

Food As Medicine: Exploring Health-inspired Journeys to Veganism

A Senior Honors Thesis By

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“You won’t find all of the answers, and life won’t suddenly become easier, but you can find a way to live that is kind, that is real, and that is for the good of you.”

-Joan (on veganism)

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Abstract:

In this paper, I inquire into the *lived experience* of Health Vegans—individuals who have been motivated to adopt veganism primarily to avoid exacerbation of an illness, promote the reversal of chronic disease, or to prevent its onset. My respondents' initial motivations carry little or no ties to the environmental and ethical implications of a vegan diet. However, their adoption of a vegan identity entails a transformation— a modified worldview and inherited philosophy—that includes the absorption of environmental and ethical obligations. This research demonstrates that sustained adherence to a vegan lifestyle, or the avoidance of all animal products, may be contingent on a personal and social process that leads to a transformed worldview and adoption of a new philosophy that not only holds on to initial health concerns but makes use of the broader vegan movement's moral and environmental concerns.

Introduction:

To be vegan, according to the Vegan Society, is to ascribe to a “philosophy and way of living which seeks to exclude— as far as is possible and practicable— all forms of exploitation of, and cruelty to, animals for food, clothing or any other purpose; and by extension, promotes the development and use of animal-free alternatives for the benefit of humans, animals and the environment. In dietary terms it denotes the practice of dispensing with all products derived wholly or partly from animals.” (“The Vegan Society,” 1979) While seemingly comprehensive, this definition simplifies the adoption of a vegan lifestyle. It implies that all individuals are drawn to veganism for ethical reasons. This is true for some vegans, but the definition fails to encompass veganism's enormous influence on health outcomes.

The goal of this project is to explore the experience of Health Vegans. While research has been done on the emerging trend of veganism, it often highlights either the various types of

vegans—drawing boundaries and attempting to understand the lived experience of Ethical Vegans—or discusses it as a minority counterculture. I attempt to forge new territory by expanding on the Health Vegan identity which is often considered separate from the larger vegan movement. However, I assert that Health Vegans experience a similar socio-political arena as Ethical and Environmental Vegans.

A whole-foods plant based diet is often discussed in conjunction with veganism, but there are differences between their definitions. A whole foods plant based diet, “emphasizes eating whole fruits and vegetables, consuming lots of whole grains, and staying away from the intake of animal products and processed foods for health reasons” (Thomson, 2017). While vegans can also adhere to these guidelines, there are processed foods that can still be considered vegan but not plant-based. In turn, individuals on a plant based diet can still buy leather goods or use honey, both of which are not strictly vegan.

This distinction is important. Many of my respondents claim to have come to veganism for health reasons. A whole-foods plant based diet (WFPB) would be enough of a personal modification if their motivations were strictly health related. However, all of the participants call themselves “vegan”. This indicates that the respondents resonate with the vegan identity category more than simply adopting a dietary change. It also indicates that adoption of a plant-based diet may be inextricable from the veganism despite the difference between their definitions. This paper further explores what it means to be vegan, and the intersection between health-consciousness and veganism.

I make the assumption that adopting a WFPB diet has significant positive impacts on individuals, especially for those suffering from chronic illness. A WFPB diet does not include any meat, dairy, or eggs. In contrast to the term vegan, it is not only defined by what it

eliminates, but also what it emphasizes. The term “whole” refers to foods that are minimally processed—including whole grains, fruits, vegetables, and legumes. In moderation, it also recommends nuts and seeds, and natural sweeteners. Though a vegan diet can technically include heavily processed foods that do not contain animal products, a WFPB diet avoids these and other products that are high in fat (like oils). For simplicity, and since this project is based on the validity of a WFPB diet, I speak of vegan and whole foods diets interchangeably, both referring to the healthiest versions of the diet. (Studies, 2018)

Instead of repeating the beneficial health information that is established, though not fully accepted within the medical community, I focus on the *experience* of Health Vegans. The latter is more within the scope of qualitative anthropological study. If a vegan diet is to be prescribed to a patient now or in the future, there may be social implications to consider and a certain “lived experience” to address.

Though WFPB diets may be significant in improving health outcomes, the results are contingent on a strict adherence to the diet. It is therefore useful to explore what keeps Health Vegans adhering to such a practice.

The Public Face of Veganism

Veganism exists as a dietary and lifestyle choice with regard to what one consumes, but making this choice also constitutes participation in the identity category of Vegan. The tension between the dietary practice of veganism and the “manifestation, construction, and representation of vegan identity” is what I seek to explore in this project, particularly as the Vegan identity is both created by Vegans and interpreted by non-Vegans.

In the *The Vegan Studies Project*, Laura Wright (2015) extensively outlines the emergence of a vegan identity over the last two decades. She claims, “In 2004, being a vegan was so weird. People weren’t sure if it was another political party or an ethnic group they’d never heard of” (2015: 27). Since then, veganism has continued to gain popularity, and with it, discourse on its integration into mainstream culture. However, veganism continues to be seen as a more extreme and restrictive version of vegetarianism and is also associated with a strong political stance against modern farming and animal exploitation. This despite the varied lifestyles and motivations of vegans.

Considering media discourse about veganism more closely, Matthew Cole and Karen Morgan (2011), in their study *Vegaphobia: Derogatory Discourses of Veganism and the Reproduction of Speciesism in U.K. National Newspapers*, used the LexisNexis database to search the terms “vegan,” “vegans,” and “veganism” in all U.K. newspapers in 2007. They used parameters to characterize the vegan articles as positive, neutral, or negative. Of approximately four hundred articles, about five percent were positive; twenty percent were neutral, and seventy-five percent were negative.

Based on these findings, Cole and Morgan (2011) came up with six ways to characterize the negative articles, which in order of frequency of occurrence, were “ridiculing veganism, characterizing veganism as asceticism, describing veganism as difficult or impossible to sustain, describing veganism as a fad, characterizing vegans as oversensitive, and characterizing vegans as hostile.” (139)

While my study does not supplement these findings by gathering more numerical data on the perception of veganism by non-vegans, these characterizations were a useful starting point to enter my field work. They mark the landscape on which the Vegan identity is performed and

provide parameters with which to analyze how vegans are perceived by non-vegans. I will discuss how such perception inform my participants' transition experiences.

According to Cole and Morgan (2011), “empirical sociological studies of vegans are rare. When they are present as research participants, they are usually treated as a subset of vegetarians and their veganism tends to be viewed as a form of dietary asceticism involving exceptional efforts of self-transformation.” (135) My goal with this project is therefore to supplement the existing record on vegan studies and provide insight into the experience of an emerging Health Vegan identity.

In *The Vegetarian Option: Varieties, Conversion, Motives, and Careers*, Alan Beardsworth (1992) describes vegans broadly as “converts.” He highlights that most vegans have experienced society's customary food practices and have, often after critical inspection, sought to modify their dietary practices. He studied a cohort of vegetarians and vegans to understand their motivations and how their “conversion” impacted their relationships. While the term conversion alludes to a religious context which I do not discuss, there are comparisons to be made between what a vegan experiences and the transformed worldview and negotiation that occurs in religious conversion. Beardsworth explains that understanding vegans' motivation and transitional experience can provide insight into the mechanisms of dietary change and nutritional choice (253).

Based on my research, the motivations behind adopting a vegan diet can be broadly placed in three categories; the first is ethical, related to the concern about the exploitation of animals in factory farming practices; the second is environmental, related to the concern over sustainable practices and the detrimental effects of animal-product production on greenhouse gas emissions; and the third—to be explored in this paper—is health, which is related to the concern

of how consumption of animal-based products impacts individual health as well as avoiding contracting or exacerbating illness by switching to plant-based diets. More research is emerging on Ethical and Environmental Vegans, but significantly less is being done on Health Vegans. As an aspiring physician and vegan, I am intrigued by the purported preventive power of plant-based diets and wish to show how Health Veganism is on one hand its own type of veganism—because individuals may not initially share the beliefs and motivations of Ethical or Environmental Vegans—but on the other hand demonstrates a transition very similar to that of the larger vegan community.

Methods

My research focuses on the experiences of individuals who have adopted vegan diets specifically for health reasons, motivated by the presumed preventive power of plant-based diets. I based this research on twelve in-depth interviews with self-identified vegans. The interviews were semi-structured, ethnographic, and lasted between thirty and ninety minutes. I asked participants about their motivation to become vegan, how they learned about veganism, how they practiced veganism, their definition of veganism, their interactions with vegan and non-vegan friends and family, and their experience with health management.

I recruited participants in two main ways. Three participants were people whom I knew to be vegan and requested for interviews. The rest were recruited through snowball sampling mainly through suggestions by previous interviewees.

My cohort was composed of eight college-aged individuals and four adults. Of the twelve total ten were female. The other two males are physicians. The adults in this study were chosen because they had experienced a serious health calamity and adopted veganism. Most of the college-aged vegans had not experienced such serious and acute health illnesses, but nonetheless

came to veganism for health reasons. These reasons include but are not limited to eating disorders, weight loss, gastrointestinal issues, or a general sense of well-being and health. By comparing and contrasting these two distinct groups, I hope to explore the “lived experience” of Health Vegans—the way they navigate a new personal identity and social subculture—in order to elucidate ways a vegan diet may be effectively employed in a preventive health capacity.

What the Health?: Exploring Health Veganism

This section explores the ways in which diet and identity interact specifically for Health Vegans: How a health identity is constructed and how the adoption of a vegan identity supplements and manipulates the relationship of the self with health.

Health Vegans are those who are most compelled to the lifestyle of veganism because of its purported health benefits—mental or physical. The reason for entering veganism has been used to categorize types of vegan. Recently it has been better understood that the vegan lifestyle is more nuanced than being motivated by a single factor.

In *Health, Ethics, and Environment*, Nick Fox (2008) indicates that veganism may follow a trajectory where primary motivations are “augmented over time” (1) to contribute to sustenance and further restrictions of a vegan lifestyle. “Successful”¹ Health Vegans do in fact seem to adopt other philosophies outside of the health realm to normalize their identity in a non-vegan world. While they may not be as open in advocating the environmental or ethical aspects of veganism, these traits play a large role in the sustainability of their vegan identity.

This is Just the Veganning: An Introduction to “Being Vegan”

The saying “you are what you eat” is often used in jest, but it represents our belief that food choice is an integral expression of who we are and what we believe in. Being vegan is not

¹ Vegans who have adhered to the dietary restrictions and have not knowingly deviated by using or consuming animal products.

only a dietary choice that seeks to prioritize personal health, it is also believed to say something about the world views of those who practice it. One of my respondents, Jolene, said,

Both [documentaries] made me realize how much I didn't know about what I ate, where it came from, and whether it was good for me; as well as making me realize that rich companies were working very hard to keep me in the dark about how my choice of food would impact my body and the world around me.

Jolene was drawn to veganism after watching popular documentaries *What the Health* (2017), and *Cowspiracy* (2014). Like many vegans, she is compelled by the revelation that standard dietary practices were not what she thought they were. Though not every vegan watches a documentary to gain insight into veganism, and is then drawn to a radical change in lifestyle, most vegans can point to an experience or series of events that highlighted and clarified problems with their non-vegan lifestyle. Such exposure is felt to have provided insight into issues that were not fully understood before, and suggested veganism as an option to avoid contributing to those problematic practices.

It may not be the event or experience itself that controls the change of lifestyle. Many people may know about unethical factory farming, environmental degradation, and rising rates of chronic illness. The mindset of the individual also contributes to their receptivity to veganism. By discussing the personal narratives of several Health Vegans, I hope to elucidate the variety of experiences these individuals have gone through in becoming and staying vegan, and also share insight into the kinds of internal and external factors that make someone more responsive to veganism.

For Jolene, these documentaries were not her first exposure to vegan lifestyles, merely the turning point after which she officially took on the identity and called herself vegan. This transition is unique because it does not necessarily mark the first time Jolene avoided animal products. This moment in her “vegan journey” was the point after which she held herself

accountable to not only be more consistent with adhering to vegan guidelines, but also actively acknowledged the ethical and environmental considerations shared by the vegan community. After this experience, she felt more committed to what the lifestyle stands for. This also introduces the belief that veganism contributes to a “rejuvenated body”, another fundamental aspect of the changing relationship between food and identity.

Looking into it all more, I learned that cutting out [animal products] is one of, if not the most, healthy thing an individual can do and I slowly started doing that. By then, I had read and watched enough to have seen how factory farms treat all their animals, so I started to cut out all meat. Later, I learned more about some of the myths or exaggerations that exist around meat, cheese, eggs, and other animal products; how much protein and calcium you need and where you should get it, the healthiness of eggs and cheese, etc. I started to realize that a lot of what I thought was so important about a meat-eating diet can be achieved without meat.

In Jolene’s case, her activism is not public like many of the vegans visible on social media. She shares the occasional Facebook post and attends some vegetarian and vegan events. Her journey continues to be largely personal. She enjoys trying out vegan recipes from blogs and influencers she follows on social media, but does not actively seek out documentaries or reading material in the way she did before her transition. Though she considers herself a part of the larger vegan community, Jolene does not rely on active advocacy to reinforce her vegan identity. Her journey was influenced by a personal revelation, but she expressed surprise at the challenge of “being vegan.” Rather than finding difficulty with food choice, access, or affordability, all perceived challenges of adopting a vegan diet, she found it particularly difficult to socialize her veganism. To Jolene, her path to veganism seemed intuitive, and comfortable, but the discomfort arose from having to re-establish herself in the community given her adoption of this new mindset and lifestyle. Now, I turn to further explore the vegan journey.

The Health Vegan Journey: Participant testimonies

Current health research tends to focus on the health benefits of a vegan diet rather than the “lived experience” of the vegan. Just as any new medication is examined for possible side effects, I make the case that the “social side effects” of adopting a vegan diet should also be explored. My findings indicate that such research elucidates the factors that assist effective integration of such nutrition intervention in preventive and acute care. These “side effects” are not limited to the individual’s physiological response but also include their personal and social experiences adopting the diet.

As in the adoption of any identity, it is often difficult to reduce the reason for adoption to one explanation or impetus. However, my cohort of respondents claimed they were primarily motivated by health. When answering “What brought you to veganism?”, participants described an innate desire to improve their health. For some it was to improve an acute condition, for others it was to support general mental or physical wellbeing.

In recent years, Health Veganism has been separated from broader vegan conversations that instead focus on the environmental and ethical trajectories of the lifestyle. My research uses sociocultural theory to investigate how such experiences compare and contrast to those that have been more thoroughly studied.

In *Once You Know Something, You Can’t Unknow It*, Barbara McDonald (2000) identifies an individual process of how people learn about and adopt veganism that I will use while discussing my participants. McDonald’s process includes, a catalytic event that leads to consideration of veganism; becoming oriented and internalizing the new identity; learning and making the decision to become vegan; and a transformed worldview (6). She notes that “In the United States, adopting such a lifestyle is a major change from the normative practice and

ideology of human dominance over nonhuman animals” (1), and therefore there is a process to imbibing this new lifestyle that merits further exploration.

Using Barbara McDonald’s (2000) model as a foundation for the process of learning to become vegan, I outline a similar process that the Health Vegan experiences. McDonald’s interviewees were primarily motivated to adopt veganism by ethical and environmental reasons. I attempt to demonstrate that individuals motivated primarily by personal health benefits are also subject to the same individual trajectory and social orientation as Ethical or Environmental Vegans.

Health interventions are at times considered their own kind of mediation, separate from environmental practices and lifestyle changes. However, I found that the adoption of a vegan diet for health reasons has a significant social component, more reminiscent of other lifestyle changes than health therapies. This Health Vegan journey culminates in individuals taking on some of the motivations and worldviews of Ethical or Environmental Vegans.

Catalytic experiences

In this study, I use McDonald’s term to describe an experience that introduced the participant to the potential for veganism to play a role in their health management. This event may not have been the first time the participant was exposed to veganism, or understood its health benefits, but rather marks an experience during which the participant becomes more receptive to veganism and sees its adoption as a reality. All experiences have the potential to influence behavior. Particular experiences are culturally salient and have a persuasive social valence to concretize amorphous desires, such as adopting a healthier lifestyle. Many of my respondents were interested in pursuing healthier lifestyles; in other words were primed vegans

waiting to be found. Most of their catalytic experiences were personal and factual, combining an emotional experience with exposure to new information that revealed a different perspective on veganism.

For my respondents, information about the health benefits of veganism was often observed from documentaries or articles and served as a catalyst for a deeper consideration of veganism (McDonald 2000:6). Many absorbed the information, immediately sought further information on the subject, and made conscious decisions to change their lifestyle. This came in the form of the immediate disposal of non-vegan food, watching more documentaries, reading medical literature for more information, and/or exploring websites for vegan recipes and advice from popular culture vegans.

Although a few of my participants took a longer time, close to a year, to transition to vegetarianism and then veganism, most of the respondents considered themselves vegan immediately after this catalytic event. Despite lapses in adherence—eating meat or dairy when travelling, during holidays, or in response to a craving—they continued to identify themselves as vegan. They often referred to themselves as “more” or “less” vegan, especially in these initial portions of their journey, but never *not* vegan.

Mae explains, “I saw this little card, that said the bad [health] effects of eating meat. I read the card and decided I wasn't going to eat meat anymore. It was super sudden. I think maybe just having the facts right there, I couldn't just turn away from that.”

In *Health as a Meaningful Social Practice*, Robert Crawford (2006) explains that “meaningfulness is inseparable from lived experience,” in the sense that the meaning given to something shapes and transforms experience and behavior (402). This

understanding of “meaningfulness” (402) informs my inquiry into a *lived* experience rather than simply an experience. Crawford asserts that a change in behavior is contingent on a change in the meaning of some social reality. Mae, in reading this card, is exposed to a new interpretation of what it means to be healthy, and accordingly decides to change her behavior. The card itself was not the catalyst, but the information it contained initiated a shift in Mae’s health paradigm. Another respondent, Lana, said,

During my junior year of high school, I watched *Forks over Knives* (2011), and got interested in the health benefits of a vegan diet. What mostly got me was visuals of what happens in arteries, the plaque build up. I had never learned about that before. I didn't know food could affect you in that way. I did a complete 180, [and] went completely vegan, no transition.

Crawford (2006) equates this new wave of health consciousness to a “danger consciousness” (403), one in which individuals adopt healthcare strategies out of fear. According to his model, “the more knowledge acquired, the larger is the gap between the perception of danger (real or imagined) and the efficacy of action (individual, institutional or governmental). Some individual actions undertaken to improve health, including behavior changes requiring considerable effort or expenditure, turn out to be largely ineffective or even harmful. The alarm raised about the condition to be prevented remains while the pathway to increased protection becomes uncertain” (416). If we take into account the volumes of information regarding health management that are accessible to an individual, Crawford’s theory says that the more information an individual is exposed to, the greater their chance of adopting random strategies that are not so effective. It is on this plane that veganism has emerged.

Crawford (2006) did not have plant-based diets in mind when he made this statement, and instead alludes to general untested fads that promise to improve health without having substantial evidence to support that claim. His theory does not exactly fit the vegan model, but

does explain a very real challenge faced by my vegan participants about the difficulty they experienced finding health trends that related to their interests. Many of them discuss flitting from one trend to another, as they came across them, not adopting a sustainable practice but maintaining an interest in finding one. The adoption of veganism broke this cycle, as it was seen to fulfill many of the criteria the participants had internalized as health enthusiasts.

Food as Medicine

Most of my participants had a prior interest in health and had attempted to adopt healthy practices in diet and lifestyle throughout their lives before coming to veganism. Their catalytic experience was often marked by a distinct type of revelation that appealed to their inner interest in a healthier lifestyle. For others, their introduction of veganism was spurred by a serious medical event.

Dr. Masood had a massive heart attack at the age of fifty-five. Three months after his release from the hospital and some physical recovery, he heard from a fellow non-vegan physician about research being done at the Cleveland Clinic regarding a correlation between vegan diets and control or reversal of heart disease. This conversation served as a kind of catalytic event, after which Dr. Masood admits to consciously deciding to become vegan.

Dr. Patel, at the age of fifty-one, had a similar event to Dr. Milton's—a sudden cardiac event. Both heart attacks were very severe and without immediate and precise intervention could have resulted in death. Dr. Patel also adopted veganism suddenly, but of his own volition after extensively reading about lifestyle changes to prevent subsequent heart attacks. The moment came after reading *Prevention and Reversal of Heart Disease* by Dr. Caldwell Esselstyn. As a

physician, Dr. Patel said he had never come across any evidence to indicate a process of reversing the disease—except Veganism.

Despite having been an omnivore before, Dr. Patel made a sudden change to veganism. As a physician, he had spent his life treating patients using the basic principles of medicine and gastroenterology that he was trained in. He admits, he did little in terms of innovative intervention and most of the cases he saw required a standard protocol of treatment. While biomedicine seemed sufficient for his patients, that outlook changed after his own experience. “After I had my heart attack it was like ‘well what wouldn't I do to prevent that from happening again right?’ I'd do anything. For me to switch over to a vegan diet right away, was no big deal.”

Both physicians have been vegan for five and six years respectively and have not knowingly deviated—consumed any meat or dairy products— in that time frame. What is notable is that both of them as physicians gave little thought to such dietary modification before their event, but the experience and subsequent knowledge of the potential of veganism to prevent such an event from occurring again was enough to inspire immediate change.

Compared to the college-aged vegans I interviewed, there was much less consideration of how such a lifestyle change might fit in with their current habits. After such medical events individuals often made the decision quickly, to use food as a medicine. Adopting a vegan diet as medicine was appealing for its detachment from the traditional medical disease model. Considering food as medicine manipulated a traditional definition of healing.

Kaitlin was diagnosed with juvenile rheumatoid arthritis and underwent consistent biomedical treatment interventions for several years without improvement to her condition.

I just honestly didn't want to be doing all the injections anymore. I needed some other kind of medicine. That's when I decided I would go full force into this; do everything I can; eat all the right foods; mak[e] my diet like my medicine. I decided to really do the healthiest vegan diet—no processed foods, less sugar, really natural stuff.

Kaitlin demonstrates that with the adoption of a vegan diet, food is perceived as central to good health and longevity. Other respondents also went through catalytic medical events and came to veganism to use “food as medicine”. Though some of them continue to require medication, adopting veganism served to project a similar kind of self-control and healthy lifestyle after the experience of a sudden health calamity.

Julia, a nurse, was diagnosed with colon cancer at the age of forty. She then underwent surgery and adopted veganism as a part of her recovery plan. Julia explained

I never deviated because [of] the fear of cancer. and I knew I would be upset with myself with the knowledge that I had, if I were to develop cancer again and had not stuck to [being vegan]. If I did everything I could, and end up with a disease, well at least I did everything I could.

The “fear” and sense of urgency were shared by respondents who experienced life-changing health events and was a significant motivator in adhering to the diet. Even for others who had not experienced such an event, hearing about the potential of a vegan diet to improve their health served as a catalytic experience.

Salubrious Solutions

Susan and Annie both came to veganism to lose weight. In retrospect they acknowledge always liking animals, but their primary motivation for changing their diet was the potential to optimize their lives and reclaim control over eating habits they believed were unhealthy.

According to Susan, at the age of 16, she

felt a need to lose weight—really not a need, but in my mind— to eat healthier, and lose weight. I read a book, *The Kind Diet* [by Alicia Silverstone], which was about health, but it also has an ethics section. It had a 30-day guide at the end. As soon as I finished reading it, I turned.

Based on her BMI, Annie's physician recommended that she look into losing weight. Without specific suggestions, Annie, on her own, came across a series of articles that expanded on the experiences of individuals who had lost significant amounts of weight with veganism.

I was always trying to get away from processed foods and that sort of thing, but I wasn't losing weight. [After reading the articles], I decided to take it more seriously and really commit to it to see if it could work.

Kareena had a change of heart after watching *Forks over Knives* (2011)—a documentary specifically outlining the radical health improvements for patients with chronic ailments.

Growing up, I never wanted to eat [meat] but I felt I had to. Watching this movie, gave me this push that I can be more healthy with a healthier lifestyle; gave me the push that I could do this even if the rest of my family doesn't follow along. Two days after the movie, I went cold turkey.

The catalytic experience was often marked by strong emotions such as guilt, desperation or disillusion. The experience was spoken of in dramatic terms, and was for some a revelation about larger health practices they had not previously been aware of. The catalytic experience most often appealed to some inner desire in the participant that led her to quit meat and dairy consumption immediately—as a reaction—rather than a rationalized plan.

Alaina's transition was in response to a friend telling her about veganism and was not particularly emotional for her. Her process was drawn out as she first gave up red meats, then fish, then eggs, and finally dairy over the course of almost two years.

[My friend] just explained some of the health benefits of being vegan like more energy and better weight control. Especially me being an athlete I thought it would help. I definitely cheated a lot, but I think it's the small steps that count.

Alaina's elongated transition may not be unique, and eventually turned into the same kind of passionate adherence that I noted amongst my other participants. However, the absence of an emotional event may explain Alaina's the lack of urgency becoming vegan. While Alaina

eventually adopted a strict vegan lifestyle, the emotional investment and poignancy in the catalytic experience may influence the speed of enactment.

The comparison between my groups of Health Vegans is useful. The college aged Health Vegans experienced a catalytic event like the individuals that had health crises, though it was often significantly less life threatening. Still, most of the respondents shared the experience of an individual, catalytic circumstance that inspired a radical lifestyle change.

McDonald notes that “emotions [seem to be] one of the major defining characteristics of the more memorable catalytic experiences” (McDonald 2000). Based on my respondents, I would also add that the revelation of the potential improvement to health with veganism is another one of these characteristics. Whether after a significant health calamity or with interest in prevention of such events later in life, my participants insinuate that what makes this event catalytic is that the power of a lifestyle change is revealed. After such an event the change also feels both attainable and necessary.

After being diagnosed with rheumatoid arthritis, Kaitlin started looking up alternative treatments and watching health documentaries. She explains that it was as if a curtain was drawn back and a path to a healthier self was revealed. No other option of lifestyle was known or understood until suddenly it was. After such a revelation, she felt there was no choice but to be vegan. Kaitlin says,

After doing all these treatments, I had reached a point when I said ‘I can't do this anymore’. I felt like this kind of treatment, long-term, will do more damage than good. I was looking up things about my condition online one day and there were a bunch of people online, saying they were “taking all these pills”—the same ones I was taking—”but then I switched to [a whole-foods, plant-based diet] and committed to it, and now I don't need to take any of them.” I didn't believe it. No one had ever mentioned the connection between my arthritis and my diet. I thought this is a disease, it's not going away. No one was claiming that it was going to be gone, but a lot of people said it helped them feel totally different, like more normal. I thought, “okay, what is this?”

The catalytic experience is marked by increased curiosity about veganism. It leads to the individual seeing veganism as a more realistic part of their life, and often a solution to a health issue they have experienced. While some of my participants experienced acute ailments, others experienced different kinds of disorders.

As a teenager, Joan had an eating disorder for eight years. In middle school, over a nine month period she gave up processed foods, then red meat, and finally all meat. Joan was interested in finding the healthiest diet and made each of these sequential decisions after scouring the internet for a more “natural, whole, real foods way to health.” During this time, she was diagnosed with an eating disorder, struggling with both anorexia and bulimia. After Joan’s diagnosis, she found bloggers online that had similar health histories as her, and went vegan because she “was resonating with their stories.” This is an important component of the catalytic experience. Not only does it appeal to some inner desire or set of ideals of the individual, it also exposes a sense of camaraderie within the vegan community. Many of the participants note that personal stories of other vegans who went through relatable experiences were a significant factor in considering veganism more seriously.

The catalytic experience does not imply that every individual comes to veganism suddenly. It is like a catalyst in chemistry that is used to promote the ideal environment for a reaction to proceed more quickly. Molecules that would often take a lot of time to interact are brought together by the catalyst to proceed with the reaction. With any lifestyle change, bonds must be broken and reformed. This can be difficult as it often requires a level of discomfort and adjustment. Just as the catalyst enables reactants to form new bonds, the catalytic experience facilitates an individual’s consideration of veganism. Their life experiences, beliefs, and ideals are re-oriented towards veganism.

Many of my participants reflect back on their journey and say they were always “health-conscious.” As Crawford (2006) asserts, “the imperative of health is a mandate to identify dangers in order to control them” (403). My participants do not all explicitly mention being motivated by fear to adopt veganism. However, the discussion of “danger-consciousness” (404) can be useful in understanding the sudden adoption of veganism. Participants do discuss using veganism to avoid personal, and later, ethical and environmental harm. Crawford (2006) discussing Mary Douglas, says, “danger and its control should be understood as symbolic practices tacitly directed toward the preservation of sociocultural boundaries. Controlling a danger and policing a boundary are often one and the same. Thus, since health is a matter of identity, the interpretation of its meanings must explore the complex relationship between dangers to health and dangerous identities, between social conditions that threaten identities along with the positional privileges associated with them” (403). The concept of a dangerous identity can be used to understand the negative perception towards vegans, who are felt to cause harm by disrupting certain social practices. The navigation of social conditions that both threaten and influence vegan identities are the subject of the next section.

Becoming Oriented:

McDonald (2000) refers to the next stage of the vegan journey as “becoming oriented”, which includes making the decision to become vegan (11). I assert that this stage also entails learning more about how to make a vegan lifestyle healthy and how certain new habits may fit into one’s current routine.

It was largely a self-journey, one in which the respondent had made the decision to become vegan but was faced with taking on a relatively unknown and unfamiliar lifestyle. It was

often marked by individual research and self-reflection; where participants looked for sources that resonated with their interest in veganism. They became more aware of the complexity of an emerging identity and the conscious decisions needed to optimize their new lifestyle.

Based on my interlocutors' comments becoming oriented was composed of two major parts. One was reacquainting the vegan self with one's original life and the other was finding more information.

Julie decided to become vegan soon after her colon surgery. She says,

Right after surgery, I was just afraid. I was afraid to put anything into my body right now that could potentially add to my chance of getting any disease. It was a change. [Before becoming] vegan, I used to have eggs and cheese and there was just enough [non-vegan] things in my diet that I was panicked at first—I would get home from work and think “what am I going to eat, I'm starving and I don't know what to grab.”

Julie felt strongly about being vegan, but was not prepared for the particular navigation she would need to engage in. A part of “becoming oriented” is an “openness to a new and challenging lifestyle” (19). For some of my participants, like Julie, initial reactions included fear and confusion.

Like McDonald's (2000) participants, my respondents “consciously and purposefully” (3) sought new information and lifestyle tips from a variety of sources including popular food blogs, documentaries, social media pages, and medical literature. The combination of sources any given participant used was contingent on their personal interest. The participants who had suffered from a chronic or acute medical condition often prioritized scientific literature and studies rather than experiential posts from bloggers or celebrity vegans. Their previous experience with biomedicine through their treatment or profession may have primed them to take the scientifically based evidence more seriously than the lifestyle blogs.

Regarding why they chose to look into medical literature versus popular media—which is more accessible to find and often understand and retain— Annie explains she was looking for more “serious information”. Unlike Ethical Vegans that may not have a particular interest in personal health, Health Vegans’ investments in their own health may influence their prioritization of authentic sources.

According to Robert Crawford (2006), within the last few decades the protection and improvement of health have become important aspects of life. As health information is more readily propagated over social media and news outlets, personal responsibility for health is not only recommended, but has become a “measure of autonomy and intelligence” (402). The improved accessibility to health information has also allowed individuals to navigate their own health practices.

Based on their unique circumstances navigating their personal health, my respondents have varied experiences and understandings of what health practice means. For the college-aged vegans I interviewed, the health discourse we engaged in revolved around their desire to avoid health risks and the onset of disease that they learned about through documentaries, science courses, social media, or experience with family and friends. In contrast, the individuals who experienced a serious health illness saw health management as a necessary intervention to avoid repeating their experience with illness or disease.

Discussions about health have become common. Lay conceptions of health, including ideas about causes of disease and strategies of protection, are more readily considered the domain of the general public and less restricted to a biomedical sphere. This can be observed in the way popular culture outlets are propagating health information even when the source is not necessarily rigorous scientific study. The emergence of preventive and alternative medicine

strategies also indicate a growing interest in consistent health management. Veganism has gained popularity on this landscape.

The obsession over health may not be new, but now it is much easier to seek out health information; obliged by media that devotes extensive coverage on health matters and the latest recommendations. Along with this comes the publicized knowledge of rising diseases and the experiences of individuals actively managing their health in various ways. As discussed previously, among these discussions is the preponderance of dietary advice. The ease of accessibility to health information makes fad health trends popular, but also makes it difficult for individuals to know what information is correct. Many people may be wary of new health advice like veganism because it questions traditional relationships between food, body and health.

Heather Russell (2019), a Vegan Society dietitian, clarifies that what distinguishes a vegan diet from a fad diet is that it is “not inherently unbalanced and impractical” (Russell, 2019). Like McDonald, she goes on to explain that many individuals continue to do research after becoming vegan, spurred on by a particular interest in learning more about veganism and optimizing their diet. Russell admits that one of her biggest concerns is that there are so many myths about veganism online particularly when it comes to health. She doesn’t want new vegans thinking “nutrition is a minefield” (“The Vegan Society, 2019), but this is definitely one of the challenges my participants brought up in their orienting experience. Lana explains,

Everyone that has blogs about veganism... I like to think they all do their research. More often than not they talk about it from personal experience and [that] diminishes the credibility of veganism in general. Scientific literature—something with a study design—is a lot better than the fad articles online like " go vegan, five tips" or "Five days to lose weight on a vegan diet.”

Lana unpacks a challenge shared by many of my respondents; they had to sift through a lot of information in the beginning to get their footing in veganism. Their initial catalytic

experience primed them to be receptive to a lifestyle change, but did not prepare them for navigating the contradictory information in public forums. Annie says, “there’s a lot of pseudoscience around veganism and I wasn't sure if I could be healthy and be vegan. With vegan health information, you do have to dig past pseudoscience.”

For Joan, this meant sifting through several sources before coming upon information she felt she could trust.

“Nutrition is so complicated, if anyone says they know everything, I don't believe them. I look for peer-reviewed literature, for experts in public universities or MDs, [and] accredited newspapers. [I] look for authoritative sources that I trust. I try to trace back to make sure information is not just someone's opinion. There is a problem with the vegan instagrammers or bloggers who are very “pseudoscientist.” They turn people away from veganism because they think we’re crazy hippies who think they know everything and [believe non-vegans] are dumb because they eat meat.

Concern over the accuracy of information is not limited to media sources. Several of my participants also expressed a mistrust of information about nutrition and lifestyle advice from their physicians.

Bitter Medicine: Vegan and Physician Mistrust

For most individuals seeking health advice, their doctors may be the first consultants. However, some respondents exhibited reluctance to discuss their decision to become vegan with their physicians. Even if they had not experienced a negative reaction before, some of them suspected that they would receive criticism which they wished to avoid.

Annie’s physician recommended that she look into weight loss measures which is how she came across veganism. When I inquired whether veganism was a suggestion from her physician, Annie responded,

It [was] not. She did tell me to focus on fruits and vegetables, which is general, standard advice. She did tell me to stay away from red meat. Other than that, she did not really give me too much diet advice. I feel like with western medicine we focus a lot on fixing problems after they happen rather than preventing them.

Through Julia's recovery from surgery she says "the physicians did not recommend any particular diet other than saying "make sure you eat a healthy diet." SHE says ironically, it was her understanding that, even before her diagnosis, her diet was healthy. She had read books about veganism and cancer but did not seriously consider adopting the diet until after she was diagnosed with colon cancer.

After [the diagnosis], my thinking was "let me go back to that", and I decided [that] if that's my best chance then I'm going to do it. I kind of like being on this earth and I'm going to do whatever I can to put the chances in my favor. [...] I do see a lack of consensus within the medical community about what a vegan diet can do. I actually dated a doctor for a while who was completely against it, and thought it was foolish.

Some participants like Annie and Julia give importance to the research they have done, and are disappointed in the lack of consensus within the medical community regarding veganism. Part of "becoming oriented" (11) was also marked by understanding where veganism is considered a valid lifestyle and where it is not. Alaina says, "my primary care physician was fine, she said it's okay to take supplements. But another doctor I saw was saying "don't do that". When a physician says something, you tend to pay attention." Alaina decided to become vegan despite this physician's opposition. In mentioning "you", she references to a generic individual that may not feel comfortable going against their physician.

There's just not enough information, and it's not accurate. A lot of research backs a plant-based diet. Doctors should know that; everyone should know that. It's like, maybe we have been neglecting parts of our diet that might be resulting in the chronic illness and allergies. Consumers are not usually the active ones, we are reactionary, but we can do more to change things. I [just] wish medicine was more proactive with diet.

The lack of support from physicians did not change any respondent's conviction in adopting and maintaining a vegan diet.

Kaitlin told her physician that she wanted to try veganism to avoid her invasive arthritic injections.

I don't think my doctor had a strong alignment that diet helps with diseases. For her, that was hard to accept, but she let me do what I wanted to. I stopped doing the injections but was still on some medications. After some time, when I had done the conversion, she was coming around because it would show in my blood work.

This illustrates an important part of “becoming oriented” (McDonald 2000: 11). Kaitlin's stance to move forward with her veganism has a profound effect on establishing her new identity. Her conviction in the power of veganism to improve her health also exposes her physician to more legitimate data on this form of medicine.

[My] inflammatory levels were coming down. I think she knew something good was happening, and that the diet was actually helping. Sometimes my doctor would say, “Do you even need to see me anymore?” Now I see her once or twice a year compared to my senior year when I spent half the year in the hospital.

Some of my participants like Kaitlin sought biomedicine for acute care; to alleviate symptoms of an unpredictable and somewhat inexplicable illness. Not only does diet serve as a salvation from ineffective biomedicine.², it also provided a sense of self-control over the trajectory of their illness. They often re-defined their health management, and secured a sense of authority over their personal health. Some used their own research and experience as a criticism of larger biomedical practices. Lana explains that her physicians,

never ask about diet. [They] usually just ask if I'm eating healthy, but if I say, “yes”, they just move on. I wasn't going to talk [to them] about [becoming vegan], because I thought they were going to lecture me about protein, and I had already done my research. You can get plenty of protein from plants. I didn't want to be having an argument with the doctor. I just feel like

² I do not intend here, to claim that Western Biomedicine is by any means ineffective. I am instead further explaining the changing perception of the relationship between body and medicine that occurs with the adoption of a vegan diet.

number one with patients should be lifestyle questions; food, exercise, diet, screen time. We worry about these things with kids, why don't we worry throughout the lifespan? If someone comes in with cardiovascular problems, the first thing should be; what are you eating? It needs to be more integrated into medical establishment. The foundation for health should be what you do when you're not in the hospital.

After Joan was diagnosed with an eating disorder, she tried to eat minimally processed foods and predominantly vegetarian. Her physicians and nutritionists recommended highly processed supplements and reintroducing meat into her diet.

I didn't like how the focus was on gaining weight [rather than] eating healthfully. In addition to adding high animal meat, fat, and refined sugar; processed foods like cakes, ice cream, [and] milkshakes were forced on me. [My doctor and nutritionist also prohibited] me from any exercise, even gym class in school. I think nutritionists should help teach and encourage healthy weight gain from a holistic perspective; meaning, eating whole, nutrient dense foods³. Highly processed animal-based foods are not healthy and negative effects build up in the body that do damage, even if they are achieving the goal of gaining weight.

Joan goes on to describe some of the vegan recipes she would share with patients “if [she] was a nutritionist.” Her own research and understanding of veganism fosters a sense of authority over health matters. While there are many physicians and researchers that do advocate veganism many participants said their veganism did not fit in with the medical model they had themselves experienced. As Lana and Joan insinuate, veganism begins to hold more social valence in health management compared to traditional biomedicine.

Both Joan and Lana advocate doing research on veganism. They recognize that the learning process is crucial to a sustainable vegan practice. Lana explains, “you want to have grounds for doing something, not just because a celebrity's doing it. Do it with a friend, and don't think of it as a diet, think of it as a change you're making in your life.”

³ “like nuts/nut butters, seeds, dried fruit, avocados, and coconut.”

As Russell (2019) discusses, the advice on popular blogs, social media, or even medical literature is not always accurate. We have access to information faster and more readily than any previous generation, but an accompanying challenge is sifting through volumes of information to find accurate and professional guidance.

Most of my participants follow a combination of advice from various sources rather than adhering to any one completely. A sense of understanding and authority emerged regarding what aspects could be effectively incorporated into their lives. Especially for the college-aged Health Vegans, experiential knowledge was in some cases prioritized over scientific literature. Participants were not averse to exposing themselves to various sources of information, but the ultimate lifestyle that emerged was characteristic of a combination of elements they found particularly compelling.

Joan's advice to new vegans is, "if you really care about this, keep educating yourself. Don't stop [even] if you get shot down, someone finds one flaw, [or] they think this isn't worth it. Learn how to find foods that satisfy you, because it will be a different lifestyle. There are not always alternatives for everything, so be ready to adapt."

Adaptation: Navigating the Social Perceptions of Veganism

McDonald (2000) explains that the next part of the process of becoming a vegan is "learning" (12) which includes a navigation of self motivations and assessing how new dietary practices may fit into a larger lifestyle. I make this stage more specific by referring to it as a period of "adaptation"; where my respondents navigate the social aspects of their veganism. This was often marked by the first times they publicly affirm their veganism and received negative reactions.

Among my participants, this moment of transition was particularly prominent. What distinguishes “becoming oriented” (11) from the next stage of “adaptation”, is that becoming oriented was a largely personal process. It encompassed reflection, commitment, and understanding of what this new part of the individual’s identity may mean. “Adaptation” turned out to be largely social.

At this stage, participants are firm in their decision to become vegan, and have become used to the new dietary restrictions. After understanding more about a vegan philosophy, they now actively sought conversations or forums to discuss and participate in vegan activities. “Adaptation” was marked by the participant’s presentation of their vegan identity, and involved re-establishing a sense of normalcy with non-vegan family and friends. This presentation was often as simple as rejecting non-vegan food. It did not necessarily include active advocacy. Most of my participants brought their veganism up while eating or ordering food. Such circumstances would warrant such an admonition in order for the vegan to ensure they don’t receive non-vegan food. However, participants often experienced a negative reaction in response to others realizing they were vegan.

More than the dietary modifications, the process of adaptation was especially difficult for respondents. Many express surprise at the unexpected social challenge of being vegan compared to their internal re-orientation of being vegan. The sustainability of the vegan lifestyle seems most fragile at this stage in the learning process.

The continued process of learning entails the vegan becoming more convinced about the direction they are taking. McDonald (2000) describes this as a process of becoming “more convinced of the moral rightness” (11) of this new lifestyle. Based on my participants, it also

involved navigation of the social identity of being a vegan. This process was distinctly different for my participants who underwent health events compared to the college-aged Health Vegans.

This part of the learning process is when respondents' changed perceptions and opinions about food and health are brought into the public. After self-reflection and navigation of new information, this "adaptation" process marks a period where the new vegan becomes more aware of how the minority vegan culture is viewed by others. It is often marked by conflict, where the vegan's perception of their lifestyle is initially quite different from that possessed by non-vegans.

In *Vegan Killjoys at the Table—Contesting Happiness and Negotiating Relationships with Food Practices*, Richard Twine (2014) reports on the vegan transition. He uses Sarah Ahmed's figure of the killjoy to tease apart the social negotiations of the transitioning vegan. His discussion is useful in understanding the challenging social aspect to the lived experience of a vegan. Twine (2014) argues that the concept of the killjoy—as one that "transgre[sses] normative scripts of happiness and commensality" (623)—is apt when considering the contemporary vegan and their relationship with a dominant meat and dairy consuming culture in the United States.

Ahmed's original work (2010) dealt with feminists—whom she terms "affect aliens" (581)—who Twine (2014) says must "struggle against a dominant affective order and community" (625). Twine makes the connection between Ahmed's discussion of feminists and contemporary vegans.⁴ Twine explains that a killjoy is involved in "worldmaking—in producing new meaning and practice" (638). The forms of negotiation a vegan is involved with, by opposing a dominant culture, can be implicated in re-doing "affective culture" (627).

⁴ I want to emphasize that the concept of the killjoy here, is not used in the colloquial sense—as one who deliberately spoils the enjoyment of others" (Webster's Dictionary). As this is a perception many vegans feel is held by non-vegans, I do not wish to detract from their vegan narratives in this paper by reducing them to the same characterization. Instead I wish to use Twine's discussion to supplement the analysis of this element of "adaptation" in the larger vegan journey I am discussing.

While some Ethical and Environmental Vegans may expect to experience resistance to their contradiction of “affective culture” (627)—because their motivation and actions are often more directly in opposition to widely accepted or ignored practices— Health Vegans are not initially involved in overt re-doing of “affective culture” (627). Their attempts to re-define health were typically personal in the beginning and did not publicly question large-scale practices like factory farming and environmental degradation. The Health Vegans, though aware of the ethical and environmental opinions of other vegans, did not actively advocate veganism in the beginning. Though they may have resonated with the core values of veganism, many respondents express surprise at the initial reactions they received when making their veganism public.

Lana: [I found it challenging to deal with] how much judgment there is towards this seemingly benign identity. By claiming I was vegan, it was almost as if I was taking a political stance on all these environmental and ethical issues, even though I did it for health reasons; to be more healthy.

Twine (2014) quotes Ahmed (2010) who says that “to be willing to go against a social order, which is protected as a moral order, a happiness order, is to be willing to cause unhappiness, even if unhappiness is not your cause” (631). However, like Lana, many of my participants were not aware they were going against a social order, and therefore expressed surprise at non-vegans’ reaction to their veganism. In hindsight, they recognize the large scale ethical and environmental practices veganism opposes, but did not become vegan to oppose a social order. As is evident through the progression of these narratives, the willingness to go against a social order is also learned, partially in response to how veganism is characterized by non-vegans. Many participants, in response to negative reactions from non-vegans, seek more vegan-friendly social groups. Social media groups and online forums play a role in providing solidarity to my respondents, as well as introducing them to other core values of the community.

When Alaina began exploring online vegan blogs and videos, she became more conscious of cruelty-free brands, bulk shopping, and reusable materials. She jokes, “I sometimes think I became the hippie I never wanted to be.” For many participants, their process of learning how to be vegan comes from community members. Alaina slowly adopted many of the characteristic features of being vegan that she held as stereotypes of the community before her adoption.

Some of my participants describe engaging in “preserv[ing] the happiness by deciding not to speak out” about their veganism (Twine, 2014). The vegan might feel that “they are the problem” (626) and do not want to speak openly about their veganism, to “ruin the atmosphere” (626). Based on the public face of veganism described above, the vegan is often also assigned to a category of difficulty. They may wish to avoid “being outed, not to be difficult, or to cause a fuss” (626).

Kaitlin: I don't bring [veganism] up unless I am asked, just cause I try not to make it a big deal. I don't want to push something, you should come to it on your own terms. If you don't crave that attachment to the lifestyle, then I don't want to push something on someone. I don't want them to feel judged for not doing it.

A vegan does not necessarily have to to purposively engage—by arguing against someone’s animal consumption—to be considered a killjoy.

Alaina: I don't like to inconvenience someone, so in eating capacities it’s nice to be with a fellow vegetarian/vegan, instead of being thought of as high maintenance or projecting inconvenience. It’s also a comfort thing, making plans is so much easier with another vegan. You’re not unsure of reactions, or feel like you'll get attacked, or like you need to justify yourself.

As Alaina explains, the known presence of a vegan is often enough to trouble the prevailing happiness order. Vegans soon become aware of the repetitive scripts that omnivores call upon in such situations —“why are you vegan?”; “what do you eat?”; “I could never do it” and so on (Twine, 2014: 626). Such direct questions can be difficult to avoid, and result in the

participant having to actively reflect on what veganism means to them and how they want to proceed with the confrontation.

Annie: I usually don't talk about why I'm vegan for the animal rights reasons around people who are eating non-vegan food because I don't want to shame anyone. I don't want people to feel bad about their choices. Also it's not a very effective way to convert people to veganism, not that I am actively trying to convert people. Usually I just leave it very vague even if they ask me questions, [or] if I feel like they are defensive or might get offended. I want people to think that vegans are rational, reasonable human beings.

When I asked about common questions received regarding veganism, Alaina shared, "Why?" is a big question. [People] needing [you] to have a reason behind it. [As a vegan] you need to be fitting in one of these categories; having a defined label. I am comfortable reading the audience [to see] who needs more facts; [deciding if I am] getting through to someone [or just] coming out as crazy. You seem to need a good reason, a timeline, adherence to all the guidelines.

When I asked what kinds of guidelines, Alaina explained, "Like not using any animal products at all, not doing anything bad to the environment, and in general... being a hippie. There's no halfway vegan, people want to fit you into what they think vegan is and then judge you for it."

My respondents found that the questions are often followed by argumentation. Many of them found that some non-vegans attempted to find weaknesses in the vegan ideals. My participants indicate that their social circles seem familiar with veganism's ties to animal rights and environmental issues. Those reasons were often brought up in arguments.

Annie: They would ask "why?". I would explain, "I don't agree with what's happening to the animals and the environment." They would say "why are you doing that? You are not changing anything about the meat industry by not eating it." I would say "I know, but [it's a] personal choice, this is what I want".

Despite initially being inspired by health reasons to adopt veganism, Mae says she usually explains that she is vegan for animal and environmental reasons. This transition of motivations is something I will explain further in the Changed Worldview section. Here, Mae feels that using this explanation is the easiest way to avoid further conversation. Mae's instinct with such conversations was to "[try] to close out the conversation. I don't need this negativity, it's already hard enough to do it."

Mae expects most people to accept the "animal and environmental concerns" and move on. In some cases, it stimulates further debate. Joan says,

It's hard when I am talking to people who for example are from the Midwest and grew up on a farm. They will have zero knowledge base of nutrition and what a healthy diet is, let alone separating culturally ingrained traditions with a better way to eat. ...or talking with college students who are much more argumentative and defensive. Like "what about shellfish, crustaceans, or insects?" Everyone wants to talk about bees. The root of all the questions though is, "why are you doing this? And do you think you're perfect, because I am going to try and prove you're not."

Active argumentation and dialogue is a way some respondents emerge from this difficult situation and resolve some of the initial antagonism they experience. Some of my participants employed the avoidance strategy, but most of them come to a point where they are able to effectively explain their ties to veganism and accept whatever judgement follows.

Pass the Plate: The Vegan's Omnivorous Friends and Family

Another hurdle in the adaptation process involves participants rationalizing veganism with their non-vegan friends and families. These interactions were often marked by similar questions, but were harder to avoid owing to their close relationship. For many participants, the reaction from family was markedly challenging. Twine (2014) uses the concept of "Practice Theory" (631) to analyze why this part of socialization of veganism is so difficult.

Twine (2014) explains Shove's (2012) practice theory as "Treating practices rather than individuals or institutions as the primary unit of enquiry, considering how they consolidate and change. [Practices are] comprised of three elements; competency, materials and meaning. Competency refers to skills and know-how; materiality to the body and broad array of objects, technologies and infrastructure that comprise a practice; and meanings refer to ideas, aspirations, norms and symbolic meanings." (631)

I combine these concepts of practice theory and the killjoy to unveil why the social aspect of adopting the vegan identity proves to be particularly difficult when dealing with friends and family. One participant experienced an active form of resistance from her family while others experienced more passive aggressive commentary.

Kaitlin: Staying vegan was easy for me. Outside challenges were the hardest [like] family dinners, [because] I had to cook my own food. My mom— if she'd serve food— would put chicken on it. Or she would pass something to me that had milk in it. It was exhausting in the beginning, because I kept having to justify what I was doing, always. It was also really frustrating because it felt like no one was taking me seriously."

In the process of "becoming oriented," my vegan respondents were able to combine practice theory's (Twine, 2014: 631) elements of competency, materials, and meaning to create an effective practice for themselves. Through a sequential process of; learning about what veganism meant to them, understanding what material foods were or were no longer edible, and being introduced to the larger potential of veganism, the respondents were able to synthesize these three elements. Participants were then able to practice veganism on their own. When they interact with non-vegan friends and family there is no longer a mutual set of competency, materials, and meaning, where there once was. This creates friction.

Annie: First I felt like I couldn't be vegan because of the culture. Everyone says it's not possible, and I grew up in a very meat-eating home. My parents thought I

was crazy when I tried to go vegetarian. When I went vegan, initially there was just a lot of resistance.

Annie, like several of my other respondents found it particularly hard to navigate her vegan identity when she was surrounded by family that was used to eating meat. Alaina also expressed frustration at the initial reactions from friends.

“Oh, so you eat grass,” [they said]. Okay, I want a different talking point please. When you tell someone your vegan, food is just such a big part of our lives and being vegan is such a big change to make, when you disclose that to someone people take it as you're making a judgement on them, when it's totally not. It's also underexposure. They only see people on TV who are intense about it, like die-hard activists.

Alaina also notes that a lack of understanding may be the source of judgement towards this new vegan lifestyle. She also touches on the common frustration with having to answer targeted and sometimes offensive questions. She attributes this to an extreme public face of veganism that informs non-vegans' perception of it. “Sometimes, people just don't have a good understanding of what vegan is or they're used to extremists. I had a cousin say ‘Well, you know, they test medicine on animals and they test cosmetics on animals.’”

Many of my respondents shared Alaina's experience of receiving particular arguments against the effectiveness of veganism. Non-vegans attempt to find a weakness within the vegan framework, even without the participant actively advocating veganism.

In response to such arguments, Annie says she knows veganism is “not meant to be perfect and solve all of the world's problems.” She believes that her personal decision comes under such scrutiny mainly because the dietary change is “seen as a judgement on others not making the change.” Alaina shared Annie's sentiments.

With some family, there is some space to talk about it. None of them went to college, and they see it as; I went to college, [and] am in this Ann Arbor bubble. Some are very interested in why I did it, so the curiosity is there,

[but] the media persona makes me not want to disclose being vegan, it just makes it seem that we're crazy.

The encroachment of veganism into the omnivorous household proved more challenging than other social circles. Holidays, which are usually marked by shared food and family gatherings, were occasions where my participants often first noticed their veganism was problematic. The “adaptation” process is marked by the participant recognizing such friction and deciding how to address it.

Sarah: After the first six months to one year, it was more social aspects [that] became difficult as you go through holidays for the first time. My immediate family is very supportive, but my extended family was not supportive of the choice. Thanksgiving and Christmas with my grandparents was very difficult. I was trying to tread without offending them while still living how I wanted to. That was hard, overall, [even] now, the hardest part is the social stuff. After a year, the diet becomes very easy, it's just what you eat.

Sarah chose to avoid confrontation with her extended family. She had a supportive immediate family and therefore was able to avoid argumentation at larger family events. Other respondents like Kareena and Kaitlin received negative reactions from immediate family that were harder to ignore. Kareena says, “I told my mom ‘I'm going vegan’ and she goes ‘what? why?’ She said ‘fine, you can do it just don't do it in *my* house.’” Kaitlin also experienced a similar reaction.

My mom was the one who was a little bit more upset; “does this mean that we have to cook you whole different things? What does this look like in a family setting? How easy is it going to be?” Also, when I first told them, a lot of my family thought it was a phase. “Give her a month and then she'll be over it.”

Lana decided to make the case for veganism to her parents. The process of adaptation includes these moments where the participants makes a conscious decision to deal with the friction.

My parents are scientists, so I would bring up all these arguments but it just took so much extra research and extra talking to them— which was a really hard part of the transition— to get them to understand. It was maybe even harder than eating new foods. Half a year later was when they started accepting it. They thought it would be a week or two, like a fad diet, but no, I was in this for life.

As Twine (2014) describes, the identification of a killjoy does not always precede aggressive commentary. Lana's and Kaitlin's families presumed they had adopted veganism on a whim despite their strong conviction in their decision. Lana's and Kaitlin's families were dismissive, believing that veganism is no sustainable and merely a trend. The vegan lifestyle is seen as both trivial and disruptive.

After telling them she was vegan, Mae says, “my family was like 'Woah you can't do that to us. We all eat meat, what are we going to make for you? Why can't you do more of a balance; cut out red meat [or at least] just eat [meat] once a day?’”

She explains that eating meat was a big part of each of her family meals. Mae's family saw her veganism as disruptive to their family traditions.

My mom used to cook all of the meals for our family and she had a repertoire of dishes that were easy and nutritious that all contained meat, and the new diet stressed her out because she didn't know how to cook vegan food. It was mainly a concern about our nutrition and getting all of our nutrients and staying healthy. There was also the argument that if we weren't all eating the same thing we weren't really sharing a meal My parents tried to convince my brother and [me] to just stay somewhere in the middle, so [just] eating less meat or going three days a week without it.

Mae explains that collective gatherings with family were particularly difficult because of the arguments. In response to such arguments, participants often sought information about veganism they thought would help convince their families. In some cases, new information and insights helped families and friends see the logic of veganism. For others, the reconciliation process was much slower. In this time, participants found other communities that welcomed their new lifestyle.

Mae's family took time to accept her veganism. She explains even "eating out with friends [was] hard. When I went out with people all I said was 'I just need one option, we don't have to go to a vegan restaurant. I just need to be able to eat'. Finding that balance is difficult with some people. At my house—at the co-op⁵—everything is very open to me. Having others around to make vegan food, and make things easier, is very helpful.

Mae lives in a vegetarian co-op on campus where students collectively cook and share meals. She explains that there is always a vegan option and they make an effort to cook tasty and healthy dishes. Though her family has become more accommodating to her veganism over time, Mae initially found a lot of comfort in being able to live with fellow vegans and vegetarians on campus when she first adopted veganism.

Annie and Lana's experience highlights why living with other vegans can make the transition and maintenance of the lifestyle much easier.

Annie: There is the time commitment aspect— of meal preparation and thinking about food—but you get used to it. Now my meal prep doesn't take longer than before I was vegan. Once you get passed the learning curve, it becomes second nature. The co-op also helped me navigate some of these issues. I was very excited to be living with so many vegans who are going through the same thing as me.

Annie also lives in a co-op on campus and explains that many of the dietary challenges are resolved by having a community to share experiences with.

Lana: I live with two other vegans. It's nice to share a small community where we all have the same values. We don't even necessarily need to talk about it because we all have had experience with it and researched it. I am not going to be judged by what I choose to eat, it's just an everyday part of life.

Twine's (2014) describes that, "non-practicing practitioners" (635) — friends and family of vegans who are not vegan themselves— can develop forms of competency (including) in veganism allowing for its continued practice by the vegans they are connected to. These forms

⁵ Co-op: short for Cooperative refers to a shared student housing option on college campuses. They foster an educational and community environment by promoting collaboration for operation governance of the house. The particular co-op that Mae and Annie are a part of is vegetarian/vegan meaning that there is sensitivity towards providing such meals for residents, and many if not all of the residents identify as vegetarian/vegan. ("About us", 2013)

include vegan cooking, sourcing of vegan food, defining vegan food, engaging with vegan restaurants and eating vegan food. These are examples of their engagement of the elements of competency and materiality based on Twine's (2014) discussion of practice theory.

The omnivore's interaction with the competency and materiality goes a long way in providing support to the practicing vegan. Twine says that these "non-practicing practitioners" (635) have the potential to normalize the practice for new vegans as "peripheral, ambassadorial support" (636). Vegans were more adherent to their dietary restrictions and become more comfortable in their own practice of veganism after such support from their non-vegan friends and family.

Reconciliation and the Vegan Community

For many participants, gaining family and friend support demarcated a more official adoption of veganism. For the college-aged vegans I interviewed, gaining geographical distance from family and joining a vegan club or co-op also provided a space for accepting their new lifestyle.

The acceptance of veganism by omnivorous family was an important turning point in establishing a more resilient vegan identity. Most of my informants describe getting to a point—after a significant period of time where the participant has continued to be vegan—where their veganism was accepted by family and friends, even if not fully understood.

Annie: I would say the first thanksgiving was tough, but after some time they were really supportive. My aunt made mashed potatoes without butter. They try, [but] they don't always understand. My mom will [still] ask me, "is olive oil vegan?"

Annie goes on, “I do wish people knew that it gets easier over time. Up front there is friction, once you get passed that, and once your family and friends know you're vegan [and accept you're vegan], it's a lot easier to stay vegan.”

This adaptation process was often characterized by time spent adjusting. It was a period of significant stress on the part of the participant, but seems to have been resolved with the passage of time and their persistence in veganism.

Alaina explains, “now, its a non-issue, no problems. Everyone close to me is comfortable with it so it's also easier.”

Adaptation is also marked by surprise at the integration of veganism into omnivorous lives. Lana described her excitement at having family members incorporate her vegan restrictions into their own lives. “ In the beginning, I would make my own [food], but now my mom started looking at meals, and we have a fully vegan Thanksgiving which is pretty crazy.”

According to Twine, this process of integration involves family and friends beginning to understand the motivations of the participant. It also includes their their exposure, through cooking and consumption, to vegan foods.

Sarah also claims, “now I would say for family and long-term friends, people are used to it, so it's not a problem anymore.” Though her friends and family have not adopted veganism, their tolerance and integration contributes to minimizing the initial friction and promoting her successful practice.

What may have been so challenging in the beginning is that the participants themselves were unsure of their affiliation to the vegan lifestyle. As previously noted before, for many of them, the catalytic events that spurred an interest in veganism led to a rapid adoption of the lifestyle. Most were inspired by the health benefits of veganism and some also resonated with the

larger ideals towards ethical and environmental practices. My respondents describe becoming vegan as “reasonable”, “practical”, “natural”, and in some cases “necessary” given their desires, experiences, and the new information they acquired.

Several participants mention that before such confrontational dialogue with non-vegans they found themselves “cheating”—having non-vegan foods to avoid causing commotion in public spaces, in their own homes, or among friends.

While the outward presentation of the vegan was, in most cases, initially problematic and difficult, resolving the tension resulted in a well-established and strongly emerging vegan identity.

The dialogues with family and friends, and the resolution and acceptance of the vegan identity, led participants to a more comfortable state—one that fostered further reflection on their veganism. Annie: “The food itself is actually a fun exciting part of being a vegan. In some ways, its restrictive, but being vegan forces you to look at where your food is coming from and when you do that you discover a whole new world of food at the same time.”

As participants continued to learn about various aspects of veganism, like environmental and farming practices, they seemed to more readily “recognize the inconsistencies between their beliefs and their actions” (McDonald 2000: 15).

In retrospect, the decision to become vegan was seen as more natural and effortless. Despite the challenging social aspects of being “vegan in a non-vegan world” (Torres, 2005), participants have a positive view of their current veganism lifestyle, and often expressed surprised at the lives they led before being vegan.

However, in contrast to the public perception of veganism, most participants are not obvious advocates of the lifestyle. Regarding how much participants advocate or participate in

active advocacy of veganism or what they wish people knew about it, most respondents did not express a strong desire to push veganism on others. Despite believing that veganism was a good lifestyle and worked well for them, they recognized the challenges of navigating the lifestyle and hoped to have more open conversations about it with non-vegans. Most were not interested in others adopting it right away. Some even discouraged giving up meat “cold-turkey” despite their having done so. Instead, they suggested learning more about it and seeing which aspects fit with the lifestyle.

Even though many respondents experienced frustration at the initial reactions they received about their veganism, long-term involvement with veganism gave some participants insight into the reasoning behind these negative perceptions. Sarah explains, “It’s so difficult to see ethical problems when the society is built around those ethical problems. Where you are born, is how society brought you up. It’s not always people's fault that they can't recognize horrific things.”

There was a general agreement about the importance of someone coming to veganism when it feels right. Participants also reasoned that because veganism requires some degree of adaptation and compromise, it is important to have a thorough understanding of what it really is. Many of my participants were most interested in people knowing more about veganism and getting authentic information. They discouraged adopting veganism as a fad diet and following unreliable sources, but rather advocated a conscious and deliberate search for information that would lead to sustainable and practical lifestyle modifications.

This adaptation stage may seem to be the end of the vegan journey. However, as many of my participants assert, their acceptance of veganism preceded another notable stop in their journey; the transformed worldview. At the time I spoke to these vegans, most had adopted a

changed worldview compared to how they saw themselves before their decision to become vegan. Their initial motivations had spurred a holistic practice that not only influenced a dietary modification, but also tended to introduce an adoption of both an ethically based rationale for veganism and new environmentally friendly practices such as recycling/composting, buying local groceries, and avoiding fast fashion. Many of them claim to have embraced these practices after becoming vegan.

As my participants navigated their vegan identity, many of them continued to seek communities that were welcoming of their new identity. Regardless of their initial motivations, they indicate that they were still subject to the same perceptions of the larger vegan community. To ensure a sense of belonging in this learning process, the respondents familiarize themselves with other characteristics of a vegan identity. This process of attempting to fit in to the vegan community may foster the adoption of an ideology that includes other vegan values compared to what they initially possessed at the beginning of their journey.

The Transformed Worldview: What it Means to be Vegan

The last stage McDonald describes is “the changed worldview—the new perspective that guides the vegan’s new lifestyle.” After navigating the internal and social identities of their veganism, my participants emerge with a more solidified understanding of why they are vegan and what motivates them to remain so.

In *Health as a Meaningful Social Practice*, Robert Crawford (2006) explains that “health is constructed in relation to social structures and experience and systematically articulated with other meanings and practices. Although the prominence of health in modern culture is largely a product of medicine’s enormous influence, medical practice has never been able to contain the

irrepressible proliferation of meanings associated with health. Like all linguistic practices, health is metaphorical, absorbing and expressing a range of meanings found throughout culture” (405).

Medicine has traditionally had the role of defining what are healthy or unhealthy behaviors, and what conditions warrant care and intervention and which ones must simply be managed by the patient. Crawford (2006) quotes Arney and Bergen (1984) who said “from birth to death, medicine inserts itself as an agency of surveillance and intervention – and ultimately, an arbiter of those physical, mental and social properties of a healthy life” (404).

As vegans redefine food as medicine, they also influence these “properties of a healthy life” (404). By adopting holistic practices that incorporate personal, ethical, and environmental components, vegans expand traditional definitions of health that focus only on an individual’s well-being.

As I have previously discussed, and is further explained by Crawford, “both the conventionally understood means of achieving health and the social state of being designated as ‘healthy’ are qualities that define the self (Crawford 2006). This concept can be used to better understand the motivations behind adopting veganism. In conjunction with Barbara McDonald’s model for learning to be vegan, Crawford’s discussion asserts that the act of pursuing health says a great deal about an individual’s identity. The last stage, the “transformed worldview” (McDonald, 2000:15), is an integral part of re-defining self in the pursuit of health. I use this concept to argue that a new self emerges with the adoption of a vegan diet, one that rationalizes new health practices with a modified understanding of morality. It also reorients an individual’s position by supporting the holistic health of self and environment.

Dr. Patel: “I don't think people think about it. Medicine right now... the complaint is that we treat the need, we don't shoot for health. If somebody gets a heart attack, we treat that, the stenosis, the plaques. Look at systems like Canada and [the] UK, [which] are more government-

based programs, with decreased obesity, heart disease, high BP, diabetes. If you want to cut costs for a country, it's a no brainer, you have to go towards a plant-based diet.”

A plant-based diet, unlike other medical and even preventive treatments, is inextricable from the vegan identity. Regardless of if the individual's initial motivation was largely health related, identifying with the vegan subculture fosters the adoption of other ethical and environmental rationales. My respondents have been able to use the larger vegan ideals as motivation to remain in the diet and further cause for advocating the lifestyle.

Dr. Patel had never considered veganism as a mainstream treatment before his health crisis. He discusses a growing belief that traditional biomedical practice is not achieving the success of preventive medicine. As a physician, it is easy for him to understand the role diet can play in health care. He has the advantage of a thorough understanding of physiology and disease to understand what is happening when a diet is modified, and potential reasons why a plant-based diet may be applied to chronic illnesses that are usually not cured, but simply held in stagnation by medication.

The pursuit of health, in short, has become one of the more salient practices of contemporary life. However, this pursuit is no longer limited to personal care. The emergence of veganism and its ties to health indicate that individuals are becoming interested in how self care fits with conscientiousness and compassion in other realms.

The importance given to health is often deeply personal and varies for each individual. According to Crawford (2006), “health is imagined and taken up as a practice in the life-worlds of individuals who have uniquely personal reasons about why health has become important to them” (404). The journey to veganism demonstrates that interest taken in personal health can have power over manipulating values and beliefs. In a broader health care conversation, it is

necessary to explore such practices that allow for sustainable and effective improvements to health.

My participants' transformed worldviews were shaped by accepting the core values of veganism. For many, this manifested in a shift of what veganism meant to them. Most were introduced to veganism for health reasons, and although aware of the ethical and environmental perspectives of veganism, were more inspired by its benefits to their personal health and wellness. Over time, many indicate that this perspective changed to include several other core ideals of veganism. In turn, the factors that motivate them to continue with their veganism include these values.

They claim to better understand the breadth of veganism after starting their journey, and in turn they found various other aspects that also appealed to their values or logic.

Dr. Masood's experience exemplifies this change of perspective. He explains what his original stance on health was before his heart attack. "I felt before that everything in this planet gets turned around and [is] recyclable including in our body and [it] doesn't really matter what you eat. He goes on to say that his perspective changed after adopting the diet.

Why would something like food make a difference, when all of us are raised to drink milk and eat meat? But humans are not even designed to eat meat. We don't have claws, canine teeth, cannot digest raw meat. We do not become hungry looking at other animals. If you're hungry, [and] there is a [live] lamb or chicken, you will not— by looking at it —want to run and bite it. Even physically, we are not able to kill or bite through the flesh. We use technology and cut it into pieces. We cannot even digest the raw meat. It's cooked and spiced.

This explanation touches on the ethical implications of eating meat. Dr. Masood is not expanding on the unethical practices of factory farming—which are usually the center of the argument against eating animals— but instead cites practical and evolutionary reasoning to avoid meat consumption. This served as the first explanation he gave explaining what veganism means

to him, despite having said that his initiation into veganism was to prevent further cardiac deterioration. He quickly moved from his health history to this biological understanding of how he rationalizes this lifestyle change. He explains,

Milk, is really the cow's blood filtered through the mammary glands for the calf, just like human mother's milk for babies. It's species specific. It's nature's response for getting nutrients to [the] baby. We trick the cow, steal the milk, and put it in everything. If it was natural for humans to drink milk, people would lie under the cow and drink it, but no one is willing to do that. Eating milk and meat is a learned thing, not natural. In our manufactured system, we feed plant-based food to animals and eat the animals instead of eating the food itself.

The explanation of the “unnaturalness” of eating meat is a notable part of the changed worldview. Dr. Masood expands on this idea saying,

To me, it's even more basic. Your own DNA tries to resist animal DNA. Biggest evidence is immune-cells, [which are] supposed to protect against autoimmune disease, atherosclerosis, and cancer. Those cells are in overdrive trying to protect you against animal DNA. Even mental illnesses are a product of consumption of animal DNA. Even [the] gut—with so much bacteria in [the] colon— signals between [the] gut microbiome, brain and immune cells and gut flora is totally different depending on what you eat. All problems with IBS⁶ and cancers depend on that.

His current philosophy target many of the weaknesses omnivore's find in vegan lifestyles. Dr. Masood has come up with many of these explanations based on his own self-reflections on his vegan journey. He looks for ways to explain veganism more effectively because he sees it as a viable solution for his patients. One of the biggest arguments he gets from others is regarding protein.

Huge animals that are so much stronger than us are vegan. Every single cell is made of lipoprotein, so even eating grass you can get protein. People ask you where you get your protein from, say “only plants have proteins.” Carnivores eat things that eat plants, and we aren't carnivores.

⁶ Irritable bowel syndrome

Dr. Masood uses evolutionary theory and his knowledge of physiology to expand on what veganism's criticism of a meat-eating culture. When explaining the essence of veganism Dr. Masood said, "it's the way one should *think*, because it's really a natural diet." Here, "natural" is used to summarize the practicality of veganism from an evolutionary point of view; that our bodies are not meant to consume meat, and therefore the normalized consumption of it is unnatural according to how we are built physiologically. Dr. Masood explains:

I have a couple patients who have very severe atherosclerosis, every couple months they come in with an acute MI, or a stroke. I put two such patients with a strong history on a plant based diet, and they've experienced nothing [no heart attacks] in the past two years, despite family history.

This marks another characteristic of the transformed worldview. Individuals feel comfortable advocating and perpetuating the lifestyle. Early stages of the journey were largely personal and entailed a process of navigation and exploration of the new vegan lifestyle. The transformed worldview comes after a period of adjustment to and gratification with the effects of veganism.

Dr. Masood acknowledges that when he prescribes a vegan diet to his patients, he tries to go through the evolutionary and physiological explanations he shared with me. After reflecting on his own experience, he has come to understand veganism in a way that seems intuitive. "What I'm saying... it's just my own thoughts. I've found it useful to explain it this way to people rather than the scientific literature."

His discussion demonstrates that physicians can be the ideal proponents of veganism. His knowledge of the physiology, and his experiences with a health calamity, helps him understand how important veganism is to the healthcare field. His philosophy has changed to include aspects of "naturalness" and holistic health. This supports the idea that adherence is linked to a multi-

faceted approach to veganism. If one part of the philosophy should become unappealing or irrelevant, there are other support structures to maintain the lifestyle and motivation.

A significant part of the transformed worldview is gaining a broader understanding of what veganism is compared to how the individual thought of it initially. Joan acknowledges that after struggling with an eating disorder and the solutions provided by her physician, she really wanted veganism to be the more natural panacea to all of her health challenges. Joan had a change of heart with time and experience.

I wish the narrative would change to “veganism does not mean perfection,” but it’s the best way to do the least amount of harm. My goal with veganism is to do the least amount of harm and the most amount of good to my body, for my own health, other creatures, and to the environment. I went vegan when a lot of other things about me were changing. My worldview has changed along with that. My lifestyle and image has changed. I found this community that resonated with me more unit[ing me] with like-minded people. It’s special that there are people experiencing the world in the same way I am, who have the same core beliefs they have come to find themselves, were not born into it, but choose to live this way. Also having people, to get sources from, get recipes, to talk about how to address an argument, it’s a support system and provides a lot of inspiration. It’s a movement, a way of life, a philosophy, not just a diet, or an ethical stance. It’s a philosophy of how to live.

Over time, the initial health motivations blend with a broader acknowledgement of what veganism can stand for. Sarah also describes enjoying the potential for “life-long learning” with veganism. There are so many more aspects that began to keep her motivated to continue being vegan.

Going vegan for health reasons, you're kind of taking yourself out of society in a sense and letting yourself look at it with a different perspective. After you go vegan for health reasons, it’s so much easier to look at the animal industry and watch the videos. You're not part of the society that is perpetuating harm any more. I think being out of that society, even [for] a month or so, opens your eyes to new perspectives and you can really see how damaging the system is to everyone involved; the workers, the animals, even the people eating the food. Veganism is so difficult at first, because our society revolves around food, that if you watched a [vegan] video while currently eating meat, it’s much harder to think— “I can get out of this” versus “this is the way it is so I don't want to watch.

It has to happen this way, this is the way things are, I can't break out of it.” It seems to be based on such corruption. I wish people knew how rewarding it was to try it for a short period of time, to be able to remove yourself, and know “I am not contributing to this.”

For many of my participants, veganism signifies health. Through their journey they do not forgo their initial motivation to adopt a healthier lifestyle. Their initial definitions of health simply change to include vegan values. In other words, what began as a health strategy evolves such that respondents begin to connect their project of health to the ideas of veganism. Many of them agree that the idea of contributing less to environmental damage and unethical practices has come to play a role in their overall sense of health and well being.

Annie summarizes the transformed worldview. “It’s helped in uplifting my mood, because I know a I am taking care of my body. And the added bonus that I am doing something for animals as well. Now, I am a vegan for *all* the reasons.”

Veganism appears to have far reaching influence over personal identity and behavior. As Sarah asserted, being a part of the vegan community allows participants to access the core values and ideologies central to veganism. Adopting the lifestyle and accessing the community ultimately provides participants with a purpose; to be consciously compassionate towards themselves, others brings, and the environment.

Conclusion: Discussion and Implications

These narratives have shown that the decision to become vegan came either immediately after the catalytic event or after a period of learning. Although vegan practices such as avoiding meat and dairy started after the initial inspiration, the establishment of a more conscious vegan identity—that came with more consistent adherence to a vegan diet and more conscious decisions about health practices—came after the establishment of a supportive community. The

journey does not simply culminate in an individual avoiding animal-product consumption. It produces an individual who is *living* vegan; has synthesized their experiences and philosophies with those of the larger vegan community and acts upon them.

Crawford (2006) insists that health consciousness has become increasingly unavoidable. “Few people tuned into mass media can ignore the barrage of health and medical news or health related information appearing in advertising. The media dutifully report every medical study and recommendation [leading to a] diffusion of health knowledge” (415). This has resulted in a more health conscious population, one that is more concerned with personal health and at times suspicious of biomedicine. “Contemporary health culture chips away at the deeply embedded desire to feel safe, to deny vulnerability and to fend off thinking about death, because it seems to constantly undermine previously established health rules in place of new insights” (419).

The “imperative of health” (403) is a mandate to identify dangers in order to control them. To be healthy today, inherently means to be informed, to be actively pursuing health, and adamant in avoiding the stagnation and comfort of believing the lifestyle you are living is going to keep you perfectly healthy.

Veganism introduces a lifestyle where such dangers are mediated. Informants like Alaina assert that veganism is not meant to be “perfect.” Nevertheless, veganism is still felt to contribute to a greater sense of control over personal and environmental outcomes. The holistic practice of veganism is one that fosters a new philosophy of health. As a part of the vegan community, individuals are encouraged to be informed of new dietary and health guidelines, and work to make their lifestyles as natural, ethical, and compassionate as possible.

The purpose of this thesis was to explore the lived experience of Health Vegans. The narratives of my respondents are much more complex than what may emerge based on the quotes

I have included. For many of them, veganism appealed for a variety of reasons. I have chosen to characterize their stories as Health Vegan ones because of my interpretation of the emphasis many of them put on the health benefits of this lifestyle. Realistically, it is difficult for any one of these participants to say that they came to veganism with blinders and were only compelled by health. Veganism is not so underrepresented in the United States that this could be the case. Many people are familiar with the concepts of veganism even before its official introduction and are bound to have internalized its characteristics.

I was drawn to this project because I see great potential for veganism in the world of health and medicine. Yet I also notice a lack of consensus—both inside and outside biomedical circles—about veganism’s capacity to improve people’s lives. By sharing the narratives in this thesis, I hoped to discover what the adoption of veganism may look like for an individual whose personal health can or has benefitted from it. As my respondents explained, not everyone can be drawn to veganism for its other roots in environmental and ethical objectives. However, many more people may be drawn to a practice for its personal health benefits if that potential is more widely known and accepted.

What I wish to have made evident is that the experiences of individuals who have undergone a serious illness and come to veganism are not so different from those of the college-aged vegans who did not suffer from acute diseases, but nonetheless bore a similarly health conscious mindset. Using McDonald’s (2000) foundation, these narratives supplement the theory of a vegan journey. Although there is definite variation to each individual’s experience, there are striking similarities in the path to and within veganism.

Veganism is a social experience as much as it is a personal experience. This should be taken into account in situations where veganism can be prescribed or suggested by physicians

and nutritionists for the health benefits of patients. I hope these narratives give insight into the experience of practicing veganism and familiarize readers with the process of becoming vegan, such that now or in the future the adoption of the lifestyle seems slightly less daunting and much more worthwhile.

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