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# Food Stories of Difficult Children, Manufacturing of Disgust and Experience of the Crohn Disease

*Virginie Masdoua*

## ANTHROPOLOGY OF DISGUST

The collected data on which we rely here is based on a series of 60 semi-directed conversations led by adults (18- to 38-years old), living in the southwest of France. The interviewees were classified into two groups, one composed of 30 persons affected by Crohn's disease (CD)<sup>1</sup> and other of 30 "well carrying" witnesses. The method used was one of life narratives: we accompany these people as they regress in time, at least 10 years prior to our meeting. In these autobiographies they expose their food models with their words and what they say corresponds to their beliefs. The described situation adjoins the assertion of B. J. Good: "the faith holds place of unchecked representative of the culture". The borrowed form of this anthropological approach to CD concerns what is perceived, by them, as a lifestyle predisposed, more or less, to this disease. The results presented here concentrate on the food disgusts of childhood foods, relative to persons recently diagnosed (within five years) with CD, the common vernacular elements regarding their food, and the possible reasons of these refutations.

1. Crohn disease (CD) is a disease of the digestive system. It is also called terminal ileitis. This affection is characterized by intense inflammatory pain, gets one or several segments of the digestive tract, but especially is localized in the last handle ileal. It begins in a pointed or sub-acute way evolving by pushes towards the stenosis, the abscesses and fistulas. The primary revealing signs of the CD are: diarrhea, abdominal pains, the loss of weight and the tiredness, the anal pains (Finally for children, the staturo-weight delay).

## FOOD STORIES AND THE INCORPORATION OF SOCIETY IN ITSELF

The principle of incorporation, expressed in France by C. Fischler in the '90s, shows that this act answers at the same moment not only biological but also symbolical concerns. It is indeed a question of risk-taking at every bite for the consumer whose food choices become life-trends, favourable to his health or, in contrast, towards the disease and even death. The attitude of the eater reveals his position: "when something opposes the incorporation, it is frequently through a demonstration of disgust" (Fischler 1989). In the field of food disgusts from early childhood, memories spring from the interviewees who later will be affected by CD. For this step, memory is the social food space defined by Jean Pierre Poulain.<sup>2</sup> Thanks to this theoretical contribution, after we qualify what is contained in their edible universe and classify these into groups of food (meats, fishes, eggs, giblets, milk, cheeses and dairy products), we discover the food categorizations of the persons. Very early on they develop visual disgust for certain foods. But is what is ugly bad? Reviewing the individual history of their disgusts reveals they are manifestly cognitively ordered. The cognitive disgust "is this refusal which is based on the idea that the subject is made of the food, what it is, where it comes from. This refusal presents the characteristic to contain a strong emotional constituent" (Fischler 1989). At present we examine the dimensions of disgust in the food stories of French adults, that group of patients who oppose "the tastes" of the group in "well carrying". After listening to the conversations of the patients it emerges that their eating habits are fixed from birth in a limited directory. However, even when the disease is unknown, food fears reveal themselves at home. Of these reports on their food selections one interrogation remains: Are their refusals the cause or consequence of a revelation, or impelled by the disease? Hypotheses on the food of the people, the sociocultural reflection of a group of individuals and the common space are formulated. The food model for the group of patients corresponds to the category "poor in fibres" while a diversified diet corresponds to the witnesses

2. Related to the definition given by Jean Pierre Poulain, in *sociologies of the food*, cited in the bibliography.

group. The codes crystallize in what the person calls their food tendencies and also in specific domains, connected to the food customs of origin, which allow simultaneous tracking of mechanisms of identification and distance. The anomaly of her family, Laurine<sup>3</sup> consumes Cola Cola every day although it is only children who drink it. For the patients, it is imperative that common foods essentially consist of pastas, rice and potatoes. Green vegetables are generally excluded and except for bananas their preference for fruits is almost non-existent. They are the opposite of vegetarians.

On a nutritional plan their foods consist of a regime “poor in fibre”. At the same time a pronounced tendency towards sugar and sweet products appears as a craze for easily digestible sweet food. Then if we exploit materials on their consumer habits, a construction of a collective food identity for this group is built, and it is seen that it is children and teenagers who are “difficult” to live with around the table. Indeed, the mothers, feeding their children, engendering discouragements, sigh even today, in the evocation of these moments, these fights, as the table was a place of insuperable crises. At first, the space of the edible reveals the tastes and especially the disgusts of children and teenagers. In a second phase, the reminders of scenes at the table indicate tormented rites during the meals. For Michael<sup>4</sup> the journey into the past was delicate: “We ate chicken-feet, in the evening at dinner, it was nightmares when we are young”. The judgment: It is necessary to eat, frequently, and even more if one has to grow! You must obey and swallow! We find here the tortures of the entourage, the family or the school of the force-fed. “Horror. Force-feeding. Rape of the digestive track”. And it is necessary to submit oneself to the good pleasure of the other one (This 1992). Regarding the group of witnesses, their food registers broaden and in the canteen, “It is good! I feasted”, delivers Armelle.<sup>5</sup> In fact, they are easy to live with and have no distinctive antipathies: “I eat of everything!” explains

3. A 32 years-old Ph D. single woman, its CD has been known for the last nine years. This drink identifies her to a social group of young people (children, teenagers) and at the same time her distance from her parents, adults.
4. Michel is 31 years old, is married and has 2 children. He is in job-hunting and possesses a BEP of electrotechnics. He lives with his diagnosed CD, for 5 years.
5. She is 24 years old and after a first-year university level, looks for an employment.

Pierre.<sup>6</sup> His foods are varied, he insists. “I am not centred on a certain type of meal”. Even if during a definite period he ignored green vegetables the reason was simply the estrangement of his parents who were the suppliers from the kitchen vegetable garden.

A social food distinction for the group affected by CD with food fears from childhood is considerable. Our interviewees differ from their brothers and sisters by the contents of their plate. Until he is 15-years-old, Mathias<sup>7</sup> will have his plate to go, prepared by his mother. “The roast beef I did not eat it. And then my mother mixed it and she made me cottage pie and lasagnes”. His two brothers and his sister, took the served meal indifferently. Other solutions go out when a specific menu is not realized as is the case of Christine,<sup>8</sup> who sorts out and eliminates elements of her plate. Here we incorporate work from Bernard This. It is “Because we are hungry, because we have of appetite, because we like what is in the dish”. It is so logical to snack at first for the pleasure. However one important divergence raised, in the stories of the patients versus the witnesses, is their numerous refusals before even testing something citing they had no appetite and furthermore that they do not like it. Then if they are going to eat, it will be a spoonful for mom, one for dad and then one for him, if he accepts it. As the mother of Charles<sup>9</sup> tells it: “At my mother’s, he ate with the spoon, but I had bought a special spoon. [sigh] I did not know what to make of it.... at home, it was movies”. Within the group of patients, traumatizing stories abound from the table. Duels and family food conflicts are engraved in their memories. Is it a technique of protection? At the level of the assertion “I do not like”, maybe it is simply a defensive reaction to a fear of the unknown food. This fear of the novelty also appears with Coentin.<sup>10</sup> “If it does not please me, I’m not going to enjoy”.

6. He is 35 years old, is father of 2 children and exercise the profession by hospital practitioner.
7. Mathias is 29 years old, after a doctorate of computing, he exercises researcher’s profession. His CD is known for 2 years.
8. Christine is in job-hunting after her sanitary and social BEP. Her CD is diagnosed for 3 years.
9. 18 years, high school student, lives at his parent’s, his CD is known for 4 years.
10. 22-years-old; student; obtained a license of foreign languages; lives at his relative’s and his CD has been diagnosed for four years.

His perceptions and understanding of these food objects mark the stages of his decision not to incorporate. It is thus not sensory choice operating but indeed a mental behaviour which proceeds with representations of this food. Perhaps the food is not good to think about. Perhaps there is dissonance, a distinction in the classifications. So when the mouth, this guard of the body (Rozin 1987), is forced, the reactions are violent, showing themselves as nausea and even a similar vomiting as impelled by those experiencing food poisoning. Alexia<sup>11</sup> effectively illustrates this point of view: In the morning, breakfast before leaving for school was Dantesque. Her mother says, "It was always a concern". Alexia continues, "I remember myself of my small cup. I remember that I wanted to vomit and that I had difficulty in taking it". The acceptance of "exotic" foods and the diversifying introduction to unknown foods is learned by observing one's familiar circle of acquaintances, the child's first social environment. It is similarly that he wishes to imitate his parents, his close relations and thus mimes them (Chiva 1996). On the plate of the young eaters are outlined objects which symbolize their relationship with the world, their social world, family and school, charting their first map of food roads (Hubert 1995). From this universe of edible objects choices are determined by and for the child regarding the acceptance or the refusal of food objects. This is going to be the daily question. The state sought after by the man, child, or teenager here is within the domain of food safety in physiological as well as imaginary spheres.

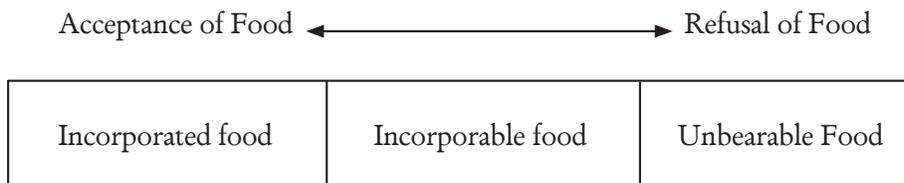
#### FOOD STORIES OF CHILDREN AND "DIFFICULT" TEENAGERS

Christine's mother remembers evenings when her daughter refused the meals, so it was bottle-feedings with chocolate milk. "There were difficult periods, I do not know up to which age". In front of her plate, in fact Christine "did not want to eat". She confides that Mathias, from the first year of nursery school showed a very particular relationship with food. He made an issue of it and wanted to eat like the others which is why his mother made unique

11. Alexia is 20 years old and is in her last year of BTS. She lives in the countryside with her relatives. Her father is a farmer. Her CD was discovered one year ago.

dishes for him, “Even if it did not explain rationally”, he admits. From secondary school he accepted experiences with new objects. His exclusionary regime was effectively an embarrassment to communicate with the others of his age because sharing of common food is a sociocultural identity marker. At secondary school he discovered the exo-cuisine: the canteen. Then, he underlines that young “Yes as well in the manipulation of the plate, something for you”, he differed from his brothers and from his sister. So he held a reserved place in the family, at the table, with his dish, or through “magical” manipulation of the plate. Because his mother held the role of cook, she directed the sound preparation of the food to be eaten by him, she staged by ritual gestures his only food world; doubtlessly an ultimate rampart in his innermost physical, psychic integrity: his real and imaginary body. To learn to eat is to learn a cultural directory of products which are considered and accepted for one and for the others not. What is remarkable in their narratives is the weak diversification of their foods. In the aforesaid examples, they broaden this diversification in the other feeding spaces only after secondary school. From these interviews, two styles of eating habits are highlighted: the afraid who please themselves and the valued who eat foods that are conceived and realized only for them. The organization of an ordering of edible objects appears from childhood.

A taxonomical scale classifies foods into those they do not incorporate, those they tolerate and finally, those they agree to ingest.



## THE MECHANISMS OF THE MANUFACTURING OF THE FOOD DISGUSTS

### *The disgust of milk, yoghourts or cheeses*

Their food directories are restricted because of foods which they do not know how to consume. Regarding this fact there is an excitement around meals as it becomes necessary to return to see the paediatrician, the doctors, and the dietician (in the dietary store) because “Girl, she could not bear the milk, we had tried all the powdered milk, we had tried all the brands” explains Alexia’s mom. She is assuredly not the only one in this group to exclude milk because Florian<sup>12</sup> presents the same disaffection. His mother asserts: “He does not drink milk”. As a consequence, at a very young age, he sometimes drank vegetable juice and later coffee. Didier Clément clarifies the particular place marketed milk occupies in the education of the child. “Of the maternal milk in the marketed animal milk, the cooked milk symbolizes the passage of the dependence in the learning of the independence”. This reading consolidates the idea that the passage to other foods puts resistance or digestive difficulties on these children. Hence, the relatives and the children take no risks and refuse the food changes.

For others the refusals concern dairy products. “And yoghourt, sometimes I do not even manage to finish it because I have sour stomachs”, explains Violaine<sup>13</sup> who mostly avoids yoghourts. Regarding cheeses, symbolic of French culture, they are refused as well. They store them in the category of food “heavy to digest” or “aggressive”, qualifies Violaine, “of goats which prick”. Cheeses are indigestible and Jean<sup>14</sup> says it: “All which is on base of blue, no it is too heavy to digest”. Sometimes, the refusal is even more categorical as the mother of Charles exposes: “Some cheese, that not!”

In conclusion, from very early on in childhood, seeking for an easily digestible diet of light thought food, sweets are the obvious answer.

12. Florian is 20-years-old, he is at the end of first year of BTS, his CD has been diagnosed for four years.
13. She is 26-years-old, a commercial assistant. Her CD was diagnosed less than one year ago and one of her cousins is also affected by CD.
14. Jean, 38-years-old, a labourer, is a bachelor looking for employment. His CD was discovered three-years ago.

### *The disgust of fruits*

To eat is to be able or not, to approach an object. Here, in their universe, they cannot, it is impossible. They justify their attitude citing the treatment of fruits with toxic products, making them unfit for consumption. They are so sprayed with pesticides that Jean was disgusted by some oranges and spit them out. Continuing to experiment, as he goes along, he eliminates fruits, arguing against the excesses of chemical treatments. The interviewee points out his requirements for food and defines exactly what for him is good to eat. Conversely for Corentin it is kiwis that he runs away from at first glance. Mental categorization comes from the food's image and the representation of this fruit goes into account in the decision of incorporation. Nevertheless, his consumption evolves thanks to culinary preparation, settling at the stage of the salad, facilitating his rehabilitation, becoming an incorporable food. Finally, the culinary culture regulates the anxiety of the eaters and operates a function of insurance on the served food, restoring the confidence of the young dinner guest.

### *The disgust of vegetables*

Strong feelings are revealed in a just a glance at these edible objects: I saw it, I paled, I blush in its sight and much worse still. At first the disgust is visual and if the saying is asserted that we eat first with our eyes when passing the table, positioning the vegetables in front of the interviewees shows that on the contrary they are ready to leave when the green vegetables arrive. Laurine explains: "I was never able to look at a vegetable in eyes". And agrees: "Of the side food, I am typical, I do not eat a salad, I do not eat fruits. I kept this mode of food, that it is well or not, it is tendencies, I did not like salads, I do not like!"

For Alexia, the selection began when she was an infant as her mother avoided feeding vegetables to her children. During food initiations, dietary regimes advocated by the paediatricians were scrupulously followed. Alexia's mom explains: "I should not put of leeks, no tricks, no celery". Distrust from the first encounters with vegetables develops into a culture of food sorting. There are those foods that are actually indigestible and those that appear on

the menus of princes. The disgust is also detected in the palate. Inside the oral cavity texture matters. Fibres are definitively unpleasant. Florian declares, "All which had 'tremendously' of fibers, I did not bear in the mouth". So if food crossed the front portal of the body there was the possibility of reaction, regurgitation and even vomiting to refuse the physical and symbolic penetration of the body. Vegetables are objects containing fibres, fibrous, aggressive even irritating. The representation of these objects, as communicated by the family or medical community to these children provokes a non-acceptance of the food. In their narratives the classification translates their cultural tastes and transcribes their food catalogue.

A particular diet is passed on by their social environment causing them to digest what is on their plate. Successful, selected foods and a board of food to be given, is going to raise itself as one goes along. For a majority of the interviewed persons, these restrictive choices facilitated their standardization of foods and established a culturally acquired diet, poor in fibre, ten years before the diagnosis of CD. The mom of Charles speaks about this: "He began not to want any more of the whole vegetables. Then, vegetables and fruits. In primary, he began to be imperative about it". Recurring objects of their disgust we encounter again this thought pattern for vegetables, already formulated in regards to cheeses and heaviness. Jean asserts, "The cucumber, I eliminated it for a long time because it is heavy to digest. But it was always that way".

### *The disgust of red meat and/or fat*

The population studied, affected by CD, examined their preference meat and more particularly white, rather than red, meats.

Alexia's mother expresses her thoughts on meat: "She always liked the white meat. The red meat it was a disaster, she went to toilet". In Corentin's case, he explains, "The lamb, I do not eat it". His mother intervenes and exposes her strategies to feed him: "The escalopes of veal, they passed because there is no fat. In a chicken, he will eat only the white meat". According to her, she looked for the most nourishing fragments, because he always had a little appetite. His fragments correspond to the texture which he wishes she explains to us. If he eats duck, it's the confit. It is necessarily a steaklet of duck. This food partition

privileges prestigious food and is determined by his mother. By symbolically incorporating duck steaklets, extraordinary food, he ingests and digests princely food. His food behaviour has existed for a long time.

We feel his fears as if he is in a confrontation with a stranger. It is, “somebody who already has many a prioris about the food. The person with a strong visual sense if it does not please me, I am not going to enjoy,” he declares. Is there a family order? In this world, the choice of food is conditioned by visual perceptions and representations, not just by digestive physiology. As Jean Trémolières wrote in 1969: “The food not only has to be an object bringing nutriment, but he has to please and possess a prestige, a value suggestive of comfort... man is probably consumer of symbols as much as nutriment”. They always have an explanation to justify their apprehensions: “When I was small what bothered me was pork. It was necessary to cut it. We could fall on a nerve or something that we had difficulty in eating” says Mathias, bringing back memories of how the illness played out during a family meal. He had unfortunately put in his mouth a piece of “nervous” tissue and could not manage to swallow it. He left the table and ran to the toilet to spit it out. In this growing child’s universe, his disgusts become more and more numerous. Christine’s mom highlights it. “The more she grew, the more she selected; the meat, the beef, she did not want it any more”. The directory builds over time, leading to the manufacture of a food identity for the group of patients. In their foods from childhood and adolescence, the space of the edible is restricted for large number of the interviewees, as they (and their mothers) tell. There are difficulties, certainly, and one is the fear of being in front of the plate. He does not feel hunger. But why do certain children easily take a bite while others refuse? Some hypotheses on the reasons for their disgust:

#### BEHAVIORS IMPOSED IN THE CUSTOM OF THE DIGESTIVE SYSTEM AT THE TOP AND BELOW, SLOW DIGESTIONS, THEN VIOLENCE?

Historically, in Greek or Islamic medical papers, the process of food transformation is conceived according to the models of representation where we find cooking and fermenting.

“Once absorbed the food undergoes a heating or a concoction, at first in the stomach then in the liver where it is transformed in four humours. The blood is the first product of the liver from which it circulates in all the organs... occurs then the real assimilation which feeds organs” (Good 1994). The food is allowed to reach the interior of the being and is an element of regulation for the body and the digestive system. Which is a good food for this body becomes the essential question. The objective is for the control of this tool by regime.

The quantity of food appears in the stories of the patients as a dominant characteristic of the children who do not eat enough and then in a qualitative aspect, the delicate stomach admits only food selected by choice. There is an array of “natural” or active foods for digestion.

#### IN SEARCH OF FOOD SAFETY

The more maternal or grand-paternal “force-feeding” gets, “He has to eat” is repeated many a time, and the vital fear, appears: the mother does rely on the child’s appetite for his survival. Zoé<sup>15</sup> says, “It was especially chokolatines, croissants. It was my mother when I was in primary and nursery school. She was afraid that we have a blow of hunger”. The situation described by some shows that the struggle does not end at the table. It ends only with the destruction of the hunger. We can highlight the appeal of medicines to force the passage of the chosen food. Indeed, every evening some soup was served and Alexia did not like vegetables. As a consequence the battle was replayed every evening. Her mother recounts, “She often took remedies to have appetite. She was slim. It was necessary to force her to eat, because to see her eating, she would have eaten only cakes”. This brings us to the meditative data of Bernard This’s papers: “What does the human being infant have to obey? In the fact that he feels being good and indeed for him. But if we leave the principle which he does not know, which it is a thing because he does not still speak, then we force him to eat, we fill him up and he vomits”.

15. She is 22-years-old. Her CD has been known for four years. She has a BEP and is looking for employment.

Other strategies, such as modern dietetics, serve as an ideology with which to impose a food model. Laurine ingested salad every evening because it was indispensable to absorb its greenery. She did not like it but when forced, she complied with the maternal dietetics. To impose, to force the mouth, “is to reach the person the deepest, because the mouth is exactly this opened and naïve passage inward of a body which has not so many defences as that” writes Agnès Desarthe. That is why upon her arrival to secondary school she created her personal menu and declared: “Yes, this time it was the self, thus we had the possibility of not eating balanced. There is nobody who watches, we pass with the tray and we put things”. In a recurring way, this fear of a lack of food from childhood comes forth from their interviewees. In the same way, Guillaume’s mom expresses herself, saying, “he is difficult, he did not eat a lot at noon. In the evening, it is long to wait.” We can feel the weight resting on their shoulders. It is a heavy responsibility to feed these children according to the values and standards of the family.

Decisions in favour of food safety become experimentation imposed by the circle of acquaintances so that this child lives. Noted after the food’s ingestion, the reactions of the mother or relative forge a space of the edible composed of food with digestive virtues. They are going to give up acidic or overly aggressive flavours. Popular delicacies have the objective of allowing the child with a “sweet” digestion to have regular evacuation, the cleaning of the body by emissions controlled by the by-products of the digestion. In this context, the physical development passes control through this. Food contributes to a check of this last one. As one goes along, the social environment conceives the digestive posture as a way of life. According to G. Durand, the origin of the sense of the human imagination is to be looked for in three vital dominants. They are the dominant of position (verticality), the dominant of nutrition (digestive, suction, labial) and finally the dominant of copulation (sexual and cyclic). Reflexes establish the sensori-motor matrices of the human, into whom the representations become integrated. Durand postulates that the appropriate representation for the imagination maintains the indistinction between the significant and the intentional. Through his reflections the question of knowledge can be integrated into the body and considered as established by the imagination. A road of food and physical learning is then bound by the trainer(s).

THE TRAINER, HERE THE FAMILY IS THE TRANSMITTER  
OF UNIQUE KNOWLEDGE

The knowledge about food will participate and be incorporated in the imaginary construction of their bodies. Their choice of food settles between toast, soy milk, rice water, vegetable juice, rice, Actimel® and foodstuffs facilitating digestion. The food in this group must be good to eat and pleasing to think about, and thus as a consequence, easily digestible.<sup>16</sup> It is in accordance, under the control or surveillance of the mother, the mother-in-law and the grandparents. In their vocalizations there is seen a susceptibility regarding the food risks and feelings of the stomach. Food selection offers one a management tool, regulating the digestive system's sensations and risks.

How do they go? We now approach the stories of their bodies and digestive systems. Behaviours imposed in the custom of the digestive system below?

Defecation is part of the cultural customs of a society in a given time and space. India shows us what is taboo and hidden in our clean and disinfected universe. For us the unbearable is dirt and the dearth of hygiene. Recently-arrived travellers feel assaulted by the smells or the sight of all these people who every morning are engaged in collective roadside defecation.<sup>17</sup> Digestion is much more than food, it is a body posture.

One of the major determinants of digestion is the food itself. Nevertheless, the body is also subjected to a physical educational program. The digestive tract "below" is also subjected to social influence. Young children will be educated and the transmission of "cleanliness" pushes forth a set of rules which in the course of days join the body, if viewed through a historic and sociocultural lens. Jacques Saliba (1999), explains the body as a thought fact, but also manipulated, in the repository of a mode of cultural organizations and rules regulating its management. So the healthy body is at the heart of family and environmental rites: nursemaids, grandparents. The child learns the social habits and customs related to the toilet. In their stories, we heard about their beliefs and practices regarding the body. The custom of the pot

16. We refer to the books of C. L. Strauss.

17. According to the text of Sergine Desjardins, the syndrome of Jerusalem and India. This article was published in *Life and Health* in January, 2001.

or the execution post? Laurine confides, that as a girl she did not want to sit on the pot. Very early, the digestion and its production are controlled by the child. It is also through treatment that digestion is mastered. Medicines offer us an adequate tool to manage the body. Subjected to this successful organization of entrances and exits the body disappears and is condemned, forgotten. Adeline<sup>18</sup> described the painful colites of her mother who complained. According to her mother's side of the story: we all have evil that needs to be digested. The solution? "We set of the Maalox® and it goes". After the learning about the pot comes learning about the toilet. If it is indeed a place of intimacy for the body in the western culture, it is a "small part". But attention please, toilets, except those in our homes, are dangerous places. It seems that "this body has no place in the values of the contemporary world. The modern body is smooth, hygienic, spotless, without excess, it fades in the signs, the rites", developed David Lebreton (2001).

Florian explains that he voluntarily made himself constipated when he left for boarding school, because it had a Turkish toilet. "And then know that everybody passes above we say to ourselves that it is nevertheless disgusting". They have had functional intestinal confusion since childhood. Could these digestive pains have been the origin of significant stomach vulnerabilities in adulthood? Alexia's mother asserts: "they had said to me that infant stomach pains lasted three months, with her it was eight years!" As for Annabelle, she was always constipated. For the first months it was pain and tears. Then her circle of acquaintances caressed her stomach or her paternal grandmother took her on the shoulder until she felt better. With her, we find the family's self-expression through movement because she was less constipated than her mother. With her it was only on some days whereas her mother stayed the same way for a week.

"In its full anthropological sense, mimesis is not only imitation. It also means being the emulator of somebody, to make similar to a thing or to a human being, to express himself or to represent somebody or something", exposes Christophe Wulf. The mimetic process influences the body. "It (the mimesis) settles on one", with human actions, physical attitude symbolized in codes, and movements of the body are defined by standards (Wulf 1998). In elementary school, Annabelle was looked after for her stomach troubles.

18. She is 23-years-old, employed, and her CD has been known about for one year.

“I had powders, medicines that in the end I abandoned. But sometimes I had such pain that I did not go to school”. Laurine joins this discourse about *entérocólites* and explains that from elementary school she was subject to pain. Now, with CD, “I crossed from suffering constipation to nothing at all”. For Christiane,<sup>19</sup> because her mouth is dead, it is the stomach that speaks for her. “When something opposes me, it settled there. It was my intestines which spoke”. Independent of sex and age, the stomach becomes the centre of attention. It becomes an element of worship.

## CONCLUSION

From this study two hypotheses regarding the life trajectory of persons carrying CD meet. Indeed, the anthropology of body and food spells out for some of them, that to eat is from the first months of life an act for risk and for digestive suffering. A historical glimpse opens the door to the constitution of their food directory and reveals light and digestible foods.

The food context invites one to concentrate on the customs and the customs-in-link with physical cleanliness. Behaviours imposed in the custom of the digestive system from the top to the bottom are found to provoke reactions of nausea, vomiting or intestinal blockage, constipation. A vicious cycle develops between their refusals and the forced feedings which increases their disgusts and stresses their refusals. It was not however a representative sample of patients affected by CD, and the group of “well carrying” was not presented. The results allow advancing that their food disgusts lessen and that food in this group is rather an agitator of envy. Their behaviours progress towards the direction of new food. Their attitudes are less categorical. “I forced myself to eat even if it was not very tasty”, said Florence.<sup>20</sup> If certain shellfishes or fishes do not please them, “I can eat some to please”, adds Charline.<sup>21</sup> It seems that their relationship with food is markedly more peaceful. Their disgusts, the fats from meat, are easily digestible, agrees Christophe.<sup>22</sup> “But he prefers

19. She is 36 years old; an employee; mother of two children, touched by CD for three years.

20. Florence, 24-years-old, has a Masters degree, and is currently job hunting.

21. Employed, Charline, 35-years-old, is a bride, with two children.

22. Christophe, 19-years-old, is in his second-year of university level education.

to eat some meat without fat rather than to sort it out". One of them does not drink milk, but nevertheless, every morning he dips his cereal into it. Furthermore, in their representations, fruits are considered as candies. "To me, if I took an orange at the end of the meal, I took two pears, I could eat four or five", Mathurin<sup>23</sup> said sampling it in all positions and everywhere in his house. We finally evoke pleasure at and away from the table.

Within all these anthropological elements the omnivore is looking for insurance on their food because food carries with it the ambivalence of life and death. Indeed, our relationship with food is the inheritance of our ancient faith passed on by our sociocultural environment (Hubert 2006). However, if foods provoke disgust and are imposed on us at the table then these behaviours of forced feedings, forced into the digestive system, facilitate hostile reactions at the top as below.

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23. Mathurin, 25-years-old, is studying for his Master degree and living with two other males his age.

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