). In for instance a research by Sneijder and Te Molder (2006) it was demonstrated how participants established their identities as 'gourmets' by displaying independent access to knowledge of, and experience with food items. Participants entitled themselves to knowing what good food is. Another research by Sneijder and Te Molder (2005) established how blame and responsibility were distributed to construct identity in an online food environment related to veganism. In this case, possible health problems were blamed on individual conduct instead of the overall concept of veganism. In different research regarding veganism it was also found that in some cases of ideologically based food choice, a food identity was built by normalising the diet (Sneijder and Te Molder, 2009).

Identity was, in all these cases, a tool as well as an achievement (Antaki & Widdicombe, 1998). This means that constructing identities is an action but the established identity is also a way to achieve other goals.

Identities are usually established in interaction, and because most of the interaction surrounding food choice is nowadays taking place on the internet, as seen in the research presented, this thesis will consider online interactions.

In this thesis, the relation between food choice and identity will be examined by employing a discursive psychological perspective. In discursive psychology, language is viewed as a tool for people to perform actions with in interaction with others. In this case, I will examine which identities are actively build in everyday life, in relation to gluten-free dieting, and to which purposes these identities are constructed. Why people find certain diets, such as a

gluten-free diet, important, even without a coeliac disease diagnosis, can be better understood by examining these functions (Veen et al., 2010).

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## RESEARCH QUESTION

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This thesis will focus on identity construction in interactions, related to gluten-free dieting. In order to explore this topic, the following research question has been formulated: *What identities are constructed in online interaction when participants are accounting for their gluten-free dieting, and what actions do they perform by establishing these identities?*

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## RESEARCH AIM

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This research aims to discover and explore how people establish their identities concerning gluten-free dieting, which identities are displayed and to what purposes. Discovering how people establish their identity, with regard to gluten-free eating, may shed a light on why people choose to adhere to a particular diet, i.e. what they can achieve in relation to others when they account for a diet in particular (identity) terms. It could also show how they incorporate knowledge and assess information regarding food choices. These insights might benefit the field of nutrition communication and show how people assess expertise, the food science community and nutrition information.

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## OUTLINE OF THE THESIS

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In order to answer the research questions, several steps will be undertaken. First the scientific background regarding gluten-free dieting and coeliac disease will be explored, to provide a bigger picture of the situation. Next the theoretical framework, with regard to the role of experts and expertise in our society and the relation between knowledge claims regarding food and identity work, will be explained to help build and shape the analysis. Third the methods for analysis will be discussed, followed by the analysis of the data. In the Discussion and Conclusion, the results will be discussed in relation to earlier research, as well as the limitations, practical implications and recommendations for further research.

# BACKGROUND: GLUTEN-FREE DIETS AND COELIAC DISEASE

Coeliac disease and gluten-free dieting have been extensively discussed both in the media as well as in scientific research. This chapter will consider the scientific research available about gluten, gluten related diseases and gluten free dieting.

## GLUTEN

When discussing gluten related diseases, it is important to first explore gluten and its functionality. Gluten is a mixture of water-insoluble proteins mostly present in wheats and grains (Wieser, 2007). It consists of the proteins gliadin and glutenin, of which gliadins are the most likely to trigger an immune response, and damage the intestine (Leivers et al. 2014).

Its functionality lies in the ability to make products more light and frothy. This occurs due to chainlike molecules creating an elastic network. This network is able to trap carbon dioxide and due to this expand, which creates an airy texture. The properties of gluten differ when the composition is different, which is dependent on the source. (Sliwinski et al., 2004)

## COELIAC DISEASE

Coeliac disease is an auto-immune mediated disorder in which the body reacts adversely towards gluten (Troncone et al., 2004). Gluten is a mixture of proteins which is most commonly found in wheat products and is the key to the unique properties like water absorption, viscosity, elasticity and cohesiveness in these products (Wieser, 2007). Usually gluten is broken down in the body and the remains are excreted, however in the case of coeliac disease these particles cause an immune response which damages the villi of the small intestine (Douglas & Booth, 1970). These villi are vital to the uptake of nutrients, especially since these villi increase the surface of the small intestine and therewith create a greater surface to obtain the needed nutrients. When these villi are damaged or compromised, the uptake of nutrients is hindered, and the effects of the reduced uptake may cause symptoms as shown in table 1 (Walker-Smith, 1970). Signs and symptoms may be gastrointestinal related or non-gastrointestinal related.

TABLE 1 - SIGNS AND SYMPTOMS OF COELIAC DISEASE (TABLE 2 FROM LEIVERS ET AL., 2014)

Signs and symptoms of coeliac disease	
Gastrointestinal tract	Non-gastrointestinal tract
<ul style="list-style-type: none"><li>• Recurrent abdominal pain</li><li>• Abdominal distension</li><li>• Diarrhoea (persistent or intermittent)</li><li>• Persistent nausea and vomiting</li><li>• Chronic constipation</li><li>• Flatulence</li><li>• Anorexia</li></ul>	<ul style="list-style-type: none"><li>• Faltering growth</li><li>• Idiopathic short stature</li><li>• Dermatitis herpetiformis (pruritic vesicular rash)</li><li>• Recurrent aphthous stomatitis (mouth ulcers)</li><li>• Delayed puberty/menarche</li><li>• Dental enamel defects</li><li>• Rickets/osteomalacia</li><li>• Osteoporosis/pathological fractures</li><li>• Iron deficiency anaemia unresponsive to treatment</li><li>• Prolonged fatigue</li><li>• Weakness</li><li>• Unexplained liver disease</li></ul>

One way to determine gluten intolerance is the gluten challenge. This entails eating gluten in order to provoke a reaction, which can then be tested through a biopsy of the intestine (Leivers et al., 2014). In all cases blood testing and biopsy are the golden standard of testing and diagnosing coeliac disease (Leivers et al., 2014). In children, blood testing is

preferred due to the invasiveness of a biopsy. The blood testing however, may not always produce clear results, in which case a duodenal biopsy is necessary.

## NON-COELIAC GLUTEN SENSITIVITY

Aside from coeliac disease there are also other gluten related disorders such as non-coeliac gluten sensitivity (NCGS). NCGS is a gluten related disorder and has been referred to as gluten sensitivity, gluten hypersensitivity or non-coeliac gluten intolerance (Czaja-Bulsa, 2015). The people who are gluten sensitive, do experience some symptoms in relation to gluten but are not in the same way affected as those with coeliac disease. The name non-coeliac gluten sensitivity was derived in order to prevent confusion with coeliac disease (Czaja-Bulsa, 2015). This entails a group of patients in whom symptoms (see table 2) have manifested and which disappeared after eating gluten-free, but who are not confirmed to be affected with either coeliac disease or wheat allergy (Czaja-Bulsa, 2015).

The overall prevalence is still unknown. This is due to the frequent self-diagnosis and the fact that a lot of people start the diet without medical consultation. Also, there are no laboratory markers specific to NCGS which makes it difficult to diagnose (Czaja-Bulsa, 2015).

TABLE 2 – SYMPTOMS OF NON-CELIAC GLUTEN SENSITIVITY DISORDERS (NCGS). (FROM: CZAJA-BULSA, 2015)

Disturbances
Intestinal
• Abdominal pains (68%) <sup>a</sup>
• Diarrhoea (33%) <sup>a</sup>
• Nausea
• Body mass loss
• Bloating, flatulence
Cutaneous 40% <sup>a</sup>
• Erythema
• Eczema
General
• Headache (35%), bone and joint pain (11%) <sup>a</sup>
• Muscle contractions (34%) <sup>a</sup>
• Numbness of hands and feet (20%) <sup>a</sup>
• Chronic tiredness (33%) <sup>a</sup>
Haematological
• Anaemia (20%) <sup>a</sup>
Behavioural
• Disturbance in attention <sup>a</sup>
• Depression (22%) <sup>a</sup>
• Hyperactivity
• Ataxia
Dental
• Chronic ulcerative stomatitis

<sup>a</sup> 347 patients treated at the Center for Celiac Research University of Maryland in 2004–2010 [1].

## GLUTEN-FREE DIET

Adhering to a gluten-free diet, especially without the supervising of a dietician, may be detrimental for people's health (Reilly, 2016). Possible nutrient deficiencies, caused by a gluten-free diet, include low levels of fibres, folate, vitamin B12, calcium, iron, zinc and magnesium (Vici et al., 2016). Also high levels of saturated fats and arsenic were found, due to the natural high levels in rice, which is a widely used substitution of

comparable gluten products. The problem with gluten substitutes is often that, in order to increase the bulk after gluten has been extracted, a lot of salt is added. This means that following a gluten-free diet is not necessarily unhealthy except when too much substitutes are consumed and the missing nutrients are not compensated in the overall diet. In cases where no medical or dietitian attention is sought, these deficiencies or toxics could progress for the worst (Reilly, 2016).

## THEORETICAL FRAMEWORK

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This chapter explores the different theories underlying this thesis. First the role of experts and expertise in society will be discussed, to illustrate the problems in information sharing. Second the role of language and interaction will be discussed in relation to this debate, or in other words the discursive perspective on knowledge and identity, which shows the functions of language in interaction. One of these functions can be achieved through knowledge claims and the distribution of rights to knowledge which will be discussed next. Fourth the possibility of constructing identity from these knowledge claims will be explored. Lastly similar research on food identity in interaction will be discussed, to put this thesis in perspective.

### THE CHANGING ROLE OF EXPERTS AND EXPERTISE IN SOCIETY

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People have become more assertive and are more actively searching for information, and with less effort due to the use of internet. This growing public engagement has given rise to so-called lay-expert hybrids. These lay-experts also share and produce knowledge, which is not necessarily grounded in scientific research, but may be perceived as thus (Kerr et al., 2007). Non-experts are found to employ scientific research, further blurring the line of expertise (Prior, 2003). The lay person tries to attain credibility and display an 'expert' identity by sharing information and portraying knowledgeability (Epstein, 1995). Due to this growing engagement, there is more knowledge and information being shared and assessed by the general public (Wynne, 1996).

The growing need to be more informed is found to be grounded in a growing distrust or more specific an unwillingness to remain ignorant and 'trust blindly' in institutions, because those are seen as the bigger risks or threats (Hobson-West, 2007; Moore, 2014; Wynne 1996). Hobson-West (2007) found that vaccine hesitant groups do not primarily present themselves as alternative source of expertise in competition with the established authorities. In that research, parents were found to engage in a process of personal education, or seeking information in order to trust themselves to make the best decision (Hobson-West, 2007).

This pattern creates a conflict between lay people, who are not recognised as educated citizens who do not 'trust blindly' and the institutions who want their information to be accepted (Te Molder, 2012). In order to achieve credibility and trust it is important for these institutions to recognise which identities people build for themselves in interaction. Is it the science itself that they contest, or do they, for example, want to show autonomy in making their decisions?

This does not mean that the institutions need to agree with what is being put forward, but they should be able to connect with people's deeper concerns. This also shows the importance of identifying the identities people construct and how they employ knowledge claims to do so.

## A DISCURSIVE PERSPECTIVE ON KNOWLEDGE AND IDENTITY

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Language is not a neutral medium and can be employed to perform actions in interaction (Veen et al., 2012; Edwards, 2006). These actions are the focus of discursive psychology. This thesis will adopt a discursive psychological perspective when analysing interactions and will focus on how participants utilize language and other means to establish meaning (Te Molder, 2009). The action often becomes visible through the reactions of other participants and their reception or interpretation of the situation (Potter & Edwards, 2001). Versteeg and Te Molder (2016a) for example showed how the idiom “Listen to your Body” could be employed to position speakers in relation to scientific research. The participants employed LTYB to show that they take their health seriously, and because of that avoided scientific knowledge (Versteeg and Te Molder, 2016a). Participants portrayed messages from the body as easily understandable and as pure unmediated knowledge. This was the more rational alternative to possible tainted or corrupted information provided by scientists, the government or companies.

According to Potter (1996a), three aspects should be considered when adopting a discursive psychology perspective. These are indexicality, reflexivity and a documentary method of interpretation are inextricably connected to discursive psychology.

Indexicality refers to the fact that the meaning of a word or utterance is dependent on the context of use (Potter, 1996a). In other words, where and how the conversation is taking place can implicate meaning and put strains or freedom on the interaction itself. It is therefore important to identify when something is happening and in what context (Wiggins & Potter, 2008).

Reflexivity means that descriptions are both involved in the world as well as representing certain angles of it (Potter, 1996a). This also underlines the ability of language to construct change and perform actions, such as blaming or complimenting someone.

Lastly the documentary method of interpretation emphasizes that even though people can form an understanding of events and actions, this understanding is dependent on underlying beliefs, expectancies and ideas (Potter, 1996a). It is thus important to realise that language is not only a product of human relation but also a fundament of interaction and relations.

## CONTESTING KNOWLEDGE CLAIMS IN INTERACTION

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People can claim (or deny) knowledge to achieve certain goals in the interaction with others. Knowledge claims are not neutral but can be used to distribute rights and responsibilities, which in turn can be used to construct one’s own or other people’s identity.

According to Raymond and Heritage (2006), making knowledge claims and distributing the responsibility and rights of knowledge are based upon three principles. First, people must have access to information, second, the speakers must rank this access and third, offering a first assessment implies primary rights to evaluate the matters discussed (Raymond &

Heritage, 2006). Speakers may assert a so-called first position assessment or a second position assessment (Raymond & Heritage, 2006).

Being first in making an assessment implies that the speaker has primary rights to evaluate the matter at hand. The second position is more difficult because the speaker is not the first to bring information and can only agree or disagree with what the other person has put forward. By doing so, the speaker has to provide a legitimization of that account and can no longer present knowledge without consequence (Wiggins, 2014). It is possible for speakers to assert primary rights in second position by explaining that their position existed prior and independent of the current situation (independent access), or by suggesting that they possess better knowledge (superior access) (Raymond & Heritage, 2006).

An example of second position assessment overstating a first position assessment is presented in the research by Sneijder and Te Molder (2006):

EXAMPLE FRAGMENT 1 SIMPLIFIED FROM EXTRACT 2: FROM 'FAVOURITE MENU' THREAD OF SNEIJDER & TE MOLDER (2006)

Carry:

1. *I would make a salad with fresh snow peas and baked*
2. *uncooked ham as a starter (1 line omitted)*

John:

3. *good aren't they, those salads with fresh snow peas?*
4. *And princess beans too of course! (1 line omitted)*

Sneijder and Te Molder (2006) explain how John re-positions his originally second evaluation as a first assessment, namely by using a 'statement + tag question'. Bringing Carry in the position to now respond to his assessment and answer the question, enables John to claim primary rights to evaluate. So, in the first instance one would say that Carry holds primary rights but due to the question format John is able to change this.

The sequence of assessments and rights of knowledge also makes way for a dilemma; one speaker must go first and the other speaker(s) must follow. It is impossible to avoid having to manage the relative epistemic rights, or your personal rights to knowledge, to evaluate the matter at hand (Raymond & Heritage, 2006). In other words, the speaker(s) must regulate their response and thus their rights in relation to the other speaker(s), in order to be able to assess the situation.

In this research, the focus lies on what is achieved through these knowledge claims and how this relates to identity, not whether participants maintain their rights or portray their rights and knowledge correctly. In other words, the focus lies on the action that is achieved through the knowledge claim, not on the validity of the claim of knowledge itself.

## IDENTITY AS A PRODUCT AND A TOOL

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Knowledge is intertwined with rights and responsibilities, which can help participants to construct their identity, or other people's identities. The rights, responsibilities and identities are continuously renegotiated. When looking at how the rights to knowledge are distributed, respected or maybe violated, it is possible to identify or recognise identities in interaction (Raymond & Heritage, 2006). People can employ more than one identity in interaction (Kang & Bodenhausen, 2015). The management of rights to knowledge can be a way to invoke identities in interaction and make certain identities or knowledge more salient (Raymond & Heritage, 2006). By claiming the right to objectively assess the taste of a particular food item, people may for example build the identity of a food lover, that is, someone who knows what good food is, rather than just like it (Sneijder & Te Molder 2006).

Participants always need to articulate their own right to knowledge in relation to others. This means there is a relation between the different identities of the various participants with regard to the distribution of rights and responsibilities regarding what each one can accountably know, how they know it, whether they have rights to articulate it, and in what terms. (Raymond & Heritage, 2006)

The identities that people establish in interaction is usually less subject to classical distinctions like demographic characteristics and more connected to lifestyle and actual practices (Sneijder & Te Molder, 2009). Identity is the product rather than the source of interaction and are relationally constructed (Bucholtz & Hall, 2005).

In interaction, people manage their epistemic rights to knowledge relative to the other participant (Goffman, 1971). This means that a dilemma of self-other relations may occur in the management of rights as well as the identity, because it is difficult to manage independent access to the matters at hand whilst avoiding having to intervene too far in the "territorial preserves" (Raymond & Heritage, 2006; Wiggins, 2014).

Discursive psychology not only describes how identities are constructed in interaction but also focuses on the performative nature of identities. Identities are not only the product of interaction but can also perform actions, when for instance one identity is made more salient than the other. For instance in the research by Versteeg and Te Molder (2016b), where the identity of gatekeeper was used to make the group as well as the disease, more exclusive in interactions surrounding ADHD.

## FOOD IDENTITY IN INTERACTION

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Identity in interaction has gained more attention in recent years, and even though it remains a relatively new field of study there is some similar research to be found in the food domain. In these examples the importance of knowledge claims in constructing identities as well as the performative role of identities is shown.

Wiggins, Potter and Wildsmith (2001) employed a discursive psychological perspective to show that eating is not simply an abstract individual activity, but intertwined with social

interaction and daily routine. This was one of the first studies which posed discursive psychology as a possible way to identify eating practices within social relations.

Another discursive psychological research by Sneijder and Te Molder (2006) examined identity in interaction in relation to taste. In their research, they demonstrated how members of an online food forum handled the appreciation of food in interaction. Participants established their identities as 'gourmets' by displaying independent access to knowledge of and experience with food items, and actively negotiated their relative socio-epistemic rights to assess taste.

In a different research by Sneijder and Te Molder (2009) discursive psychology was employed to explore the relation between ideologically based food choice and the construction of identity in online forum interactions in relation to veganism. The research showed how '*doing being ordinary*' or normalising conduct or identities were relevant ways for rebutting the notion of veganism as a complicated and unhealthy lifestyle or dietary pattern. It also showed how a food-related identity may be partly dependent on an identity which is not food related, in that case, being an ordinary person.

Another research on veganism by Sneijder and Te Molder (2005) focused on how participants manage rules, fact and accountability. The research explored how participants managed the problems with alleged health threats like vitamin deficiencies in online interactions. Participants systematically attributed responsibility to individuals rather than to veganism. The participants presented possible health problems as connected to individual practices; this meant that the problems could only be the result of their own actions and were not caused by the shortcomings of veganism.

These studies show how knowledge claims and a distribution of rights to knowledge can be used to manage responsibilities, and help construct identities in interaction. These theoretical insights will be used to answer the earlier mentioned research question:

*What identities are constructed in online interaction when participants are accounting for their gluten-free dieting, and what actions do they perform by establishing these identities?*

I will do so on the basis of the following sub-questions:

- What kind of knowledge claims are established in the interaction?
- How do these knowledge claims relate to or make relevant certain identities?
- In which context and to what purpose are these claims and identities established?

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## METHODS

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In order to answer the research question several methods were employed for data selection and analysis, which will be elaborated on in this chapter. Data sources consisting of two different forums will be discussed along with the selection of threads and the analytic procedures.

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## DATA SOURCES

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This research has employed online interactions for analysis. Online interactions are considered naturalistic conversations, due to their spontaneous character. Naturalistic interaction entails interaction which exists without interference of the researcher and through this, warrants the authenticity of the conversations (Te Molder, 2015).

Discursive psychology is normally applied to face-to-face interaction, which implies the differences between this and internet interaction should be considered (cf. Schönfeldt & Golato, 2003). First of all, online interactions do not mimic face-to-face interaction when it comes to non-verbal communication (Laflen & Fiorenza, 2012; Abrams, 2001; Koshik & Okazawa, 2012). Second, factors like silence or interruption are not found in internet interaction in the same way. People can decide when to reply or even not to reply at all. Internet interactions can still be used to analyse the functional properties of language, and determine the functions of knowledge claims as well as establish the construction of identity by looking at the uptake of utterances (Sneijder & Te Molder, 2006).

The data sources were selected on their relation to the topic of this thesis, gluten-free dieting without a medical diagnosis, and the amount of attention received in the form of discussion or reactions. The data entailed threads from two forums, dealing with gluten-free dieting or eating. Both were considerably young forums with recent activity and up-to-date discussions. The forums are freely accessible without need for membership. The forums display nicknames instead of real names which can be viewed without logging in, which ensures privacy for members and participants. The two forums were part of the websites “*The Gluten-Free Society*” (<https://www.glutenfreesociety.org/>) and “*The Glutendude*” (<http://glutendude.com/>).

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## THE GLUTEN-FREE SOCIETY FORUM

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The first forum is called “the Gluten Free Society” and is a website and forum initially constructed by a doctor. It is designed to be a place where both patients and doctors can receive updates with regard to gluten-free diets and Coeliac disease, as well as where people, new to gluten-free dieting, can connect. The Gluten Free Society is a place where both diagnosed and undiagnosed people interact and different identities are established and altered and therefore very interesting for this research. It is a site where focus seemingly lies on coeliac disease, however a lot of the threads mostly discuss the merits and information related to gluten-free diets.

## THE GLUTEN DUDE FORUM

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The second forum, “the Gluten Dude”, is quite similar to the first. It is constructed by a coeliac patient instead of a doctor, who is looking for understanding and interaction between all sorts of people. In this case, it might prove to be a place where all different kinds of information is shared but also different identities are established. This forum is very much a place where a lot of information with regard to gluten-free dieting is presented and discussed in different forms and threads.

Both forums will thus show how information is shared, how expertise is discussed and how knowledge claims may be used to build identity.

## THREAD SELECTION

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Overall 180 threads were selected, which entailed about 90 threads per forum. The forum threads were selected based on their proximity to the subject, the amount of answering posts and how recent activity was. The selected threads concerned interaction and discussion of both expert and experiential knowledge. In order to find these threads, the search terms “*expert*”, “*doctor*”, “*information*”, “*advice*” and “*specialist*” were employed. Special attention was given to people offering or asking information about gluten free dieting and about doctors or medical experts. An important feature of the data was, that knowledge claims were made and information was shared and discussed. In order to ensure that discussion took place, fragments with two reactions or less were excluded. Also, only threads containing posts placed or altered no more than four years ago were included.

From the 180 fragments, eight fragments were selected to illustrate the three patterns that were found. These threads were selected because they most clearly portrayed the patterns and the effects in the interaction. The patterns incorporated the different identities found, their context of meaning, the knowledge claims used to make items relevant and construe the identity and the actions or purpose they fulfilled.

## ANALYTIC PROCEDURE

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In this type of interactional research, the actions performed in interaction are identified. The meaning or truth residing in statements is not assessed or judged. The data is analysed along two principles, the principle of sequential analysis and rhetorical analysis.

Sequential analysis focuses on how utterances are taken up by other speakers. In the uptake, speakers portray a sense of understanding. Looking at the uptake, it is possible to deduce his or her interpretation of what has been said. This enables the researcher to avoid making own interpretations of the meaning of utterances in interaction. This is also referred to as the participants’ proof procedure (Edwards, 1997).

Rhetorical analysis means that by stating affairs, speakers can undermine alternative or counter versions of what is being said (Potter, 1996b; Te Molder, 2008). It is possible to deduce meaning from statements portrayed but also what is denied.

This kind of research is aimed at theoretical saturation, rather than representativeness. This means that identities are analysed in specific situations under specific conditions in order to explore the spectrum of identities, not to create universal patterns.

## RESULTS

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The selected threads were analysed and showed three dominant practices that participants used in making knowledge claims and building identities. In this chapter, the three practices will be discussed by presenting different fragments that illustrate this practice.

The first practice that was distinguished was mostly found in so-called initiating posts that started the thread. The expert identity that was established was built by extensively presenting and discussing disease markers such as symptoms.

The second practice was found in cases where the initial post called for diagnosis and the following posts answered. In those cases, the responding participants established themselves as gatekeepers, controlling who is allowed group membership, and this was attained through the use of providing advice or even diagnosis.

The third and final practice concerned the ascription of authority to medical experts or doctors. This happened in cases where diagnosis was key for the participants. This was implemented by continuously referring to doctors as being experts which in their turn strengthened the claim for diagnosis.

### PRACTICE 1: DISPLAYING A TECHNICAL EXPERT IDENTITY AS TO GAIN CREDIBILITY FOR ONE'S CONDITION

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The first practice was found in the first posts of threads. These posts were made by people who were till then outsiders and still felt the need to prove their condition to the group. The participants tried to show their competence. At the same time, they tried to establish that they did research regarding the condition and did not stumble upon the nature of their condition blindly. Their expertise is mostly established by the use of disease markers such as test results or symptoms, as well as describing the research that was done. The technical description of the condition as well as the use of detailed information established a technical expert identity. This technical expert identity helped build credibility for their condition. The next fragments are all initiating posts and illustrate the knowledge claims, the identity and the action performed.

In the first fragment the participant offers a detailed description of his symptoms and his situation, providing the reader with a full account of his bodily complications. It is an almost clinical account of his condition where symptoms are described in detail.

GLUTENDUDE FORUM – THREAD: "I HAVENT BEEN DIAGNOSED?" ("I HAVENT BEEN DIAGNOSED", 2017)

*EXTRACT 1A - KAEA3463*

1. *(2 lines omitted)*
2. *I recently went in to a gastroenterologist to have her check out some symptoms that I have*
3. *been having. I did blood work and they want me to come back in to do more. A sign for*

4. *Celiacs came back positive, but they need to do more tests. I do not quite trust doctors,*
5. *because they never seem to know what's going on.*
6. *I have had stomach problems for four months now. It has consisted of diarrhea, bloating,*
7. *gas multiple times per day and constipation every other day. There will be times where the*
8. *pain is so much I want to throw up. I have lost weight and I have lost my appetite a little.*
9. *I have been iron-deficient anemic for two years, but it never seems to ever get better no*
10. *matter how much iron I've taken in two years. I'm also low on Vitamin-D.*
11. *If I try to eat just protein and fruits and veggies, my stomach feels okay, but if I drink sodas*
12. *or really anything processed, my stomach feels like it cramps up and a side of my stomach*
13. *cramps.*
14. *I would have joint pain in my hips and spine and knees but that might just be my acne*
15. *medication.*
16. *My IaG tests came back as 39 mg/dL.*
17. *(2 Lines omitted)*

The participant focusses on the symptoms “*diarrhea, bloating, gas*” (line 6-7) and shares a lot of medical information concerning both testing as well as symptoms, in a very factual way. The person establishes his own expertise and displays a technical expert identity by offering all this specific medical information like “*My IaG tests came back as 39 mg/dL*” (line 16). He even offers causes for certain symptoms, “*have joint pain in my hips and spine and knees but that might just be my acne medication*” (line 14-15). In establishing this identity he is also building credibility for his condition. He shows his awareness of a problem as well as his reasons for believing this, in a very technical way. So, his technical-expert identity aids him in constructing a believable situation and ascribing credibility to his situation and condition.

In the second fragment, the participant uses the initial post to establish how she has tried to find out what is happening through research, and further builds her case by displaying symptoms.

GLUTENDUDE FORUM – THREAD: “ IS THERE AN ANTIBIOTICS/CELIAC DISEASE CONNECTION” (“IS THERE AN ANTIBIOTICS / CELIAC DISEASE CONNECTION?”, 2017)

EXTRACT 2 - BULLISHMECA

1. *(26 lines omitted)*
2. *Researching about my condition online is not fun at all – more like death by information*

3. *overload or death by paranoia – until my research led me to the Gluten Dude blog. I've*
4. *always thought I have something more than slow wound healing or rashes. I just have to*
5. *link it with my lifestyle. I hate to admit it but so far, everything that I've been*
6. *experiencing now could be traced to my diet. I've moved to Italy for almost a year now. I*
7. *became Italian in my diet in no time. Meaning I have consumed so much gluten-rich food*
8. *that my sudden or undiagnosed intolerance was triggered with mere antibiotics intake.*
9. *All the doctors I consulted reassured me I have no serious or life-threatening health*
10. *condition. Once antibiotics cycle is finished, I will visit the dermatologist as advised. But*
11. *this time, I will convince him to refer me for CD testing.*
12. *(2 lines omitted)*

The participant is discussing the research she has done, which builds a strong claim for her conclusion. She even shows the strain this process of information seeking, is placing on her as a person, *“Researching about my condition online is not fun at all – more like death by information overload or death by paranoia”* (line 2-3) and how it is *“not fun at all”* (line 2). This makes the recipients believe she has not just looked it up on the internet but has done extensive research in to the topic especially by describing the *“information overload”*. In providing this reasoning she builds her credibility and her technical-expert identity. This could make a recipient more likely to also accept her diagnosis namely that *“everything that I've been experiencing could be traced to my diet”* (line 6). She provides a very clinical account of the situation and plainly states a cause and effect relation, *“my sudden or undiagnosed intolerance was triggered with mere antibiotics intake”* (line 8). So by establishing her technical-expert identity she is able to draw on that identity to form a prognosis and build credibility for her condition.

In the third extract, the participant is displaying her research and symptoms.

GLUTEN-FREE SOCIETY FORUM – THREAD: *“HI, I'M DINA FROM NORTH DAKOTA. I'VE HAD HASHIMOTOS FOR 25 YEARS.”* (*“HI, I'M DINA FROM NORTH DAKOTA. I'VE HAD HASHIMOTOS FOR 25 YEARS. | GLUTEN-FREE SOCIETY”, 2017*)

*EXTRACT 3 - DINA*

1. *I've had hypothyroidism since I was 8, 39 years ago. I formed hashimotos about 25*
2. *years ago. I developed vitiligo 10 years ago. I am so tired of being tired, overweight*
3. *and mind fog.*
4. *I am just learning what is damaging to my body through the internet. We do not have*

5. *many options for doctors in ND, so I have been doing my own research for 2 years*
6. *now. 2 endocrinologists have told me this is how I have to live. There is nothing that*
7. *can be done.*
8. *I've spent so much money in the last few years on hoaxed sites to make my*
9. *symptoms better, but to no avail they have not worked.*
10. *I am hopeful this site will be it!*

The participant displays symptoms like “*tired, overweight and mind fog*” and how she suffers from “*hypothyroidism since she was 8*”. This detailed information about her condition along with the descriptions of how she has done research help build the technical-expert identity. She describes that she has “*been doing my own research for 2 years now*” (line 5-6). The participant also states that there are experts namely “*endocrinologists*” (line 6) who agree, further strengthening her claim for expertise. She even identifies certain sites are “*hoaxed*” (line 8) which implies a certain level of knowledge and expertise. Both by building her case as an expert and describing these aspects in the utmost detail, she draws attention and credibility to her condition, ensuring the recipients will be more inclined to accept her that her condition is real.

All three fragments showed that a technical-expert identity was built by sharing detailed descriptions of the situation, symptoms and the information found surrounding the condition. The technical-expert identity as well as the information provided helped them build credibility for their condition. The conditions were described with the utmost detail and in an almost clinical fashion to further strengthen their claim for identity as well as the condition. It seemed important for participants to achieve this in their initial posts, which could imply a need to prove to others the legitimacy of their identity and claims surrounding this condition.

## PRACTICE 2: DISPLAYING A GATEKEEPER IDENTITY TO MAKE THE GROUP MORE INCLUSIVE

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The second practice was mostly discovered in answering posts, in cases where the initial posts tried to establish an expert identity and strengthen credibility for their condition, as described by practice one. In these responding posts the participants examined the symptoms, discussed in the first posts and took them up for diagnosis. More importantly the participants distributed access to the group, setting their own identity as gatekeepers of the community. They built the gatekeeper identity by displaying expertise with regard to the condition, and through this were able to include many people as members of the gluten-free community. This result is in contrast with the research regarding ADHD where people were mostly excluded from the group as to maintain the high status and rareness of ADHD (Versteeg & Te Molder, 2016b). The participants used medical knowledge and medical jargon

to strengthen their identity as knowledgeable or expert gatekeepers, who were able to decide who fit the profile. This building of expertise also helped build credibility for the group.

When looking at the first fragment again, it is possible to identify the first participant offering a detailed description of his symptoms and his situation, providing the reader with a full account of bodily complications.

GLUTENDUDE FORUM – THREAD: “I HAVENT BEEN DIAGNOSED?” (“I HAVENT BEEN DIAGNOSED”, 2017)

*EXTRACT 1A - KAEA3463*

18. *(2 lines omitted)*

19. *I recently went in to a gastroenterologist to have her check out some symptoms that I have*

20. *been having. I did blood work and they want me to come back in to do more. A sign for*

21. *Celiacs came back positive, but they need to do more tests. I do not quite trust doctors,*

22. *because they never seem to know what’s going on.*

23. *I have had stomach problems for four months now. It has consisted of diarrhea, bloating,*

24. *gas multiple times per day and constipation every other day. There will be times where the*

25. *pain is so much I want to throw up. I have lost weight and I have lost my appetite a little.*

26. *I have been iron-deficient anemic for two years, but it never seems to ever get better no*

27. *matter how much iron I’ve taken in two years. I’m also low on Vitamin-D.*

28. *If I try to eat just protein and fruits and veggies, my stomach feels okay, but if I drink sodas*

29. *or really anything processed, my stomach feels like it cramps up and a side of my stomach*

30. *cramps.*

31. *I would have joint pain in my hips and spine and knees but that might just be my acne*

32. *medication.*

33. *My IgG tests came back as 39 mg/dL.*

34. *(2 Lines omitted)*

This account was used to determine a technical-expert identity and accredit credibility towards the condition. In the response, however, the first post is taken up as a question for diagnosis or group membership, instead of an account meant to gain understanding for the displayed condition.

EXTRACT 1B - WHEATFREEEEEE

1. *Hey kaea, it really does seem like you fit the bill for celiac disease. Your perceived severity*
2. *right now is not necessarily the best guide, since celiac is systemic and has all kinds of*
3. *effects. It can be hard to make sense of the whole picture.*
4. *I get the hesitancy to trust doctors, because it's often a long road to diagnosis, but it sounds*
5. *like you're on your way to getting some clarity.*
6. *If you want some good celiac information, look for Dr. Alessio Fasano, the Mayo Clinic, and*
7. *the Celiac Center at Beth Israel Deaconess.*
8. *And don't fear- a celiac diagnosis is a positive thing, because it's the first step on the road to*
9. *truly better health! It's a process, but it's doable, and there's a pretty cool community.*

The participant displays a factual account of the condition: “since celiac is systemic and has all kinds of effects” (line 2). In order to further establish his expertise related to experience, doctors are referred to which might provide good information (line 6-7). The participant is quick to accept the person and grant access to the group (“fit the bill for celiac disease” (line 1)). He already establishes his identity as gatekeeper early on and tries to strengthen his claim throughout the rest of the post. In establishing himself as gatekeeper, he is able to grant people access and allow for more people to join and be accepted.

In extract 3A the speaker is describing his situation with regard to testing and his condition.

GLUTEN-FREE SOCIETY FORUM – THREAD: “I AM NOT UNDERSTANDING GENETIC TESTS AND CONCLUSIONS” (“I AM NOT UNDERSTANDING GENETIC TESTS AND CONCLUSIONS | GLUTEN-FREE SOCIETY”, 2017)

EXTRACT 4A – 1DESPERATELADYSAVED:

1. *I was genetically tested and found to have 4/4 alleles for gluten intolerance. Does this*
2. *mean I have Celiac, or does Celiac refer to the damage that occurs? I am being told to*
3. *never eat gluten again? Is that because I am celiac or because of ????*

The speaker is asking for advice and to be granted access: “Does this mean I have Celiac, or does Celiac refer to the damage that occurs?” (line 1-2). This person strengthens the credibility for the disease by pointing out the test results, “I was genetically tested and found to have 4/4 alleles for gluten intolerance” (line 1).

EXTRACT 4B – REDBIRD:

1. *If your test is showing the HLA-DQ4,4 alleles you are being diagnosed with*
2. *NonCeliac“Gluten Sensitivity” genetics. A person with the HLA-DQ2 or DQ8 alleles are*

3. *diagnosed with Celiac Disease. If I understood what your test indicates then you don't*
4. *have Celiac Disease where your villi fingers in the intestines are being destroyed in an*
5. *auto-immune response effort to remove the gluten. That is great, however, the only thing*
6. *you can do to get healthy and stay that way is to go 100% Gluten/Grain/Soy free and*
7. *don't cheat. It is hard because there is hidden gluten in a lot of food/drink and even some*
8. *foods/drinks can cause the false "similar protein" cross-reaction. There is data that*
9. *shows that 10% of the proteins in coffee can falsely cause a gluten-type response in up to*
10. *90% of the folks with GS or CD. That is not gluten or the caffeine but tannin proteins that*
11. *resemble the gluten proteins in structure!*

In the response, the participant gives a factual account of the possibilities and the particulars related to coeliac disease, building his own expertise: *"If your test is showing the HLA-DQ4,4 alleles you are being diagnosed with NonCeliac "Gluten Sensitivity"* (line 1-2). The first person is seemingly excluded but Redbird also goes on by defining that even though the person does not have coeliac disease, still the only thing he *"can do to get healthy and stay that way is to go 100% gluten/grain/soy free and don't cheat"* (line 5-7). The participant establishes himself as a knowledgeable person who can help define the identity of the first speaker and provide access to the group. In this way, he establishes himself as gatekeeper, and by granting access makes the group more inclusive. Even though the infliction may differ, the end result of eating gluten-free remains the same, which is used to grant access.

In the following fragment the speaker poses questions related to genetic testing and displays knowledge about genes. In this case, no exact symptoms are stated, but the person is asking about related genes which are considered a disease marker.

GLUTEN-FREE SOCIETY FORUM – THREAD: "GENETIC TESTING QUESTION" ("GENETIC TESTING QUESTION | GLUTEN-FREE SOCIETY", 2017)

*EXTRACT 5A - ANONYMOUS:*

1. *I have a question about genetic testing: I read that 2 genes are tested. Both the HLA-DQ*
2. *alpha 1 and beta 1 genes are measured. So those are the genes that tells you if you have*
3. *gluten Sensitivity and or have Celiac Disease, right? I read on this forum that some have*
4. *tested some more genes. Why is that and what do those genes tell? Is it possible to see a test*
5. *result from an anonymous person just to see how the test result looks like?*

The speaker displays an expert identity by providing a factual assessment of the situation through stating that she has “read that 2 genes are tested. Both the HLA-DQ alpha 1 and beta 1 genes are measured” (line 4). It also depicts that she has done research prior to asking this question.

In the response, the participant builds a case for experiential expertise and relates more to experience.

EXTRACT 5B – ASHLEIGH OXFORD:

1. (1 line omitted)
2. *I wish I knew more about genetic testing and how to correctly answer your question. Why*
3. *are you wanting to get tested? Is it to confirm that you have a gluten intolerance because*
4. *you have been experiencing symptoms of being gluten intolerant, want to verification of*
5. *your concerns or for peace of mind? Everyone’s reason is different*
6. *I don’t have to ability to do genetic testing for my clients so if they have concerns about*
7. *being sensitive, having Celiac or intolerant, I will have them do an elimination diet for*
8. *about 10 days. An elimination diet is when you eliminate the trigger food from your diet for*
9. *at least 10 days and then slowly introduce it back into your diet and see if you feel any*
10. *better or worse. It’s the easiest way to test your body for sensitivities to certain foods. If you*
11. *want the peace of mind of actually being diagnosed, then further testing, like the one you*
12. *ordered, would be beneficial to have.*
13. (7 lines omitted)

The participant strengthens her credibility as an expert by stating that “*I wish I knew more about genetic testing*” (line 1). The fact that she limits her fields of expertise – showing awareness of what she does **not** know - may make people more inclined to acknowledge the expertise that she already possesses. She builds her expertise also by stating that she does not have the “*ability to do genetic testing for my clients*” (line 6) and therefore “*will have them do an elimination diet for about 10 days*” (line 7-8). In this the responding participant compares the other participant to her clients and sets the stage for the client-expert relation, providing the initial participant with access to group membership by comparing the two.

In all three fragments the initial posts showed questions surrounding the condition, such as symptoms or testing. The participants built expertise in their response and used that expertise to grant people access to the group, which established their own identity of

gatekeepers, who are able to distinguish between valid and non-valid members of the gluten-free community.

### PRACTICE 3: DISPLAYING AN EXPERT BUT (NON-DOCTOR) IDENTITY TO GAIN UNDERSTANDING FOR THE COMPLEXITY OF THE CONDITION

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The third and final practice showed how participants, in a situation where diagnosis is warranted by other speakers, displayed an expert, but specifically non-doctor identity to attain credibility and understanding for the complexity of the condition. This means that they strengthened the claim for the condition to be a real and intricate disease. The identity of an expert was built through the displaying of extensive research and experience with the condition. This expert identity was specifically defined as a non-doctor identity to identify the doctor as different sort of expert, and make sure that the medical expertise of the doctor is credible and thus the diagnosis and disease as well. The participants did so in their answers towards the question for diagnosis.

The following fragment shows how the initial speaker describes his situation, with symptoms growing worse and how he suspects gluten to be the problem.

GLUTENDUDE FORUM – THREAD: "I HAVENT BEEN DIAGNOSED?" ("I HAVENT BEEN DIAGNOSED", 2017)

#### EXTRACT 6A - WHEATSMYFOE

1. *(3 lines omitted)*
2. *I have been to plenty of doctors that just prescribed me omeprazole which I found made me*
3. *feel even weirder. Eventually tried to go gluten free after an episode where I ate some*
4. *bread at a BBQ with friends and my stomach felt like it was going to pop and fainted. All of*
5. *this time I'm so confused with what's happening to my body the doctors don't have any*
6. *helpful information and my bloods seem fine, I started to feel a little crazy. And wow did I*
7. *have some anxiety issues around this time. To this day I have been some what glutenfree*
8. *except maybe the small traces here or there and I feel a lot better. Not back to my old self*
9. *but better. I've been gluten free for about 6 months. Then tonight I got some sweet and sour*
10. *pork (I don't normally buy this sort of meal) made with corn flour not sure if there was*
11. *cross contamination involved in deep frier... but I ate 2-3 small pieces and within 15*
12. *minutes I was bloated had a head ache felt like spewing. Then my body started feeling*
13. *funny both hot and cold my vision went a little strange. It took about an hour to calm*

14. *down then about another hour passes and I break out in hives on my neck shoulders and*
15. *chest.*
16. *(2 lines omitted)*

The speaker provides detailed information regarding his condition and symptoms (line 12-15). This helps him build a case for his condition and attain credibility for his situation. He also explains how he has been to “*plenty of doctors*” (line 2), but states that they didn’t “*have any helpful information*” and they prescribed him medicines which didn’t help (line 5-6), indicating that he wants a solution for his condition and probably a diagnosis.

In the response, the participant Kat provides information regarding the first speaker’s condition and provides advice.

*EXTRACT 6B - KAT*

1. *(1 line omitted)*
2. *-Hives are bad. And (I am not a doctor) but I would think an actual allergic reaction, not*
3. *necessarily an auto-immune reaction. Wheat allergy is a thing.*
4. *-Deep fat fryers are DANGEROUS unless they are completely in your control or you know*
5. *without a doubt everything that has been cooked in them. {oh, do I miss deep fried stuff}.*
6. *“corn flour” on sweet and sour pork is also not commonly used. Many times, restaurants will*
7. *say corn flour, but it is mixed with wheat flour to mediate the graininess in corn meal items.*
8. *-I do realize what a big step gluten free is, but if it makes you feel better (diagnosis or no*
9. *diagnosis) it ends up being such a small thing. When I tell people that I cannot eat wheat*
10. *{side note: I live in south east Texas, most people do not know what gluten is} they*
11. *immediately say, “Oh, I couldn’t live without bread or pasta.” I just smile at them. The*
12. *sacrifice that I thought was so big when I made it seven months ago, is not a sacrifice. In*
13. *retrospect, the pain and fatigue that I had for 35 years was the sacrifice. Now I feel that I*
14. *am able to enjoy life.*
15. *I hope this helped in a small way.*

In the response, Kat provides a factual account of his insights regarding the condition described by the first speaker: “*Hives are bad*” and “*I would think an actual allergic reaction, not necessarily an auto-immune reaction*” (lines 1-2) . The participant builds his own identity as a

sort of expert, but is quick to deny medical experience, *"I am not a doctor"* (line 2). This statement calls for an expertise which can only be attained by a medical expert or a doctor, which also shows he knows what he is talking about. In describing where his expertise does not lie he is building credibility for his own expertise as well as the doctor. The disclaimer *"I am not a doctor"* (line 2) does not only build credibility for his expertise and the authority of the doctor, but also helps gain understanding for the condition. By implying that a doctor is needed, drawing on his own expert identity, he attains credibility for the condition as a 'disease' which needs medical attention.

In the next extract, another participant mimics this pattern by providing information and building an expert role as well as again deferring expertise to a doctor.

*EXTRACT 6C - WHEATFREEEEE*

1. *"Hives" could be many things, and one possibility is dermatitis herpetiformis. There is that*
2. *possibility to consider.*
3. *I think Wheatsmyfoe should pursue testing and diagnosis, wherever it may lead, and*
4. *consult with a doctor knowledgeable about celiac. Something is going on, and logically*
5. *there should be some way to investigate it.*
6. *I'm not a doctor, but if by chance the omeprazole was given as a shot in the dark, I would be*
7. *wary of that. Proton pump inhibitors affect stomach acid and nutrient absorption, and if*
8. *prescribed unnecessarily, can make a bad situation worse.*

The participant starts off with relaying his own insights regarding the topic *"Hives could be many things, and one possibility is dermatitis herpetiformis"*. In building his own rights to knowledge, he is establishing his expert identity. He underlines that even though he has expertise, he is *"not a doctor"* (line 6) and that it is important to *"pursue testing and diagnosis"* (line 3). This shows that the participant acknowledges where his expertise lies and where it does not. At the same time, it again builds the case for the complexity of the condition by announcing medical attention is warranted. The participant uses this claim for a doctor along with his own expert identity to build credibility for the condition as being a disease. The severity of the disease is underscored.

In the next fragment, the first speaker describes his symptoms as well as his previous diagnosis and ends by asking advice regarding the condition.

GLUTENDUDE FORUM – THREAD: "CELIAC OR NOT?! HELP 😞😞" ("CELIAC OR NOT?! HELP 😞😞", 2017)

*EXTRACT 7A - KJDX:*

1. *(2 lines omitted)*

2. *From since I remember I've had stomach problems. I've been previously diagnosed with IBS*
3. *and excess stomach acid. Neither medication really helped. The past months my symptoms*
4. *have become more apparent. I've been having extreme nausea, awful headaches, the most*
5. *terrible fatigue, joint pain, extreme anxiety and depression, brain fog (I just can't*
6. *concentrate, I've had to take time from my studies because of it), bloating, occasional loose*
7. *stools and loss of appetite.*
8. *I've had several blood tests, my ferritin levels are 0.1 (which I understand are low) I'm also*
9. *anaemic and on iron supplements for that. I also have severe vitamin d deficiency with a*
10. *level of 11 so on supplements for that too. I was also tested for celiac disease which I*
11. *suspect I have and one of the results were BORDERLINE :/ my doctor just shrugged this off*
12. *however I can't seem too. Is it normal to have borderline results and not have celiacs?*
13. *What's your opinions? Thank you for reading*

The speaker gives an account of her condition by describing symptoms “stomach problems” and “*excess stomach acid*” (line 2-3). She also displays her search for diagnosis and testing, and explains her test results “*were borderline*” (line 11), implying she is still looking for a diagnosis. The speaker builds her own case for the disease but asks advice regarding diagnosis: “*Is it normal to have borderline results and not have celiacs?*”

In the response, the participant provides an account of her understanding of gluten-related disorders and testing.

EXTRACT 7B - MARCIELI:

1. *(1 line omitted)*
2. *You may have other gluten-related disorders as Non-Coeliac Gluten Sensitivity or, as it was*
3. *sad before, you may had a false result if you were not eating gluten (at least for the last 3*
4. *months). I am sorry about your symptoms. I would like to share with you this article where a*
5. *nutritionist explain the signals (some that you already have) of gluten-related disorders*
6. *and why you should not cut out gluten before getting a diagnosis. I hope it can help:*

The participant builds her own expert identity by displaying her insights in the condition in a factual way, “*may have other gluten-related disorders as Non-Coeliac Gluten Sensitivity*” (line 7). The expert identity is further strengthened by providing an article by a nutritionist. She

explains her source and shows, that even though she is not a nutritionist or a medical expert she is well-informed. In establishing her own expert identity and relaying other experts she further attains credibility for the complexity of the condition. She also describes what should not be done in order to achieve diagnosis, *“you should not cut out gluten before getting a diagnosis”* (line 6), further attesting to the credibility of the condition as a disease.

In another response, a different participant is displaying his insights regarding the tests and offers advice for further testing.

*EXTRACT 7C - LCGRAHAM:*

1. *Since the celiac antibody test was borderline, try to get tested for CD4 and CD8, which are*
2. *the genetic markers suggesting CD, instead of the transaminase testing. Also, the gold*
3. *standard for CD is still the endoscopy with biopsy.*

The participant establishes his own expert identity by providing a factual account of medical information regarding the condition: *“to get tested for CD4 and CD8, which are the genetic markers suggesting CD, instead of the transaminase testing”* (line 1-2). He then ascribes authority to testing *“gold standard for CD is still the endoscopy with biopsy”* (line 2-3). In this way, the participant uses both his own knowledge as well as those found in medical institutions, which are not a part of his expertise, to create a credible account for the complexity of the condition as disease which requires a lot of medical attention.

In the next fragment, the speaker is building his own case for the condition as well as asking for diagnosis.

GLUTENDUDE FORUM – THREAD: *“HIGH B-12 AND THYROID?”* (*“HIGH B-12 AND THYROID?”*, 2017)

*EXTRACT 8A - TANSTAAFL:*

1. *After getting my first endoscopy ever (surprise! My gut is damaged!), I was looking back*
2. *through my blood tests over the past few years (I've had quite a few). They showed that I*
3. *was low in most vitamins/minerals because of celiacs, but I've always been really high in B-*
4. *12. I saw somewhere online that this could be tied to a bunch of diseases, including thyroid*
5. *conditions. Should I get tested (and what tests?), or should I just avoid WebMD?*

The speaker is building a case for his condition by describing his *“blood tests”* and *“endoscopy”*. He describes how the results were no surprise at all to the participant: *“surprise! My gut is damaged”* (line 1). All the while he is relating his desire to be diagnosed, by showing his efforts and even asking for advice regarding tests *“Should I get tested”* (line 5).

In the response, information regarding the condition presented by the first speaker is offered, along with the advice for further action.

EXTRACT 8B - WHEATFREEEEEE:

1. *Do tell your doctor, because very high b12 in the absence of supplementation can be a sign*
2. *of a serious underlying problem.*
3. *The difficulty is doctors are sometimes not so informed about b12! But they do need to find*
4. *the cause if yours is high.*
5. *I don't know what tests exactly they would do. I imagine they would test for kidney, liver, or*
6. *blood disorders.*
7. *Please don't worry yourself unnecessarily! Your body has been through a lot so there's a lot*
8. *of healing and change to come.*
9. *(1 line omitted)*

The participant builds his own expertise by giving information regarding the disease, *"very high b12 in the absence of supplementation can be a sign of a serious underlying problem"* (lines1-2) and by stressing the importance of involving medical expertise, *"do tell you doctor"* (line 1). Both his expert identity as well as the call for medical expertise are employed to attain credibility for the complexity of the condition, by showing that medical advice and testing is warranted. The need for medical assistance implies a disease and ascribes importance and credibility, especially when relayed by an expert.

In the cases where the first speaker described their condition and asked for advice or diagnosis, the responding participants were quick to comply. The participants build their own expertise by relaying research and information regarding the condition, as well as referring to testing or other forms of medical expertise, to also determine the restraints of their own expertise. This makes people more inclined to find the expert identity more credible. Both the expert identity and the reference to medical institutions were used to build credibility for the condition as a complex disease in need of medical attention and expertise.

## CONCLUSION

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This research aimed to discover and explore how people establish their identities concerning gluten-free dieting, which identities are displayed and to what purposes. A discursive psychological perspective was employed to examine the different knowledge claims, identities and actions in interaction. Eight fragments were used to illustrate the three practices found when answering the research question: *“What identities are constructed in online interaction when participants are accounting for their gluten-free dieting, and what actions do they perform by establishing these identities?”*

More specifically, I tried to answer the following sub-questions:

- What kind of knowledge claims are established in the interaction?
- How do these knowledge claims relate to or make relevant certain identities?
- In which context and to what purpose are these claims and identities established?

Overall three practices of identity work were found, which will be discussed in this chapter.

In the first practice, participants used knowledge and a medical account of their condition to build their technical-expert identity. The participants showed extensive understanding of both their symptoms and the condition. The identity was built in the first post of a discussion, when participants were looking for recognition and understanding. They employed their identity along with the information provided to gain credibility for the condition.

The second practice was found in cases where speakers were requesting diagnosis or more broadly speaking acceptance to the community of gluten free dieters. The participants in this case established themselves as knowledgeable gatekeepers. They established their expertise by providing factual accounts of their own insights and knowledge. The gatekeeper identity was adopted to be able to make the group more inclusive and strengthening the image of the disease as being a ‘real’ disease.

The third and final practice was found in cases where initial speakers were trying to achieve or pursue diagnosis or testing. In the response participants established their identities as experts, but specifically as non-doctor expert. They achieved their expert identity by displaying their knowledge and information regarding the disease, but also by showing they were no medical expert and could not provide medical testing. This outlining of expertise, makes people more inclined to find the portrayed expertise credible. The expert identity was used to build credibility for the complexity of the condition. By underlining the importance of not being a doctor, the participants established the condition as one which needs medical attention, and is thus a disease to be taken seriously.

All identities were constructed or made more relevant by implementing knowledge in a certain way. The right to knowledge relative to other participants and the decision to make certain aspects of information relevant, all led to the construction and portrayal of identities. The different identities were established through the ascribing or acclaiming of expertise. The different identities performed various actions, but they were similar in the attaining and

instigating of trust and credibility towards the person, the group or the disease. In the case of the person showing their problem, they tried to attain credibility for themselves. The gatekeepers tried to attain credibility for themselves as well as the group and the disease. The last identity of diagnosis seeker also tried to attain credibility for other experts, namely doctors. In all cases, information and knowledge were key.

## DISCUSSION

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Plato once said that wise men speak because they have something to say, while fools because they have to say something. We establish who we are in interaction, whether we are wise or fools, we strive to attain credibility. In today's society, the distinction between 'fools' and 'wise men' is not so easily made. People keep up with information and pursue their own courses of knowledge. This research has identified how information comes from different, self-proclaimed, experts and it is not just the classical experts that are well informed. The analysed accounts showed the importance of this information and rights to knowledge when establishing identities in a food environment.

In this chapter first the main results, which consisted of three different practices, will be discussed in relation to other research. Then recommendations based on the conclusion will be presented, followed by the discussion of the limitations and suggestions for future research.

## RESULTS AND OTHER RESEARCH

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In the analysis, knowledge claims were used to establish which identities were displayed and to what purpose. Participants made certain knowledge salient and used the distribution of right to knowledge to construct identity, as also explained by Raymond and Heritage (2006). The different practices were mostly used to establish expertise, and use this expertise to gain credibility for the actions performed or the condition itself. In this section the results, and thus the three practices will be discussed in relation to other research.

In the first practices, participants displayed a technical expert identity to gain credibility for the condition described. The identity was constructed through the use of detailed information regarding their current state or condition. Owning knowledge and portraying expertise have been found to be important identity markers amongst different research (Raymond and Heritage, 2006; Versteeg & Te Molder, 2016a). Participants used the displayed identity to attain credibility for their condition.

Coeliac disease is a relative new condition and does not of yet possess a clear disease pattern with clear markers or symptoms, even an duodenal biopsy, which is the golden standard of testing may produce inconclusive results (Nettleton et al., 2010; Moore, 2014). This enables people to provide detailed descriptions of their symptoms and link them to coeliac disease. It might also be an incentive to carefully construct the expert identity and attain credibility for the condition, which was done by participants in practice one (Moore, 2014). It might instigate a need to carefully construct an expert identity and use this for building a case for the condition. Another important reason, is that diagnosis itself is not vital to initiate this diet which means people can try whether the 'cure' works without first opting for a diagnosis (Moore, 2014; Copelton & Valle, 2009). This also means that a lot of people following the diet may not suffer from the condition, which may be another reason for people to clearly show and attain credibility for their disease or condition.

In the second practice, participants displayed a gatekeeper identity to make the group more inclusive, also employing knowledge to attain credibility for their role as gatekeeper. In this case the participants almost always granted access, thus augmenting the group. They employed medical information and personal experience to attain credibility and maintain the high standards of the group. The participants may have wanted to make the group more inclusive, because it is a rather new disease, which does not enjoy a lot of attention as of yet and there is a lack of understanding regarding the disease.

In other research where participants also adopted a gatekeeper identity, the group was kept exclusive and people were mostly excluded (Versteeg, & Te Molder, 2016b). In this research the interactions were about ADHD. ADHD as a condition is, however, better known than coeliac disease, and this may prompt for keeping the condition more exclusive and special, to attain more credibility for the disease. Both are ways to attain more credibility for the condition as a whole and gain more understanding.

In the third and final practice, participants displayed an expert (non-doctor) identity, to gain understanding for the complexity of the condition. The participants build their identity by relaying insights, experiences and information about the condition. It was made clear how the participant did possess knowledge but this was not based in medical institutions. By defining what one doesn't know, people attain more credibility for what they do know.

It is interesting to note that the role of medical institutions, doctors and testing remained very important throughout the interactions, due to the ability to provide diagnosis. The importance behind this reasoning may lie in the credibility for the disease as a whole. By diminishing the institutions recognising the condition, one can diminish the disease as well. There are suggestions for a growing distrust of experts and institutions for instance in a paper by Moore (2014) a case was presented for an ever growing distrust of doctors and an open questioning of medical experts. In her research she explores this changing relationship between doctor and patient, and describes it as a worrisome trend, where self-diagnosis is preferred over diagnosis by a doctor (Jutel, 2009). The growing engagement of people may not necessarily signify a growing distrust. In practice three can be seen how the need for medical institutions and doctors remains, to recognise and diagnose conditions, thus attaining credibility for the disease.

## RECOMMENDATIONS

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In all three patterns it was interesting to note how much information was being generated and shared by people, who are not, by classic definition, experts. Also, the real experts were almost never discredited for their expert identity and remained a gold standard of knowledge. There seemed to be a need for more information which could be satisfied through these interactions. Based on the conclusions, two recommendations could be presented. First, it might benefit the acceptance of scientific information when more than one kind of expertise is recognised. Secondly it might benefit the information and insights of both fields to instigate more open discussion.

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## MORE THAN ONE KIND OF KNOWLEDGE

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As defined earlier by Te Molder (2009; 2015) there are different types of knowledge which entail the speaker to different rights to knowledge and knowledge claims. The first type is that of expert knowledge and is widely recognized as 'true' knowledge (Moore, 2014). This is the knowledge portrayed by experts resulting from scientific research. The second form is that of experiential knowledge, which describes knowledge derived from experience by non-experts. In the fragments, both forms of knowledge were presented and valued equally by its recipients, because they both constructed a sense of understanding and credibility. The experiential knowledge mostly created a feeling of understanding in a social context, which entailed compassion and security. The expert knowledge was more used to create further understanding of the disease as well as the symptoms, and to provide the recipients with a sense of security and means to handle the situation (Popay & Williams, 1996). Both were of equal importance in the interaction. These two types of knowledge are both viewed as important but not in the same way, even though both may attain the same results, which is growing understanding.

Experiences of people are vital in the discussion of syndromes and symptoms, especially when it comes to seeking understanding and information and when the disease pattern is rather vague and confusing. In cases where no clear disease label exists, complaints or symptoms are often used, by medical experts, to find a disease or disease pattern. The symptoms and complaints are then, as individual entities disregarded and all ascribed to one all-embracing disease, which may be problematic for the patient and recovery. It is therefore important to recognise both symptoms and complaints in their own right and try to resolve those, instead of fulfilling a need of linking them to a disease pattern.

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## OPENING UP THE DIALOGUE

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The general public has surpassed the part of information receiver and has taken on the role of information seeker, distributor and discussor (Goodchild, 2000; Rutsaert et al., 2013). Instead of trying to provide the general public with information, it might be more effective to mingle in the existing discussions in, for instance, these forums. In the data it was possible to distinguish, that people were pursuing information in order to understand their situation. They were not trying to surpass the expert, rather trying to seek his assistance and expertise.

The general public is more concerned with health than ever before, and is actively seeking ways to achieve it, through these forums but also in social movements related to healthier lifestyle. Instead of discarding lay-experts or these movements it might be interesting to open up the dialogue. Experts could help the general public in attaining health by opening up the dialogue, and at the same time, gain insights in the struggles and problems people experience when changing their lifestyle. This could make the expert advice more attuned to people. It might overall create more understanding (Popay & Williams, 1996). It should be an open dialogue, without condemnation or disregarding of certain types of knowledge or participants because their lack of knowledge. All participants should be viewed equal and should be allowed to provide equal contributions, regardless of their type of expertise.

People are individually working to get healthier and are seeking ways to achieve this. Experts might aid them in this way. Where it used to be difficult to get people to listen, people now freely and actively seek information. This should be used to an advantage, especially since the main goal is to have more happy and healthy people.

## LIMITATIONS

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In order to answer the research question, a discursive psychological perspective was utilized. Discursive psychology incorporates certain limitations due to its interpretative character. This means that the level of representativeness is rather low, and different effects may be found in other situations. Its use therefore lies in the application in similar situations. It does provide insights which may be used to initiate research to find these patterns in other situations. In this case, it may only present conclusions and recommendations particular for the situations laid out.

In this research, online interactions were used for analysis. Online interactions are natural conversations but also entail certain limitations (Te Molder, 2015). The conversations miss certain aspects of face-to-face interaction (Schönfeldt & Golato, 2003). Aspects like non-verbal communication could not be analysed, even though these may alter interpretation as well as attitudes (Koshik & Okazawa, 2012). In these cases the other participants are also unable to perceive these aspects. This ensures that people try to produce messages of an unambiguous nature to ensure the preservation of their meaning. Another problem presented by internet interaction is the delay of response. Participants usually feel less pressure to respond. This means that sometimes a response might be lacking because participants decide to withdraw all together. This makes overseeing the effects of the discussion a rather intricate matter (Abrams, 2001).

## FURTHER RESEARCH

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Research into food movements and interaction surrounding lifestyle or food movements remains rather scarce (Moore, 2014). It is however very important for everyday life, since our health can be influenced by our dietary decisions and patterns. In this section recommendations regarding further research will be explored.

It would be interesting to delve further into the identity construction for other dietary or food movements, to understand how experts are viewed and how people present themselves. This might benefit the overall dialogue and education regarding food issues.

Another interesting point is that the current research mostly dealt with people who had been diagnosed or pursued a diagnosis for Coeliac disease. There is a new movement on the rise where gluten-free diets are also embraced for other purposes. This movement may present itself differently and handle expert opinions in various ways. This might implicate current recommendations when people handle this knowledge differently. It may therefore be beneficial when these types of dietary choices are also analysed in interaction.

Lastly it was interesting to note the importance of diagnosis in these situations. Even when the disease pattern was vague and diagnosis was intrusive, this remained the favoured choice. In these cases even self-diagnosis was possible due to the low-threshold presented by the diet. It would be interesting to find out why diagnosis remains important for the identity of people and whether this is important for other dietary options as well. After all eating environments and dietary patterns are predominantly social affairs.

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## APPENDIX

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### ENTIRE FRAGMENTS

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GLUTENDUDE FORUM – THREAD: “I HAVENT BEEN DIAGNOSED?” (“I HAVENT BEEN DIAGNOSED”, 2017)

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Fragment 1a - kaea3463 (DECEMBER 17, 2016 AT 1:07 AM #15657)

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Hi,

I am worried and confused.

I recently went in to a gastroenterologist to have her check out some symptoms that I have been having. I did blood work and they want me to come back in to do more. A sign for Celiacs came back positive, but they need to do more tests. I do not quite trust doctors, because they never seem to know what’s going on.

I have had stomach problems for four months now. It has consisted of diarrhea, bloating, gas multiple times per day and constipation every other day. There will be times where the pain is so much I want to throw up. I have lost weight and I have lost my appetite a little.

I have been iron-deficient anemic for two years, but it never seems to ever get better no matter how much iron I’ve taken in two years. I’m also low on Vitamin-D.

If I try to eat just protein and fruits and veggies, my stomach feels okay, but if I drink sodas or really anything processed, my stomach feels like it cramps up and a side of my stomach cramps.

I would have joint pain in my hips and spine and knees but that might just be my acne medication.

My IaG tests came back as 39 mg/dL.

My symptoms do not seem as bad as others. Maybe I just have another problem? Any comments!

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Fragment 1B - Wheatfreeeee (DECEMBER 17, 2016 AT 1:49 AM #15660)

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Hey kaea, it really does seem like you fit the bill for celiac disease. Your perceived severity right now is not necessarily the best guide, since celiac is systemic and has all kinds of effects. It can be hard to make sense of the whole picture.

I get the hesitancy to trust doctors, because it’s often a long road to diagnosis, but it sounds like you’re on your way to getting some clarity.

If you want some good celiac information, look for Dr. Alessio Fasano, the Mayo Clinic, and the Celiac Center at Beth Israel Deaconess.

And don't fear- a celiac diagnosis is a positive thing, because it's the first step on the road to truly better health! It's a process, but it's doable, and there's a pretty cool community.

GLUTENDUDE FORUM – THREAD: “ IS THERE AN ANTIBIOTICS/CELIAC DISEASE CONNECTION” (“IS THERE AN ANTIBIOTICS / CELIAC DISEASE CONNECTION?”, 2017)

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Fragment 2 - BullishMECA (AUGUST 29, 2016 AT 4:35 PM #15285)

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Hi all! I suspect taking antibiotics triggered my current health condition. To convince a doctor to test me for CD will prolong my life methinks. Here's my story.

Couple of weeks ago, I went to the hospital for my infected insect bites on my lower legs. But before that I've been preoccupied with so much travelling; beer-drinking and having the time of life as a 31-year old male Asian PhD student in ITALY (pizza, pasta, cheese, ice cream gelato and everything gluten?) to worry about insect bites. I religiously took 1st Doctor's prescribed antibiotics and pain relievers. I dismissed the intense itching all over my body while taking antibiotics as side effects. Or maybe even as a sign of wound healing. At the same time, I felt bloated and had upset stomache and bowel movements changed drastically during the antibiotics intake. After finishing the antibiotics, I noticed sporadic skin rashes/tiny – could singular or grouped or aligned bumps appearing mostly over my arms, legs and neck.

So now I have 2 health conditions: (1) slow insect bite wound healing is now apparent in my case, and I'm having frequent anxiety attacks while I'm convincing myself said infection is on advanced stage anyway so I have to wait a bit more for complete healing or maybe I have a relatively high sugar level these days (parents are diabetics); and (2) itchy skin rashes.

To clear my doubts, I consulted 2nd Doctor who prescribed me antihistamines for 5 days to treat my suspected allergic reaction to antibiotics. 3rd day on antihistamine and still with slow wound healing I went for a second opinion – finally with a dermatologist who then prescribed me to take another cycle of antibiotics this week. While my main concern is to heal my wounds, I'm now starting another battle for the triggered skin break out (little blisters popped on their own) which I have never experienced in my life ever. With skin seemingly becoming thin and sensitive, I'm easy to bruise.

Researching about my condition online is not fun at all – more like death by information overload or death by paranoia – until my research led me to the Gluten Dude blog. I've always thought I have something more than slow wound healing or rashes. I just have to link it with my lifestyle. I hate to admit it but so far, everything that I've been experiencing now could be traced to my diet. I've moved to Italy for almost a year now. I became Italian in

my diet in no time. Meaning I have consumed so much gluten-rich food that my sudden or undiagnosed intolerance was triggered with mere antibiotics intake.

All the doctors I consulted reassured me I have no serious or life-threatening health condition. Once antibiotics cycle is finished, I will visit the dermatologist as advised. But this time, I will convince him to refer me for CD testing. Fingers crossed I will eventually test negative for CD but CD proves to me more manageable, if there's any consolation. I can no longer go back in time in any case.

GLUTEN-FREE SOCIETY FORUM – THREAD: “HI, I’M DINA FROM NORTH DAKOTA. I’VE HAD HASHIMOTOS FOR 25 YEARS. (“HI, I’M DINA FROM NORTH DAKOTA. I’VE HAD HASHIMOTOS FOR 25 YEARS | GLUTEN-FREE SOCIETY”, 2017)

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FRAGMENT 3 - DINA (JUNE 21, 2016 AT 11:15 AM)

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I’ve had hypothyroidism since I was 8, 39 years ago. I formed hashimotos about 25 years ago. I developed vitiligo 10 years ago. I am so tired of being tired, overweight and mind fog.

I am just learning what is damaging to my body through the internet. We do not have many options for doctors in ND, so I have been doing my own research for 2 years now. 2 endocrinologists have told me this is how I have to live. There is nothing that can be done.

I’ve spent so much money in the last few years on hoaxed sites to make my symptoms better, but to no avail they have not worked.

I am hopeful this site will be it!

GLUTEN-FREE SOCIETY FORUM – THREAD: “I AM NOT UNDERSTANDING GENETIC TESTS AND CONCLUSIONS” (“I AM NOT UNDERSTANDING GENETIC TESTS AND CONCLUSIONS | GLUTEN-FREE SOCIETY”, 2017)

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FRAGMENT 4A - 1desperateladysaved (JUNE 12, 2012 AT 10:11 AM)

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I was genetically tested and found to have 4/4 alleles for gluten intolerance. Does this mean I have Celiac, or does Celiac refer to the damage that occurs? I am being told to never eat gluten again? Is that because I am celiac or because of ????

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FRAGMENT 4B - redbird (JUNE 16, 2012 AT 12:58 AM)

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If your test is showing the HLA-DQ4,4 alleles you are being diagnosed with NonCeliac“Gluten Sensitivity” genetics. A person with the HLA-DQ2 or DQ8 alleles are diagnosed with Celiac Disease. If I understood what your test indicates then you don’t have Celiac Disease where your villi fingers in the intestines are being destroyed in an auto-immune response effort to remove the gluten. That is great, however, the only thing you can do to get healthy and stay that way is to go 100% Gluten/Grain/Soy free and don’t cheat. It is

hard because there is hidden gluten in a lot of food/drink and even some foods/drinks can cause the false “similar protein” cross-reaction. There is data that shows that 10% of the proteins in coffee can falsely cause a gluten-type response in up to 90% of the folks with GS or CD. That is not gluten or the caffeine but tannin proteins that resemble the gluten proteins in structure!

GLUTEN-FREE SOCIETY FORUM – THREAD: “GENETIC TESTING QUESTION” (“GENETIC TESTING QUESTION | GLUTEN-FREE SOCIETY”, 2017)

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FRAGMENT 5A – Keymaster (Anonymous) (MARCH 16, 2014 AT 2:26 PM)

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Ok, I just ordered the test so I will get the genetic testing done.

I’m so excited and also nervous. Pretty sure that it will tell that I’m sensitive (I’ve self diagnosed myself due to symptoms). But not sure enough to not have the test done and maybe it will tell more. It will sure let me know exactly what I need to do.

Still looking forward to Dr. Peter Osborne’s, or someone else’s, answer here to my question above.

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FRAGMENT 5B – Ashleigh Oxford (MARCH 18, 2014 AT 5:35 PM)

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Hi Line Kolbe!

I wish I knew more about genetic testing and how to correctly answer your question. Why are you wanting to get tested? Is it to confirm that you have a gluten intolerance because you have been experiencing symptoms of being gluten intolerant, want to verification of your concerns or for peace of mind? Everyone’s reason is different

I don’t have to ability to do genetic testing for my clients so if they have concerns about being sensitive, having Celiac or intolerant, I will have them do an elimination diet for about 10 days. An elimination diet is when you eliminate the trigger food from your diet for at least 10 days and then slowly introduce it back into your diet and see if you feel any better or worse. It’s the easiest way to test your body for sensitivities to certain foods. If you want the peace of mind of actually being diagnosed, then further testing, like the one you ordered, would be beneficial to have.

I have a colonoscopy preformed a few years back (to test for celiac. I didnt know there were other ways to test, like genetically) and it was determined I do NOT have a gluten intolerance or Celiac from that specific test. However, when I decided to go gluten free for good a few months later, that’s when my symptoms started to decrease, my health slowly began to come back, and I knew I didn’t need a test to confirm my suspicions. I felt better and for me that was enough

Hope you find the answers your are seeking

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Fragment 6a - Wheatsmyfoe (AUGUST 17, 2016 AT 6:00 AM  
#15201)

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it all seemed to start after a two week bender with my friends over new year's not sure if stress on the body can cause disorders or allergies to start? A year of feeling unwell, acid reflux, bloated, confused bowels, fatigued and just not myself. I have been to plenty of doctors that just prescribed me omeprazole which I found made me feel even weirder. Eventually tried to go gluten free after an episode where I ate some bread at a BBQ with friends and my stomach felt like it was going to pop and fainted. All of this time I'm so confused with what's happening to my body the doctors don't have any helpful information and my bloods seem fine, I started to feel a little crazy. And wow did I have some anxiety issues around this time. To this day I have been some what glutenfree except maybe the small traces here or there and I feel a lot better. Not back to my old self but better. I've been gluten free for about 6 months. Then tonight I got some sweet and sour pork (I don't normally buy this sort of meal) made with corn flour not sure if there was cross contamination involved in deep fryer... but I ate 2-3 small pieces and within 15 minutes I was bloated had a head ache felt like spewing. Then my body started feeling funny both hot and cold my vision went a little strange. It took about an hour to calm down then about another hour passes and I break out in hives on my neck shoulders and chest. Please can someone give me some advice, who to see what steps to take to get it sorted. Any comments would be much appreciated

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Fragment 6B kat (SEPTEMBER 16, 2016 AT 8:00 PM #15344)

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Couple of comments that may assist:

-Hives are bad. And (I am not a doctor) but I would think an actual allergic reaction, not necessarily an auto-immune reaction. Wheat allergy is a thing.

-Deep fat fryers are DANGEROUS unless they are completely in your control or you know without a doubt everything that has been cooked in them. {oh, do I miss deep fried stuff}. "corn flour" on sweet and sour pork is also not commonly used. Many times, restaurants will say corn flour, but it is mixed with wheat flour to mediate the graininess in corn meal items.

-I do realize what a big step gluten free is, but if it makes you feel better (diagnosis or no diagnosis) it ends up being such a small thing. When I tell people that I cannot eat wheat {side note: I live in south east Texas, most people do not know what gluten is} they immediately say, "Oh, I couldn't live without bread or pasta." I just smile at them. The sacrifice that I thought was so big when I made it seven months ago, is not a sacrifice. In retrospect, the pain and fatigue that I had for 35 years was the sacrifice. Now I feel that I am able to enjoy life.

I hope this helped in a small way.

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Fragment 6C - wheatfreeeee (SEPTEMBER 19, 2016 AT 5:09 PM #15379)

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“Hives” could be many things, and one possibility is dermatitis herpetiformis. There is that possibility to consider.

I think Wheatsmyfoe should pursue testing and diagnosis, wherever it may lead, and consult with a doctor knowledgeable about celiac. Something is going on, and logically there should be some way to investigate it.

I’m not a doctor, but if by chance the omeprazole was given as a shot in the dark, I would be wary of that. Proton pump inhibitors affect stomach acid and nutrient absorption, and if prescribed unnecessarily, can make a bad situation worse.

GLUTENDUDE FORUM – THREAD: “CELIAC OR NOT?! HELP 😞😞” (“CELIAC OR NOT?! HELP 😞😞”, 2017)

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Fragment 7A - KJDx (MARCH 29, 2016 AT 6:44 PM #14349)

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Hi all,

Anyone’s thoughts and opinions would be helpful so here goes..

From since I remember I’ve had stomach problems. I’ve been previously diagnosed with IBS and excess stomach acid. Neither medication really helped. The past months my symptoms have become more apparent. I’ve been having extreme nausea, awful headaches, the most terrible fatigue, joint pain, extreme anxiety and depression, brain fog (I just can’t concentrate, I’ve had to take time from my studies because of it), bloating, occasional loose stools and loss of appetite.

I’ve had several blood tests, my ferritin levels are 0.1 (which I understand are low) I’m also anaemic and on iron supplements for that. I also have severe vitamin d deficiency with a level of 11 so on supplements for that too. I was also tested for celiac disease which I suspect I have and one of the results were BORDERLINE :/ my doctor just shrugged this off however I can’t seem too. Is it normal to have borderline results and not have celiacs? What’s your opinions? Thank you for reading

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Fragment 7B - Marcieli (APRIL 19, 2016 AT 11:47 AM #14450)

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Hi KJDx

You may have other gluten-related disorders as Non-Coeliac Gluten Sensitivity or, as it was sad before, you may had a false result if you were not eating gluten (at least for the last 3 months). I am sorry about your symptoms. I would like to share with you this article where a

nutritionist explain the signals (some that you already have) of gluten-related disorders and why you should not cut out gluten before getting a diagnosis. I hope it can help:

Understanding your body's signals for gluten-related disorders

All the best for you!

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Fragment 7C - lcgraham (APRIL 28, 2016 AT 9:27 PM #14494)

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Since the celiac antibody test was borderline, try to get tested for CD4 and CD8, which are the genetic markers suggesting CD, instead of the transaminase testing. Also, the gold standard for CD is still the endoscopy with biopsy.

GLUTENDUDE FORUM – THREAD: "HIGH B-12 AND THYROID?" ("HIGH B-12 AND THYROID?", 2017)

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Fragment 8A - tanstaaf1 (FEBRUARY 25, 2016 AT 1:08 PM #14193)

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After getting my first endoscopy ever (surprise! My gut is damaged!), I was looking back through my blood tests over the past few years (I've had quite a few). They showed that I was low in most vitamins/minerals because of celiacs, but I've always been really high in B-12. I saw somewhere online that this could be tied to a bunch of diseases, including thyroid conditions. Should I get tested (and what tests?), or should I just avoid WebMD?

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Fragment 8B - wheatfreeeee (FEBRUARY 28, 2016 AT 10:06 PM #14215)

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Do tell your doctor, because very high b12 in the absence of supplementation can be a sign of a serious underlying problem.

The difficulty is doctors are sometimes not so informed about b12! But they do need to find the cause if yours is high.

I don't know what tests exactly they would do. I imagine they would test for kidney, liver, or blood disorders.

Please don't worry yourself unnecessarily! Your body has been through a lot so there's a lot of healing and change to come.

Best of luck!!

## COMPLETE LIST OF ANALYSED FRAGMENTS

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i-am-afraid-to-eat-dinner-with-people-but-atleast-my-family-is-starting-to-realize	<a href="https://www.glutenfreesociety.org/topic/i-am-afraid-to-eat-dinner-with-people-but-atleast-my-family-is-starting-to-realize/">https://www.glutenfreesociety.org/topic/i-am-afraid-to-eat-dinner-with-people-but-atleast-my-family-is-starting-to-realize/</a>
i-am-glad-that-the-lord-can-restore-the-years-the-locusts-have-eaten	<a href="https://www.glutenfreesociety.org/topic/i-am-glad-that-the-lord-can-restore-the-years-the-locusts-have-eaten/">https://www.glutenfreesociety.org/topic/i-am-glad-that-the-lord-can-restore-the-years-the-locusts-have-eaten/</a>
i-am-not-understanding-genetic-tests-and-conclusions	<a href="https://www.glutenfreesociety.org/topic/i-am-not-understanding-genetic-tests-and-conclusions/">https://www.glutenfreesociety.org/topic/i-am-not-understanding-genetic-tests-and-conclusions/</a>
i-feel-great	<a href="https://www.glutenfreesociety.org/topic/i-feel-great/">https://www.glutenfreesociety.org/topic/i-feel-great/</a>
i-have-a-cold	<a href="https://www.glutenfreesociety.org/topic/i-have-a-cold/">https://www.glutenfreesociety.org/topic/i-have-a-cold/</a>
is-hemp-a-grain	<a href="https://www.glutenfreesociety.org/topic/is-hemp-a-grain/">https://www.glutenfreesociety.org/topic/is-hemp-a-grain/</a>
i-was-still-eating-buckwheat-oops	<a href="https://www.glutenfreesociety.org/topic/i-was-still-eating-buckwheat-oops/">https://www.glutenfreesociety.org/topic/i-was-still-eating-buckwheat-oops/</a>
judy-from-tennessee	<a href="https://www.glutenfreesociety.org/topic/judy-from-tennessee/">https://www.glutenfreesociety.org/topic/judy-from-tennessee/</a>
leaky-gut	<a href="https://www.glutenfreesociety.org/topic/leaky-gut/">https://www.glutenfreesociety.org/topic/leaky-gut/</a>
more-research-on-corn	<a href="https://www.glutenfreesociety.org/topic/more-research-on-corn/">https://www.glutenfreesociety.org/topic/more-research-on-corn/</a>
multiple-chemicalfood-sensitivities-and-leaky-gutcandida	<a href="https://www.glutenfreesociety.org/topic/multiple-chemicalfood-sensitivities-and-leaky-gutcandida/">https://www.glutenfreesociety.org/topic/multiple-chemicalfood-sensitivities-and-leaky-gutcandida/</a>
newbie-intro-a-symptom-question	<a href="https://www.glutenfreesociety.org/topic/newbie-intro-a-symptom-question/">https://www.glutenfreesociety.org/topic/newbie-intro-a-symptom-question/</a>
new-member-6	<a href="https://www.glutenfreesociety.org/topic/new-member-6/">https://www.glutenfreesociety.org/topic/new-member-6/</a>
new-member-coeliac-gluten-free-since-99	<a href="https://www.glutenfreesociety.org/topic/find-gluten-free-doctors/">https://www.glutenfreesociety.org/topic/find-gluten-free-doctors/</a>
new-to-the-group-searching-for-answers-to-help-9-year-old-son	<a href="https://www.glutenfreesociety.org/topic/new-to-the-group-searching-for-answers-to-help-9-year-old-son/">https://www.glutenfreesociety.org/topic/new-to-the-group-searching-for-answers-to-help-9-year-old-son/</a>
Numbness	<a href="https://www.glutenfreesociety.org/topic/numbness/">https://www.glutenfreesociety.org/topic/numbness/</a>
on-the-journey-to-gluten-free	<a href="https://www.glutenfreesociety.org/topic/on-the-journey-to-gluten-free/">https://www.glutenfreesociety.org/topic/on-the-journey-to-gluten-free/</a>
polyps-in-stomach-	<a href="https://www.glutenfreesociety.org/topic/polyps-in-stomach-2/">https://www.glutenfreesociety.org/topic/polyps-in-stomach-2/</a>
pre-and-post-workout-carbs	<a href="https://www.glutenfreesociety.org/topic/pre-and-post-workout-carbs/">https://www.glutenfreesociety.org/topic/pre-and-post-workout-carbs/</a>
probiotichealing-aids	<a href="https://www.glutenfreesociety.org/topic/probiotichealing-aids/">https://www.glutenfreesociety.org/topic/probiotichealing-aids/</a>
redbird-from-arkansas	<a href="https://www.glutenfreesociety.org/topic/redbird-from-arkansas/">https://www.glutenfreesociety.org/topic/redbird-from-arkansas/</a>
relapsed-after-taking-a-zpack	<a href="https://www.glutenfreesociety.org/topic/relapsed-after-taking-a-zpack/">https://www.glutenfreesociety.org/topic/relapsed-after-taking-a-zpack/</a>
snacks	<a href="https://www.glutenfreesociety.org/topic/snacks/">https://www.glutenfreesociety.org/topic/snacks/</a>
testing-question	<a href="https://www.glutenfreesociety.org/topic/testing-question/">https://www.glutenfreesociety.org/topic/testing-question/</a>
the-social-struggle	<a href="https://www.glutenfreesociety.org/topic/the-social-struggle/">https://www.glutenfreesociety.org/topic/the-social-struggle/</a>
toothpast-and-shampoo	<a href="https://www.glutenfreesociety.org/topic/toothpast-and-shampoo/">https://www.glutenfreesociety.org/topic/toothpast-and-shampoo/</a>
virus-or-glutening-of-some-sort	<a href="https://www.glutenfreesociety.org/topic/virus-or-glutening-of-some-sort/">https://www.glutenfreesociety.org/topic/virus-or-glutening-of-some-sort/</a>
what-does-everybody-drink-out-there	<a href="https://www.glutenfreesociety.org/topic/what-does-everybody-drink-out-there/">https://www.glutenfreesociety.org/topic/what-does-everybody-drink-out-there/</a>
what-is-your-reaction-to-gluten-like	<a href="https://www.glutenfreesociety.org/topic/what-is-your-reaction-to-gluten-like/">https://www.glutenfreesociety.org/topic/what-is-your-reaction-to-gluten-like/</a>
what-tests-to-have-done	<a href="https://www.glutenfreesociety.org/topic/what-tests-to-have-done/">https://www.glutenfreesociety.org/topic/what-tests-to-have-done/</a>
what-to-eat-before-short-but-intense-workout	<a href="https://www.glutenfreesociety.org/topic/what-to-eat-before-short-but-intense-workout/">https://www.glutenfreesociety.org/topic/what-to-eat-before-short-but-intense-workout/</a>
when-your-ready-to-get-off-your-medications	<a href="https://www.glutenfreesociety.org/topic/when-your-ready-to-get-off-your-medications/">https://www.glutenfreesociety.org/topic/when-your-ready-to-get-off-your-medications/</a>
why-are-some-doctors-scared-of-gluten-sensitivity	<a href="https://www.glutenfreesociety.org/topic/why-are-some-doctors-scared-of-gluten-sensitivity/">https://www.glutenfreesociety.org/topic/why-are-some-doctors-scared-of-gluten-sensitivity/</a>
xylytol-2	<a href="https://www.glutenfreesociety.org/topic/xylytol-2/">https://www.glutenfreesociety.org/topic/xylytol-2/</a>

## DATA GLUTENDUDE

<b>Topic:</b>	<b>Link:</b>
40s-and-celiac	<a href="http://glutendude.com/topic/my-story-looking-for-advice-please-help/">http://glutendude.com/topic/my-story-looking-for-advice-please-help/</a>
40s-and-celiac	<a href="http://glutendude.com/topic/age-53/">http://glutendude.com/topic/age-53/</a>
abnormal	<a href="http://glutendude.com/topic/abnormal/">http://glutendude.com/topic/abnormal/</a>
age-53	<a href="http://glutendude.com/topic/microwave-and-thats-it/">http://glutendude.com/topic/microwave-and-thats-it/</a>
age-53	<a href="http://glutendude.com/topic/40s-and-celiac/">http://glutendude.com/topic/40s-and-celiac/</a>
alright-ill-start	<a href="http://glutendude.com/topic/alright-ill-start/">http://glutendude.com/topic/alright-ill-start/</a>
am-i-being-paranoid	<a href="http://glutendude.com/topic/am-i-being-paranoid/">http://glutendude.com/topic/am-i-being-paranoid/</a>
a-moms-job	<a href="http://glutendude.com/topic/a-moms-job/">http://glutendude.com/topic/a-moms-job/</a>
a-small-rant	<a href="http://glutendude.com/topic/a-small-rant/">http://glutendude.com/topic/a-small-rant/</a>
been-glutened-how-long-do-symptoms-last	<a href="http://glutendude.com/topic/been-glutened-how-long-do-symptoms-last/">http://glutendude.com/topic/been-glutened-how-long-do-symptoms-last/</a>
being-newly-married-is-hard-enough	<a href="http://glutendude.com/topic/being-newly-married-is-hard-enough/">http://glutendude.com/topic/being-newly-married-is-hard-enough/</a>
celiac-or-not-help-%f0%9f%98%96%f0%9f%98%a9	<a href="http://glutendude.com/topic/celiac-or-not-help-%f0%9f%98%96%f0%9f%98%a9/">http://glutendude.com/topic/celiac-or-not-help-%f0%9f%98%96%f0%9f%98%a9/</a>
celiac-teens	<a href="http://glutendude.com/topic/celiac-teens/">http://glutendude.com/topic/celiac-teens/</a>
choosing-not-to-be-diagnosed	<a href="http://glutendude.com/topic/choosing-not-to-be-diagnosed/">http://glutendude.com/topic/choosing-not-to-be-diagnosed/</a>
cosmetics-please-help	<a href="http://glutendude.com/topic/cosmetics-please-help/">http://glutendude.com/topic/cosmetics-please-help/</a>
could-i-have-celiac-pretty-sure-my-son-does	<a href="http://glutendude.com/topic/could-i-have-celiac-pretty-sure-my-son-does/">http://glutendude.com/topic/could-i-have-celiac-pretty-sure-my-son-does/</a>
cross-contamination-question	<a href="http://glutendude.com/topic/cross-contamination-question/">http://glutendude.com/topic/cross-contamination-question/</a>
dealing-with-celiac-as-a-20-something	<a href="http://glutendude.com/topic/gluten-free-for-years-still-suffering/">http://glutendude.com/topic/gluten-free-for-years-still-suffering/</a>
diagnosed-late-in-life	<a href="http://glutendude.com/topic/nervous-college-student/">http://glutendude.com/topic/nervous-college-student/</a>
does-anyone-else-experience-horrible-itching-all-over-w-no-rash	<a href="http://glutendude.com/topic/does-anyone-else-experience-horrible-itching-all-over-w-no-rash/">http://glutendude.com/topic/does-anyone-else-experience-horrible-itching-all-over-w-no-rash/</a>
does-anyone-suffer-from-acid-reflux-as-well	<a href="http://glutendude.com/topic/does-anyone-suffer-from-acid-reflux-as-well/">http://glutendude.com/topic/does-anyone-suffer-from-acid-reflux-as-well/</a>
does-anyone-with-celiacs-drink-disaronno	<a href="http://glutendude.com/topic/does-anyone-with-celiacs-drink-disaronno/">http://glutendude.com/topic/does-anyone-with-celiacs-drink-disaronno/</a>
does-glutening-get-worse-the-longer-you-go-without	<a href="http://glutendude.com/topic/does-glutening-get-worse-the-longer-you-go-without/">http://glutendude.com/topic/does-glutening-get-worse-the-longer-you-go-without/</a>
do-i-need-the-endoscopy	<a href="http://glutendude.com/topic/do-i-need-the-endoscopy/">http://glutendude.com/topic/do-i-need-the-endoscopy/</a>
ed-a-good-doctor	<a href="http://glutendude.com/topic/need-a-good-doctor/">http://glutendude.com/topic/need-a-good-doctor/</a>
emotional-issues	<a href="http://glutendude.com/topic/emotional-issues/">http://glutendude.com/topic/emotional-issues/</a>
food-should-taste-good-brand-anyone-react	<a href="http://glutendude.com/topic/food-should-taste-good-brand-anyone-react/">http://glutendude.com/topic/food-should-taste-good-brand-anyone-react/</a>
getting-tested-sympoms-and-doctor-recomendations	<a href="http://glutendude.com/topic/getting-tested-sympoms-and-doctor-recomendations/">http://glutendude.com/topic/getting-tested-sympoms-and-doctor-recomendations/</a>
gf-antibiotics	<a href="http://glutendude.com/topic/gf-antibiotics/">http://glutendude.com/topic/gf-antibiotics/</a>
gluten-free-migraine-meds	<a href="http://glutendude.com/topic/gluten-free-migraine-meds/">http://glutendude.com/topic/gluten-free-migraine-meds/</a>
has-anyone-reverted-back-to-eating-gluten	<a href="http://glutendude.com/topic/has-anyone-reverted-back-to-eating-gluten/">http://glutendude.com/topic/has-anyone-reverted-back-to-eating-gluten/</a>
have-you-experienced-changing-symptoms	<a href="http://glutendude.com/topic/have-you-experienced-changing-symptoms/">http://glutendude.com/topic/have-you-experienced-changing-symptoms/</a>
high-b-12-and-thyroid	<a href="http://glutendude.com/topic/high-b-12-and-thyroid/">http://glutendude.com/topic/high-b-12-and-thyroid/</a>
hi-i-have-a-question	<a href="http://glutendude.com/topic/hi-i-have-a-question/">http://glutendude.com/topic/hi-i-have-a-question/</a>
how-does-your-celiac-affect-your-relationships	<a href="http://glutendude.com/topic/should-i-be-suspicious-of-my-toddlers-rash/">http://glutendude.com/topic/should-i-be-suspicious-of-my-toddlers-rash/</a>
i-am-so-hungry	<a href="http://glutendude.com/topic/i-am-so-hungry/">http://glutendude.com/topic/i-am-so-hungry/</a>
i-cant-do-this	<a href="http://glutendude.com/topic/i-cant-do-this/">http://glutendude.com/topic/i-cant-do-this/</a>
i-havent-been-diagnosed	<a href="http://glutendude.com/topic/i-havent-been-diagnosed/">http://glutendude.com/topic/i-havent-been-diagnosed/</a>
dating -someone-with-celiac	<a href="http://glutendude.com/topic/dating-someone-with-celiac/">http://glutendude.com/topic/dating-someone-with-celiac/</a>
is-an-endoscopy-necessary-to-confirm-a-celiac-diagnosis	<a href="http://glutendude.com/topic/is-an-endoscopy-necessary-to-confirm-a-celiac-diagnosis/">http://glutendude.com/topic/is-an-endoscopy-necessary-to-confirm-a-celiac-diagnosis/</a>
issues-with-inulinchicory-root	<a href="http://glutendude.com/topic/issues-with-inulinchicory-root/">http://glutendude.com/topic/issues-with-inulinchicory-root/</a>
is-there-an-antibiotics-celiac-disease-connection	<a href="http://glutendude.com/topic/is-there-an-antibiotics-celiac-disease-connection/">http://glutendude.com/topic/is-there-an-antibiotics-celiac-disease-connection/</a>
joint-pain-from-hell-no-docs-can-help	<a href="http://glutendude.com/topic/joint-pain-from-hell-no-docs-can-help/">http://glutendude.com/topic/joint-pain-from-hell-no-docs-can-help/</a>
just-needing-a-bit-of-support-family	<a href="http://glutendude.com/topic/just-needing-a-bit-of-support-family/">http://glutendude.com/topic/just-needing-a-bit-of-support-family/</a>
kind-bars	<a href="http://glutendude.com/topic/kind-bars/">http://glutendude.com/topic/kind-bars/</a>

late-30s-single-how-does-it-affect-us	<a href="http://glutendude.com/topic/alternatives-to-the-dinner-date/">http://glutendude.com/topic/alternatives-to-the-dinner-date/</a>
lower-left-abdominal-left-pelvic-other-random-pains	<a href="http://glutendude.com/topic/lower-left-abdominal-left-pelvic-other-random-pains/">http://glutendude.com/topic/lower-left-abdominal-left-pelvic-other-random-pains/</a>
lunchbox-ideas-so-challenging	<a href="http://glutendude.com/topic/lunchbox-ideas-so-challenging/">http://glutendude.com/topic/lunchbox-ideas-so-challenging/</a>
microwave-and-thats-it	<a href="http://glutendude.com/topic/late-30s-single-how-does-it-affect-us/">http://glutendude.com/topic/late-30s-single-how-does-it-affect-us/</a>
migraines-gluten-related-or-not	<a href="http://glutendude.com/topic/migraines-gluten-related-or-not/">http://glutendude.com/topic/migraines-gluten-related-or-not/</a>
my-daughter-was-just-diagnosed-im-overwhelmed	<a href="http://glutendude.com/topic/my-daughter-was-just-diagnosed-im-overwhelmed/">http://glutendude.com/topic/my-daughter-was-just-diagnosed-im-overwhelmed/</a>
my-story-looking-for-advice-please-help	<a href="http://glutendude.com/topic/diagnosed-late-in-life/">http://glutendude.com/topic/diagnosed-late-in-life/</a>
need-help-what-are-your-biggest-health-concerns	<a href="http://glutendude.com/topic/need-help-what-are-your-biggest-health-concerns/">http://glutendude.com/topic/need-help-what-are-your-biggest-health-concerns/</a>
negative-tests-positive-for-symptoms-ne	<a href="http://glutendude.com/topic/negative-tests-positive-for-symptoms-ne/">http://glutendude.com/topic/negative-tests-positive-for-symptoms-ne/</a>
nervous-college-student	<a href="http://glutendude.com/topic/role-call/">http://glutendude.com/topic/role-call/</a>
ormal-liver-function	<a href="http://glutendude.com/topic/abnormal-liver-function/">http://glutendude.com/topic/abnormal-liver-function/</a>
ow-to-deal-with-your-family-and-friends-that-just-dont-get-the-seriousness	<a href="http://glutendude.com/topic/how-to-deal-with-your-family-and-friends-that-just-dont-get-the-seriousness/">http://glutendude.com/topic/how-to-deal-with-your-family-and-friends-that-just-dont-get-the-seriousness/</a>
please-help-2	<a href="http://glutendude.com/topic/please-help-2/">http://glutendude.com/topic/please-help-2/</a>
questions-for-those-with-silent-celiac	<a href="http://glutendude.com/topic/questions-for-those-with-silent-celiac/">http://glutendude.com/topic/questions-for-those-with-silent-celiac/</a>
role-call	<a href="http://glutendude.com/topic/how-does-your-celiac-affect-your-relationships/">http://glutendude.com/topic/how-does-your-celiac-affect-your-relationships/</a>
seriously-now-coffee	<a href="http://glutendude.com/topic/seriously-now-coffee/">http://glutendude.com/topic/seriously-now-coffee/</a>
shared-kitchen-woes	<a href="http://glutendude.com/topic/shared-kitchen-woes/">http://glutendude.com/topic/shared-kitchen-woes/</a>
should-i-be-suspicious-of-my-toddlers-rash	<a href="http://glutendude.com/topic/dealing-with-celiac-as-a-20-something/">http://glutendude.com/topic/dealing-with-celiac-as-a-20-something/</a>
should-i-get-more-testing	<a href="http://glutendude.com/topic/should-i-get-more-testing/">http://glutendude.com/topic/should-i-get-more-testing/</a>
s-not-in-my-head	<a href="http://glutendude.com/topic/its-not-in-my-head/">http://glutendude.com/topic/its-not-in-my-head/</a>
sperately-in-need-of-help	<a href="http://glutendude.com/topic/desperately-in-need-of-help/">http://glutendude.com/topic/desperately-in-need-of-help/</a>
starve-or-eat-little-gluten	<a href="http://glutendude.com/topic/starve-or-eat-little-gluten/">http://glutendude.com/topic/starve-or-eat-little-gluten/</a>
stories-of-healing	<a href="http://glutendude.com/topic/stories-of-healing/">http://glutendude.com/topic/stories-of-healing/</a>
surgery	<a href="http://glutendude.com/topic/surgery/">http://glutendude.com/topic/surgery/</a>
thank-you-for-listening	<a href="http://glutendude.com/topic/thank-you-for-listening/">http://glutendude.com/topic/thank-you-for-listening/</a>
this-is-my-story-and-i-would-really-appreciate-advice	<a href="http://glutendude.com/topic/this-is-my-story-and-i-would-really-appreciate-advice/">http://glutendude.com/topic/this-is-my-story-and-i-would-really-appreciate-advice/</a>
tissue-sample-test-of-small-intestine-by-gi-doctor	<a href="http://glutendude.com/topic/tissue-sample-test-of-small-intestine-by-gi-doctor/">http://glutendude.com/topic/tissue-sample-test-of-small-intestine-by-gi-doctor/</a>
trying-to-figure-it-all-out	<a href="http://glutendude.com/topic/trying-to-figure-it-all-out/">http://glutendude.com/topic/trying-to-figure-it-all-out/</a>
ttg-goes-up-from-2-8-to-6-8-from-year-one-to-year-two	<a href="http://glutendude.com/topic/ttg-goes-up-from-2-8-to-6-8-from-year-one-to-year-two/">http://glutendude.com/topic/ttg-goes-up-from-2-8-to-6-8-from-year-one-to-year-two/</a>
vitamins-supplements-cd-with-hair-loss	<a href="http://glutendude.com/topic/vitamins-supplements-cd-with-hair-loss/">http://glutendude.com/topic/vitamins-supplements-cd-with-hair-loss/</a>
what-tests-should-i-ask-for-for-gluten-sensitivitycd-for-a-4-yr-old	<a href="http://glutendude.com/topic/what-tests-should-i-ask-for-for-gluten-sensitivitycd-for-a-4-yr-old/">http://glutendude.com/topic/what-tests-should-i-ask-for-for-gluten-sensitivitycd-for-a-4-yr-old/</a>
what-to-expect-during-going-gluten-free-the-first-year-after-my-diagnosis	<a href="http://glutendude.com/topic/what-to-expect-during-going-gluten-free-the-first-year-after-my-diagnosis/">http://glutendude.com/topic/what-to-expect-during-going-gluten-free-the-first-year-after-my-diagnosis/</a>