

## The “worst dinner guest ever”: On the moral difficulties of eating right with food allergies and intolerances

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Hi everyone, I'm happy to be here today. My talk is called “the worst dinner guest ever”: on the moral difficulties of eating right with food allergies and intolerances. My focus has become in some ways more narrow and in others more broad since I wrote this subtitle, as should become clear throughout my talk. I'm happy to say more about that during Q and A. So, let's get started.

[SLIDE]

In 2012, an article originally entitled “The Most Difficult Dinner Guest Ever: And 5 Delicious Meals To Feed Them” appeared on the food blog *The Kitchn*. It was accompanied by a colorful Venn diagram by Amy Sly detailing the characteristics of this maligned guest, whom it dubbed the “worst dinner guest ever”: they are not only vegan, but gluten *and* lactose intolerant, *and* allergic to nuts *and* eggs.

The post sparked a lively discussion, with a few commenters agreeing with the suggestion that dietary constraints indicate some failure of appropriate guest behaviour—a view apparently shared by the likes of Michael Pollan and “the French” who, according to Raymond Boisvert and Lisa Heldke, “gaze upon any personal dietary prohibition as bad manners”<sup>i</sup>. However, many of the comments suggested a different perspective. Perhaps this guest's dietary restrictions make selecting a menu *challenging*, in the sense that accommodating them alongside

other considerations of budget, cooking skills and knowledge, or time constraints might take some creativity.<sup>ii</sup> However, that didn't make them a difficult or bad-mannered guest. Rather, providing such a guest with a meal they can safely enjoy is simply part of being a good *host*.<sup>iii</sup>

According to Heldke and Boisvert, the view that it is the host's responsibility to accommodate guests' dietary needs is representative of a recent societal change in the United States. As individual dietary needs have become better understood, a profound shift in focus from the collective to the individual has also taken place. This has resulted in greater weight falling on hosts to accommodate guests' dietary needs, rather than guests having the responsibility to partake in whatever happens to be served<sup>iv</sup>.

There are limits to this accommodating, of course—my friend's cousin who came to Christmas dinner while on a juice cleanse comes to mind—but with our “most difficult guest,” the host's responsibilities are clear—at least in one respect. Heldke and Boisvert note that when guests have food allergies, hosts can make guests “seriously ill and perhaps threaten their lives”<sup>v</sup>. As this harm can “readily be avoided by adjusting the menu,” they explain, “the host has the clear responsibility to do so”<sup>vi</sup>.

One would hope that even Michael Pollan and “the French” would recognize that it is poor manners for a host to knowingly serve guests food that will make them ill and may even kill them.<sup>vii</sup> However, I will argue that there are barriers in place that can obscure clear perception of such cases, undermining the ability of hosts to fulfil their hospitality obligations. Specifically, I will argue that people with food allergies and relevantly similar “gut issues,” can be subject to *testimonial injustice* which unfairly undermines the credibility of their claim that they have gut issues. Further, guests with gut issues may also be subject to what Kristie Dotson<sup>viii</sup> calls “testimonial smothering,” which discourages them from disclosing their food restrictions and

precludes hosts from accommodating their needs. I contend that these forms of *epistemic injustice*—meaning injustice having to do with knowing and knowers—raise several moral concerns, including the fact that it can prevent hosts from living up to their obligations of hospitality.

So today I will make a case for these claims and then conclude by detailing the ethical implications of this analysis for hosts and guests alike, emphasizing that to be a good host to guests with gut issues, we require not only creative recipes, like those offered in the “Most Difficult Dinner Guest Ever” blog post—but also some epistemic humility.

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## GUT ISSUES

Let’s begin by briefly clarifying the subject of my analysis. While Heldke and Boisvert single out food allergies as producing a minimally controversial case for hospitality, I take my argument to apply to a broader range of “gut issues,” which include things like food intolerances, celiac, and Irritable Bowel Syndrome or IBS. Heldke and Boisvert’s rationale for singling out allergy is the possibility of serious illness, major harm, and potentially lethal anaphylactic reaction<sup>ix</sup>. The possibility of immanent death aside, however, there are other food hypersensitivities and health conditions that result in similar sorts of predictable suffering and harm. I suggest that what is important when it comes to the obligations of hospitality is not the specific mechanism by which one is harmed by food but rather the fact that an eater may be harmed in a relatively quick, direct, and predictable way by ingesting or being exposed to a certain food or ingredient. I borrow Jane Dryden’s term “gut issues” to capture this broader group of conditions.

[SLIDE]

But you're not *really* allergic...

So I posit that hosts have a clear responsibility to avoid serving guests with gut issues foods that will predictably, directly, and relatively quickly harm them. However, thanks to widespread doubts that many people who claim gut issues are telling the truth, hosts may have trouble discerning to whom they owe these accommodations.

[POINT]

The idea that many people who report food allergies, intolerances, or other gut issues are faking, exaggerating, or mistaken is common. Sociologist Tobias Hauesermann asserts that: “most cases of (self-) reported food allergies lack scientific rationale”<sup>x</sup>. Such claims are apparently motivated by discrepancies between self-reported food allergies and what are deemed to be “true” food allergies.

[POINT]

A relatively recent paper states, for example, that 19% of US adults report at least 1 food allergy, but only 10.8% are estimated to “actually” have one<sup>xi</sup>.

A similar inflationary trend is noted with food intolerances.

[POINT]

Turnbull, Adams and Gorard note that “perceptions of adverse reactions to food, whether allergy or intolerance are common,” but as with allergies, the prevalence of food intolerance may be inflated due to issues with self-reporting<sup>xii</sup>. These authors note one study in which 20% of the

population in a UK survey reported food intolerances, but double-blind placebo-controlled food challenges—the “gold standard” method of diagnosis for food hypersensitivities—showed less than 2% had “true reactions to food” <sup>xiii</sup>. <sup>xiv</sup>

[POINT]

While most of this literature avoids painting self-reports of food allergies or intolerances as outright lies, Ortolani and Pastorello assert that, “many patients believe that they are allergic or intolerant to certain foods, solely on the basis of self persuasion” <sup>xv</sup>. The suggestion that people may be self-deluded or less than honest about gut issues also appears in some qualitative research on the experiences of those with gut issues. Olssen and colleagues found that young people with celiac disease reported that when they told others about their condition, people sometimes accused them of “making it up” <sup>xvi</sup>. One of Nettleton and colleagues’ participants suggests that some people who claim food intolerances just want “attention.” Notably, this participant himself has food intolerances, but he nonetheless doubts that others are being truthful. He explains further: “you’re never sure if it’s just ‘cos they don’t like it or whether they actually can’t [eat that food]” <sup>xvii</sup>.

[SLIDE]

Testimonial injustice

The suggestion that *most* or even *many* people who claim a food allergy, intolerance, or other gut issue are faking, exaggerating, or mistaken means that simply reporting a gut issue can subject a given reporter to doubt. When someone’s gut issue is taken to be suspect simply in virtue of it being reported, this unjustifiably lowers the reporter’s credibility. I suggest that this can be understood as an instance of *testimonial injustice*.

[POINT]

Testimonial injustice refers to when an audience fails to give a person's testimony or reports an appropriate level of credibility on the basis of an "identity prejudice"<sup>xviii</sup>. An identity prejudice can be understood as some bias about a social group to which the speaker belongs. It's a prejudice about *who* the testifier is taken to be. When this bias is used to calibrate someone's credibility rather than evaluating it on her own merit,<sup>xix</sup> her testimony may be unjustly disbelieved or taken less seriously than it would be otherwise.<sup>xx</sup>

I suggest that the assumption that most or many people who claim gut issues are faking, exaggerating, or mistaken functions as a negative identity prejudice targeting members of the group "people with gut issues." This prejudice unjustly diminishes the credibility of those who belong to this group, specifically the credibility of reports about which gut issues someone has or whether they have a gut issue at all.

Testimonial injustice directed at those with gut issues occurs in a context where the person's testimony carries particular importance. Evidence that might counter a credibility deficit and lend support to someone's claims is unlikely to be available due to the relative invisibility of many gut issues. Most symptoms of gut issues are private—either in the sense that they only occur internally and are not perceptible to anyone else (digestive upset or headaches), or because they occur in private settings like bathrooms and are taboo to discuss in public.<sup>xxi</sup> Widespread misunderstandings of food allergies and intolerances<sup>xxii</sup> can also exacerbate doubts about reported gut issues.<sup>xxiii</sup> These factors mean that those with gut issues may be subject to testimonial injustice in contexts where it is unlikely that this doubt will be outweighed or mitigated by other evidence.

It's also important to note that those who belong to groups whose credibility is in doubt for other prejudicial reasons may be particularly subject to testimonial injustice regarding their gut issues. For example, for those who have disabilities or chronic illnesses, gut issues may be viewed as “just another” thing that they are malingering about <sup>xxiv</sup>, or have brought upon themselves in some way <sup>xxv</sup>. Stereotypes or presumptions about women as prone to psychosomatic illness <sup>xxvi</sup>, eating disorders, or fad dieting may contribute to the perception that women are self-deluded or trying to conceal their weight-loss diet or eating disorder with claims of gut issues. And prejudices about Black people as untrustworthy reporters of their own pain <sup>xxvii</sup> or as invincible or immune to bodily harm <sup>xxviii</sup>—including the belief that Black people simply don't *get* food allergies <sup>xxix</sup>—may significantly exacerbate prejudicial doubt when it comes to Black people's reports of gut issues.

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Testimonial injustice directed toward those with gut issues raises several moral concerns.

[POINT]

First, feminist epistemologists<sup>xxx</sup> have argued that to be subject to testimonial injustice is to be disrespected as a knower. The capacity to know and contribute to the production of knowledge are closely linked to rationality, which many people take to be central to what makes humans persons. To be disrespected as a knower may therefore undermine someone's moral standing <sup>xxxi</sup>.

[POINT]

Another moral concern is that testimonial injustice against those with gut issues may place eaters' health at risk. When someone's reports of gut issues are not given appropriate credibility, those preparing or selecting foods for them may be inattentive to food safety in the

belief that the food is unlikely to cause harm. Harming others, whether directly, intentionally, or through negligence is a violation of the basic moral principle of non-maleficence.<sup>xxxii</sup>

[POINT]

Testimonial injustice toward people with gut issues is also morally troubling because of its impact on hospitality. While hospitality is clearly a significant social practice, I follow Heldke and Boisvert and other philosophers like Karen Stohr in holding that hospitality is also morally important. I can say more in the Q and A, but Heldke and Boisvert suggest that hospitality offers a helpful paradigm for thinking about how to live a good life and is itself a practice through which we can build good lives, which is the goal of morality (2016, 33). So part of what's at stake in our treatment of "difficult dinner guests" is our ability to cultivate and live good lives.

Prejudicial doubt about guests' gut issues obscures hosts' obligations towards their guests. Rather than perceiving their responsibilities to accommodate these guests as clear and straightforward, hosts may perceive the situation as up for debate or as *not* requiring accommodation. In the latter case, the host not only disrespects guests as knowers and risks harming them, but fails to fulfill their responsibilities as host. Furthermore, when hosts doubt guests' gut issues, it can make guests seem "difficult" and bad-mannered for making special food requests or for refusing to partake in certain dishes. Testimonial injustice can therefore make it seem like guests with gut issues are the ones failing to live up to *their* hospitality obligations, that they are the ones doing something morally questionable, while the situation is really the other way around.

To be very clear, I am not denying that some people who claim food allergies or intolerances may be lying or mistaken. However, the claim itself shouldn't be reason to doubt the claimant. It is not akin to claiming one has seen a miracle or a unicorn. Even if we take the low-

end of estimated prevalence of food allergies and intolerances alone, these are relatively common conditions.

And more importantly, as Christine Wieseler's <sup>xxxiii</sup> work on epistemic injustice and ableism calls us to ask: who has epistemic authority here? In hospitality contexts, those doing the doubting are not gut issue experts, or at least they are not acting in that capacity as hosts. But more to the point, what is in question here is a claim about bodily experience. Even if someone is mistaken about the kind of gut issue they have, what is relevant to hospitality is the claim that a food or ingredient predictably causes them harm. Those claiming a gut issue are "actually *in a better position to know*" <sup>xxxiv</sup> about this than hosts. Thus, as Wieseler argues, our skepticism is more properly directed at doubting hosts, and not at guests making claims about their own bodily experiences.

[SLIDE]

Testimonial smothering

So I've suggested guests with gut issues can be subject to testimonial injustice. They may also be subject to a second, related form of epistemic injustice, which Kristie Dotson (2011) calls "testimonial smothering." <sup>xxxv</sup> One way that knowers negotiate testimonial injustice is by keeping things to themselves; when making claims means being doubted, disbelieved, and disrespected, they may decide to simply say nothing at all <sup>xxxvi</sup>. Importantly, this silence not a free choice, but one made in a coercive context where the risks of sharing are simply too high.

There's a variety of evidence suggesting those with gut issues experience testimonial smothering. In her interviews with people with gut issues, Jane Dryden notes a general reluctance to "speak up" about gut issues <sup>xxxvii</sup>. <sup>xxxviii</sup> Olsson and colleagues found that young

people with celiac report “concealing” their disease from others to avoid negative judgments, including disbelief and accusations that they were “making it up,” or “being self-important”<sup>xxxix</sup>. Nettleton and colleagues found that some participants with intolerances preferred to eat culprit foods and literally suffer the consequences rather than ask for accommodation or refuse food at shared meals and have to explain why they are doing so.<sup>xi</sup>

[SLIDE]

Testimonial smothering raises its own set of moral concerns. If guests decide not to share because of testimonial smothering, they risk ingesting culprit foods. Hosts can’t accommodate someone’s needs if they don’t know they exist, and eaters may find it difficult to gather knowledge about which dishes to avoid without outing themselves. As with Nettleton and colleagues’ participants, they may even knowingly eat culprit foods to avoid having to explain themselves. In these ways, testimonial smothering risks physical harm.<sup>xli</sup>

In addition, testimonial smothering produces a situation where neither host nor guest can fulfill their responsibilities of hospitality. Boisvert and Heldke note that in the case of food allergies, while the responsibility to accommodate is on hosts, guests also have the responsibility to inform hosts of their needs. Testimonial smothering undermines guests’ ability to do so<sup>xlii</sup>. I want to be clear that remaining silent in such a context is not a culpable moral failing; we can understand it as *coerced*. But when a guest does not inform their host of their food needs, the host cannot live up to their obligations to accommodate those needs. Neither guest nor host can fulfill their obligations, and because of this, hosts may inadvertently harm their guests. Again, I am not suggesting that guests who do not disclose are morally culpable. It is the broader context

of epistemic injustice—which may or may not be directly reinforced by the host—that produces this moral mess.

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How not to be the “worst host ever”

So what does all this mean for dinner? One of the key takeaways from my analysis is that being a good host to guests with gut issues requires epistemic work. Hosts should be aware of the epistemic context surrounding people with gut issues and cautious of their own credibility assessments of people with gut issues. As other scholars have argued in the context of epistemic injustice toward those with disabilities and chronic illness, epistemic humility is key.<sup>xliii</sup> This involves, as Anita Ho writes, “a commitment to make realistic assessment of what one knows and does not know, and to restrict one's confidence and claims to knowledge only to what one actually knows about his/her specialized domain.”<sup>xliv</sup>

Furthermore, my analysis suggests that even if a host practices epistemic humility and would give appropriate credibility to a guest's claims about gut issues, guests may be reluctant to share due to past experiences with testimonial injustice. We don't serve dinner in an epistemic vacuum. Hosts need to acknowledge the context of testimonial smothering and do what they can to assure guests that their reports will be taken seriously. Hosts who preemptively ask if guests have any dietary restrictions make an important move in this respect, though it must be followed by appropriate uptake of guests' reports.

While the bulk of epistemic responsibility in these cases lies on hosts, guests with gut issues can also contribute to the overall epistemic context that produces these forms of epistemic injustice. It's important to remember that the categories of guest and host are not mutually

exclusive; sometimes we are guests, sometimes we are hosts. And as hosts, those with gut issues are certainly not immune to prejudicial doubt, as the earlier example of Nettleton and colleagues' participant makes clear.

In closing, I want to restate that my analysis does not preclude the possibility that some people are mistaken, exaggerating, or lying about their gut issues. Whenever I've presented my research on this topic, I hear about someone somebody knows who has fibbed about just such a thing. But for the reasons I have outlined, this does not justify doubting anyone who claims to have gut issues in virtue of making that claim, especially in domestic hospitality contexts. That's just bad manners.

[biblio slide]

[final slide]

I look forward to hearing if you agree during the Q and A. Thank you!

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<sup>i</sup> Boisvert and Heldke, *Philosophers at Table*, 29.

<sup>ii</sup> The author of the original post apparently agreed with commenters making this point, and shortly after publication the title of the article was changed to “The Most Challenging Dinner Guest Ever.”

<sup>iii</sup> Consider one notable exchange illustrating this dynamic. Commenter Cynthia Bertelsen writes: “I must say I long for the days, when people came to dinner, they ate what the frazzled cook placed in front of them.” Commenter westfield replies: “Really? I have Celiac disease. Would you serve me bread and say I ought to eat it because you are frazzled? How is that hospitality? If having guests frazzles you then you should not have them” Durand, “The Most Challenging Dinner Guest Ever.”.

<sup>iv</sup> Boisvert and Heldke, *Philosophers at Table*, 29.

<sup>v</sup> Boisvert and Heldke, 58.

<sup>vi</sup> 58.

<sup>vii</sup> I put “The French” in scare quotes because American authors tend to refer to French dietary practices in a somewhat mythical way, and it’s not clear to me that these claims are always empirically accurate.

<sup>viii</sup> “Tracking Epistemic Violence, Tracking Practices of Silencing.”

<sup>ix</sup> Boisvert and Heldke, *Philosophers at Table*, 58.

<sup>x</sup> Haeusermann, “I Can’t Eat That,” 370.

<sup>xi</sup> Gupta et al., “Prevalence and Severity of Food Allergies Among US Adults.”

<sup>xii</sup> Turnbull, Adams, and Gorard, “Review Article,” 27.

<sup>xiii</sup> Turnbull, Adams, and Gorard, 5.

<sup>xiv</sup> One possible explanation for the discrepancies in food allergy reporting is that some people with other sorts of gut issues mistakenly believe they have food allergies. People may confuse intolerances or other gastrointestinal issues for allergies due to similar symptoms or positive responses to culprit food avoidance (Lin 2019), or conflate food intolerances with allergies (Gupta et al. 2009, 48). (There are some medical and diagnostic reasons for this which I can discuss further in Q&A.) In contrast, research on intolerances like Turnbull et al.’s suggests that some of those reporting food intolerances aren’t merely misdiagnosing themselves but have no real gut issue at all.

<sup>xv</sup> “Food Allergies and Food Intolerances,” 473.

<sup>xvi</sup> Olsson et al., “Food That Makes You Different,” 982.

<sup>xvii</sup> Nettleton et al., “Experiencing Food Allergy and Food Intolerance,” 298.

<sup>xviii</sup> McKinnon, “Epistemic Injustice.”

<sup>xix</sup> In other cases, identity prejudices can unjustly heighten credibility, resulting in a “credibility excess” Davis, “Typecasts, Tokens, and Spokespersons”; Medina, “The Relevance of Credibility Excess in a Proportional View of Epistemic Injustice”; McKinnon, “Epistemic Injustice.”. As Jackie Leach Scully explains, “the result is a targeted, if unconscious, downgrading of trust in the accounts and claims of anyone from that group” (Scully 2018, 108).

<sup>xx</sup> Buchman, Ho, and Goldberg, “Investigating Trust, Expertise, and Epistemic Injustice in Chronic Pain,” 35.

<sup>xxi</sup> The delayed onset of some reactions is also relevant here. Once an acquaintance told me that she had accidentally served gluten to someone with celiac disease, assuring me that “they seemed fine though.” But my acquaintance would not likely be privy to what this unfortunate guest experienced later that day or in the days following, both because she was not there to see or hear it, and because of taboos around discussing digestive symptoms or telling someone that their food made you sick.

<sup>xxii</sup> Gupta et al., “Food Allergy Knowledge, Attitudes, and Beliefs in the United States.”

<sup>xxiii</sup> For example, IgE-mediated allergies are most often present in children, but one in four adults with food allergies develop them as adults Warren et al., “PREVALENCE, SEVERITY, AND DISTRIBUTION OF ADULT-ONSET FOOD ALLERGY.”. However, general ignorance about the existence of adult-onset allergies may lead people to doubt “new” or “sudden” claims of food allergy from adults. What might appear as “jumping on the bandwagon” of a “trendy” food hypersensitivity may be someone finally recognizing the source of their long-standing issues thanks to increased social awareness. Such misunderstandings may inform commenter rb43’s suspicions about their friends’ gluten allergies, for instance.

<sup>xxiv</sup> Blease, Carel, and Geraghty, “Epistemic Injustice in Healthcare Encounters,” 554.

<sup>xxv</sup> Wendell, *The Rejected Body*.

<sup>xxvi</sup> Reiheld, “Patient Complains of ...,” 90–91; Ware, “Suffering and the Social Construction of Illness.”

<sup>xxvii</sup> Roberts, *Fatal Invention*.

<sup>xxviii</sup> Sanders, “The Color of Fat”; Mollow, “Unvictimized.”

<sup>xxix</sup> Glabau, “Food Allergies and the Hygienic Sublime,” 16.

<sup>xxx</sup> Fricker, *Epistemic Injustice*.

<sup>xxxi</sup> Scully, “From “She Would Say That, Wouldn’t She?,” 111.

<sup>xxxii</sup> Youth with celiac disease interviewed by Olsson et al shared that others sometimes minimized the “importance” of their condition and served them food with gluten in it anyway (Olsson et al. 2009, 979). The researchers suggest that such behaviour is likely linked to lack of understanding of celiac disease, but it is also plausibly linked to disbelief or taking the youths’ reports less seriously than they should be. The possibility that eaters with food allergies will be harmed by cooks/hosts who don’t believe them is often raised as an admonition against people “faking” food allergies, who allegedly “dilute the legitimacy of those individuals who do indeed suffer from the potentially life-threatening effects of the condition” Haeusermann, “I Can’t Eat That,” 370..

<sup>xxxiii</sup> “Epistemic Oppression and Ableism in Bioethics.”

<sup>xxxiv</sup> Wieseler, 3.

<sup>xxxv</sup> Those faced with repeated instances of prejudicial doubt “will gradually lose their epistemic confidence as they endure the constant erosion of their credibility, which may, with time and repetition, crush their confidence in their epistemic capacities. A person or group suffering from such a situation will not expect what they say to be heard, and in time might not speak at all” Kidd and Carel, “Epistemic Injustice and Illness,” 177.

<sup>xxxvi</sup> McKinnon, “Epistemic Injustice,” 442–43.

<sup>xxxvii</sup> Dryden, “Food Choices and Gut Issues,” 17.

<sup>xxxviii</sup> Danya Glabau’s research draws attention to specific barriers for Black people reporting their own (or their loved one’s) food allergies that may intensify their experience of testimonial smothering. Drawing from her interviews with Andrea, a Black mother of a child with food allergies, Glabau suggests that Black people may be more likely than white people to be judged as disruptive, demanding, aggressive, rude, or bad-mannered for making what appear as “unreasonable” or “exaggerated” requests for food accommodations. In the context of U.S. schools and workplaces, Glabau notes that: “requests for legally required accommodations for a condition already considered biologically ‘illogical’... would more readily be interpreted as ‘rock[ing] the boat’ coming from a racialized ‘outsider’” Glabau, “Food Allergies and the Hygienic Sublime,” 16.. While schools and workplaces differ in some significant ways from domestic hospitality contexts, we can imagine that these stereotypes carry over to domestic settings as well. Thus, not only are Black people subject to compounding credibility deficits regarding gut issues, but the costs of being disbelieved or taken less seriously may be higher compared to white people. This may produce testimonial smothering.

<sup>xxxix</sup> Olsson et al., “Food That Makes You Different,” 982.

<sup>xl</sup> Nettleton et al., “Experiencing Food Allergy and Food Intolerance,” 296. As one participant explained, when eating with others: “I’m afraid I’ll just eat it [the culprit food] and then I think to myself, OK, for the next few days I’m just going to have to hide away quietly”

<sup>xli</sup> This is very different from making the choice to eat a culprit food for convenience or because the eater deems it worthwhile for some other reason (a special occasion, a favourite dish that cannot be made without the ingredient, etc.).

<sup>xlii</sup> “guests should be sure that their hosts know about their allergies, and both guest and host must make doubly, triply sure to avoid those allergens” (Boisvert and Heldke 2016, 30)

<sup>xliii</sup> Ho, “Trusting Experts and Epistemic Humility in Disability”; Buchman, Ho, and Goldberg, “Investigating Trust, Expertise, and Epistemic Injustice in Chronic Pain.”

<sup>xliv</sup> Ho, “Trusting Experts and Epistemic Humility in Disability,” 117.