Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 63–77

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The Everyday Life of People with Coeliac Disease

Coeliac disease (CD) is a genetic disease which means permanent and perennial gluten intolerance. Due to the insufficient knowledge of doctors, before the disease is diagnosed, patients experience many clinical problems which are only the results of misdiagnosis. The only possible therapy of CD is lifelong adherence to a gluten-free diet which requires purchasing special, certified foods which are more expensive and less available than standard foods. This paper presents the results of my own research in which one-on-one interviews with fourteen people in Poland, suffering from coeliac disease were conducted. The aim of the study was to characterize the everyday life-world of patients with coeliac disease in accordance with the phenomenological concept of structures of Social-World by Alfred Schütz. The subject of the study consisted in behaviours and experiences on some areas of the every-day life.

Key words: coeliac disease, everyday life, genetic disease, gluten, gluten-free diet

Introduction

Coeliac disease (visceral disease) is the most common genetic disease in the human population (Szczeblowska et al. 2010: 23). In patients, ingesting gluten leads to damaging the villi of the small intestine, which are responsible for absorbing nutrients from food, resulting in a variety of clinical symptoms such as headaches and joint pain, chronic fatigue, diarrhoea, skin problems, or frequent infections, which doctors do not define as typical symptoms of visceral disease (Konieczny et al. 2019: 215–216; Konińska et al. 2019: 11). Undiagnosed patients are often treated for conditions such as diabetes, depression, thyroid disease, vitamin and mineral deficiencies, fertility disorders, or dysfunctions of a neurological nature, which are in fact only a consequence of untreated coeliac

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disease (Green, Jones 2019: 33; Konińska et al. 2019: 18, 64). In extreme cases, undiagnosed coeliac disease can lead to gastrointestinal cancers (Szczeblowska et al. 2010: 25). The disease can manifest itself at any stage (Konińska et al. 2019: 12–13). Making an accurate diagnosis for a patient constitutes a lengthy process. On average, it takes ten years from the onset of the first symptoms to a proper diagnosis (Majsiak et al. 2022; Norström et al. 2011; Adams 2019; Green, Jones 2019: 33; Fuchs et al. 2018; Konińska et al. 2019; Pulido et al. 2013). Many people in both the scientific and medical communities point out that due to low detection rates, the majority of patients may not be included in official statistics (Green, Jones 2019: 32; Swora et al. 2009: 325; Coeliac UK 2021).

Currently, the only treatment option for it is strict adherence to a gluten-free diet throughout the entire life, i.e. eliminating gluten cereals and products that could contain even trace amounts of this ingredient from the daily diet, e.g. through the cultivation process, product processing, or distribution (Michałowska et al. 2017: 105; Konińska et al. 2019: 11, 56, 59). For this reason, foods intended for patients with visceral disease are subjected to certification processes and labelled with the crossed ear of grain symbol, while manufacturers of many other items are required to display warnings about the potential presence of traces of gluten (Konińska et al. 2019: 44, 48).

Research review

In Poland, few entities conduct research involving people with visceral disease, and those undertaking the topic of this condition consist mainly in teams of dieticians or doctors, with a distinct lack of going into the details within the field of social sciences. Furthermore, these studies are carried out on small samples. In foreign literature, this topic is addressed much more often and extensively, but these are mainly studies of a quantitative nature, which, even though they enrich our knowledge with some information and shed light on some of the problems faced by patients with coeliac disease, do not provide a complete account of the situation of these people.

In light of the research conducted to date, we know that the vast majority of people with visceral disease adhere to a gluten-free diet (Zarkadas et al. 2013; Norström et al. 2011). Conscious deviations from the diet concern a small number of patients, but it is worth noting that this happens much more frequently in children (Limanowska et al. 2014: 358). Adherence to dietary recommendations is associated with positively assessing the effect of the diet on the functioning of the body – improved wellbeing and lack of unpleasant disease symptoms (Pulido et al. 2013; Konieczny et al. 2019: 218–219; Kowalczuk-Vasilev et al. 2018: 92).

Patients have also knowledge concerning gluten – the ingredients and products which may contain it, and the level of this knowledge is higher with increasing time of being on a gluten-free diet (Hęś et al. 2013: 390; Ferster et al. 2015: 414; Kowalczuk-Vasilev et al. 2018: 93; Zarkadas et al. 2013: 12). Adherence to a gluten-free diet can affect a patient's quality of life. Patients with coeliac disease statistically rated their quality of life in the psychological domain significantly lower than healthy subjects ($p < 0.0001$). In addition, they are less frequently satisfied with their health compared to the healthy group (Brończyk-Puzoń et al. 2014). Other researchers have shown that the longer the time that passes between the first symptoms of the disease and diagnosis, the lower the quality of life of patients. Whereas the diagnosis and undertaken treatment improves quality of life (Norström et al. 2011), and a longer period of dietary adherence is positively related to the quality of life (Pulido et al. 2013: 450; Rodríguez-Almagro et al. 2016).

The need to constantly monitor one's diet or carefully study food labels are activities that add to the burden of daily life (Kowalczuk-Vasilev et al. 2018: 93). For adults suffering from coeliac disease, it is also difficult to introduce completely new eating habits after the diagnosis (Limanowska et al. 2014: 358). The respondents of Paulina Limanowska et al. (2014) mentioned cited issues specifically related to purchasing certified gluten-free foods as the most difficult in order to maintain a gluten-free diet. A problem for people with visceral disease consist in the high prices of such foods, the limited offer, poor taste, the unpleasant texture, and the high content of preservatives (Limanowska et al. 2014: 358; Ferster et al. 2015: 414). Furthermore, it is not uncommon for patients with coeliac disease to feel limited in their choice of restaurants or trip planning (Russo et al. 2020). It is worth noting that maintaining a safe, gluten-free environment at home when one family member is ill constitutes a major effort requiring the commitment of other household members (Russo et al. 2020).

Following a gluten-free diet for people with coeliac disease makes it also more difficult to participate in social life. Some patients report avoiding social gatherings (Pietras-Mrozicka 2019; Zarkadas et al. 2013). Due to a lack of understanding towards the condition and lifestyle, patients experience a sense of being isolated. Some people daily face a lack of acceptance from their environment regarding the requirements to follow a gluten-free diet (Kowalczuk-Vasilev et al. 2018: 93). Patients state that many people give them the idea that a small amount of gluten will not harm them. Patients also indicated that they did not like or want to be objects of sympathy. Additionally, some of them experience guilt due to passing on to their children and grandchildren the genes that constitute a risk of developing coeliac disease (Zarkadas et al. 2013).

However, it should be noted that contacts with loved ones can be a source of difficulties as well as facilitators. Expressing understanding and support to patients with coeliac disease is important to bridge relationship limitations and feelings of alienation. The majority of patients can count on them, but there are still some people who are left alone with this problem (Ferster et al. 2015: 415). Carrie Russo (2020) and his team, in analysing the results of their study, highlighted the positive effects that the experience of visceral disease in one household member has on other family members. The necessity to provide a safe environment for the patient resulted in parents stimulating creativity, developing cooking skills, and limiting the consumption of processed foods, and siblings developing understanding and learning to show support (Russo et al. 2020).

Respondents mention the following sources of knowledge concerning coeliac disease and gluten-free diets most often: the Internet, organisations supporting people with coeliac disease, and nutritionists. They obtain this information less frequently from doctors (Ferster et al. 2015: 412–413; Kowalczuk-Vasilev et al. 2018: 93; Zarkadas et al. 2013: 12). Patients suffering from coeliac disease stated that there is no widely available, adequate knowledge concerning the gluten-free diet. Respondents indicated difficulties in accessing information needed in relation to their own illness (Ferster et al. 2015: 413).

Bearing in mind the fact that the situation of people with coeliac disease in Poland has not yet been addressed holistically in research, the issue was addressed in qualitative studies aimed at describing the everyday life-world of patients with coeliac disease.

Methodology

The research was carried out in a qualitative approach due to the specificity of the undertaken issue, which consists in everyday life and therefore the individual experiences of individuals and reflections on personal issues. The used data collection technique consisted in a free interview with a standardised list of information sought, which on the one hand encouraged openness and constructing a free narrative by the interviewees, and on the other hand gave the opportunity to focus on selected aspects of the everyday world (Kvale 2012). The object of the study was behaviour, practices, and experiences in the area of everyday life. The research sought to answer the research question: what is the world of everyday life like for people with coeliac disease in Poland? (How does the disease affect daily life? How does the disease affect areas such as shopping, cooking, travel, leisure, school and work life, and relationships? What barriers and difficulties are experienced by patients?) Two hypotheses were put forward: that the disease has an impact on everyday life and that the everyday world of people with coeliac disease differs from that before the diagnosis and has specific characteristics common to the patients.

Fourteen people aged 18–58, with varying disease severity, living in various parts of Poland and types of localities took part in the study. The majority were women (13 people), which was due to their declared willingness to take part in the research. Recruiting respondents took place through advertisements in the online patient community and through the snowball method. Inclusion criteria for the study included age (the study targeted adults) and having a documented diagnosis of visceral disease with test results. Interviewees were provided with complete information concerning the purpose of the conducted research and how the statements and information about them would be used. Due to the fact that the study was carried out in September 2021, at a time of uncertain epidemiological situation, and involved people from different parts of Poland, the interviews were carried out via one of the instant messaging services using a camera. Each meeting lasted 1–2.5 hours. All conversations, with the consent of their participants, were recorded and transcribed. Taking into account the specifics of the collected research material, it was decided to use a descriptive coding method using the QDA Miner Lite software (Saldaña 2009). Two cycles of coding enabled matching the statements with specific categories and codes, whose definitions and thematic scope were based on pre-determined elements of the everyday life-world.

An attempt was made to describe the world of everyday life by analysing the patients' functioning in specific areas: shopping, cooking, travelling, leisure time, school, and work life, relationships and family and social encounters. The analysis and interpretation of the research material was presented with reference to the conceptualisation of Alfred Schütz's phenomenological concept of the multiplicity of worlds as well as other concepts from the field of sociological theory that proved appropriate in the course of its conduct.

Discussion of results

Availability of safe food

People suffering from coeliac disease experience difficulties in carrying out the basic practices of daily life. In the case of patients with visceral disease, shopping, as one of such practices (Brzezińska 2022), requires a great deal of time and attention. Seeing how the availability of gluten-free products is highly limited, patients have to visit several stores to buy basic products. A key element concerning this practice consists in the built-up stock of handy knowledge, i.e. a very good knowledge of the availability of products in specific locations, which enables smooth operation in difficult conditions.

> Well, I call it a kind of shopping tourism, because I already know where I can buy a certain product. Unfortunately I am unable to do all my shopping in one place [R14, male, 58 years, five years after diagnosis].

In the micro-world of patients with coeliac disease, the quality of most gluten-free products is assessed negatively, which has also been pointed out by authors of other studies conducted among people with coeliac disease (Limanowska et al. 2014: 358; Ferster et al. 2015: 414). According to the interviewees, even though the products are safe, they include many artificial ingredients, which makes them not only unhealthy, but also results in a poor rating in terms of taste. Moreover, the frequent lack of diversity across product categories is also characteristic for this area. Each of the respondents also highlighted the issue of high prices of gluten-free items. The fact that earnings are higher in larger cities (GUS 2020) means that there is a class barrier (Bourdieu 2005) in the micro-world of people with coeliac disease in accessing basic foodstuffs. Additionally, residents of smaller towns experienced greater difficulties concerning shopping compared to residents of large cities.

Due to the difficulties in the field of shopping, the interviewees developed several practices in an attempt to normalise their eating conditions. Respondents bought products in larger quantities, ordered them online, read the labels of the products they bought, and chose certified articles.

Cooking and eating out

Experiencing the visceral disease in a way forces the need to prepare meals individually, thus, also learning to cook. In the micro-world of people with coeliac disease, it constitutes a part of functioning in a natural mindset. It is also yet another of the basic practices of daily life in terms of which patients with coeliac disease experience difficulties and make attempts to normalise it. This is evidenced by the repeated attempts to bake bread and searching for gluten-free substitutes for pre-cooked food or purchased products. Despite creating new handy knowledge resources, it is difficult for people with coeliac disease to let go of the patterns of behaviour they followed in their daily lives before the diagnosis. In the new reality, they still refer to previous habits. Building new eating habits is a major difficulty after diagnosis, as shown by studies conducted by Limanowska et al. (2014: 358).

> Also, still on the subject of products, there is no farina, no substitute. I tried to look for one to make breakfast for myself and I was very sad because unfortunately I couldn't find a substitute for farina [R3, female, 19 years old, 12 years post-diagnosis].

Despite the many difficulties experienced in the area of cooking, after switching to a gluten-free diet the interviewees developed their cooking skills. Their nutritional awareness and attention to health has also increased. These positive aspects associated with diagnosing the visceral disease were also highlighted by Russo and colleagues (2020).

In the micro-world of patients suffering from coeliac disease, ensuring safety at home is crucial. Most often there are separate storage areas for gluten-free and gluten-containing products. It is also worth noting that among the interviewees, twelve out of fourteen strictly adhered to a gluten-free diet, which is also referenced in other studies (Zarkadas et al. 2013; Norström et al. 2011). Absolutely avoiding gluten is part of the epoché natural attitude experience. Patients accept the assumption associated with a prohibition to consume the banned ingredient as an indisputable fact of their lives. By putting in a great deal of effort and commitment, they simultaneously suspend their doubts concerning the reality and validity of this principle, which provides them with a sense of stability, helping them to overcome obstacles and realise this difficult lifestyle.

Due to the small number of restaurants that comply with the gluten-free diet, patients suffering from coeliac disease are excluded from eating out freely. According to the *Polska na talerzu* report (Stępniak 2019), Poles take advantage of dining out in restaurants, for example, for saving time or celebrating shared events. Meanwhile, the majority of respondents were in a situation where they had eaten a meal before going to an appointment at the premises.

> Obviously, sometimes someone wants, for example, pizza so I'll go with them to get that pizza, I just won't eat it and I'll eat something myself earlier at home. Sure, it's not great or fun, but nobody would want to cut themselves off from contacts [R12, female, 18 years old, 7 years after diagnosis].

For people with coeliac disease eating out is a source of stress and concerns about the safety of the food they receive. Despite the fact that some interviewees chose to visit non-certified restaurants, they reported the difficulty to communicate with the staff who do not always know what coeliac disease or gluten is. These types of situations also require talking to strangers about private matters.

Free time

Experiencing the illness, according to the respondents, has little impact on their leisure time – they freely choose the activities they enjoy on a daily basis. At the same time, they were clear that it requires attention to meal planning due to the inability to eat out. Therefore, this is an area that generates a particular kind of tension. In the natural mindset of people with coeliac disease, leisure time always includes an element of prior thought, planning or meal preparation, which means that it cannot be spent in a fully spontaneous way.

> As for leisure activities, unfortunately it has to be planned in advance if we want to go out somewhere nice [R3, female, 19 years, 12 years post-diagnosis].

One element of free time is travel, which for many people means making dreams come true, being carefree and relaxed. However, in the case of people with coeliac disease, there are additional obligations. Patients with visceral disease most often choose places with access to a kitchen to prepare meals on their own. They also always take with them what they call "emergency products" to be prepared for difficulties that may arise in terms of buying products or finding suitable premises. All this limits spontaneity and requires putting in more effort before the trip. During trips, patients often experience the failure to meet one of their basic needs – hunger. The respondents reported numerous situations where they were provided with insufficient food during their stay in hotels, the meals paid for were not tasty or the staff did not have sufficient knowledge concerning the requirements of a gluten-free diet, resulting in food poisoning.

> They were heating corn on the same top where I saw them heating pita breads ten minutes later. I really walked around hungry for most of the day in a five-star hotel [R5, female, 30 years old, 2.5 years post-diagnosis].

During travels, it is not uncommon for patients to be excluded from trying local foods due to fears of gluten contamination, meaning they are deprived of the cognitive function of food.

> There are no traditional dishes in this gluten-free version. Sometimes I'd like to try, and it's fun to travel with trying food. I miss this. I would like to explore some new cuisines, but unfortunately this is not possible [R3, female, 19 years, 12 years post-diagnosis].

Travelling for people on a gluten-free diet has an intersubjective character, as indicated by each time contacting other patients before making a final travel decision.

Such action also provides the opportunity to function in an epoché of natural attitudes. Additionally, people who took part in the survey used two strategies regarding travel. In the case of the first, the diet constitutes a determining factor in choosing travel destinations, which means visiting coeliac-friendly places. For the second group, the main reason for choosing consists in the places they want to visit. This strategy involves putting more effort into planning the journey, as well as accepting the many difficulties that may arise.

Functioning at school and at work

Economics and education in functional terms constitute one of the key institutions in an industrial society. These two spheres occupy a significant amount of time and meals are an integral part of them. Patients with coeliac disease prepare their own meals for school, work, or university on a daily basis. It is necessary to plan them in advance to avoid finding oneself in a situation where there is the embarrassment due to not having enough to eat. It is worth pointing out that there are no regulations in Polish law imposing an obligation on schools to allow gluten-free meals for pupils, which in practice means that the possibility of eating a safe lunch at school for those suffering from coeliac disease depends on the goodwill of school employees.

> If I'm not at home almost all day long, well it's hard for me to even find time to prepare the food. So, what happens later is that, for example, I go to school and I just don't eat because I don't have anything to eat and I don't have time to make it for myself – neither to prepare it nor to buy it, so I end up eating one or two meals a day [R12, female, 18 years old, 7 years post-diagnosis].

Also in the professional sphere, providing adequate meals is linked to experiencing difficulties and depends on the knowledge and efforts of employers. Respondents were provided with gluten-free meals during business meetings or business trips. However, some people have faced exclusion from celebrating professional successes because of ordering pizza, doughnuts, or other dishes for employees as part of their rewards, which are not allowed on a gluten-free diet. Moreover, it is difficult for persons suffering from coeliac disease to constantly be asked about the reason for refusing to consume or the reason for their diet. Despite talking about their illness, there are times when colleagues forget about this and continually offer prohibited dishes.

> In Poland, there is the custom of Fat Thursday, so the entire company orders doughnuts. So, I either handle the matter myself or don't eat anything. I have to constantly answer the question: how many donuts did you eat and why didn't you eat them? [R7, female, 36 years, 35 years post-diagnosis]

Family and social life

A particular kind of socialisation, which constitutes another feature of the reality of everyday life, manifests itself, among other things, in direct contacts with family and friends, who co-create the micro-world of the subjects. Relatives of people suffering from coeliac disease have gradually become accustomed to the fact of the disease and the specifics of the diet. Some, due to their unfamiliarity with the disease, classify it according to familiar patterns, as other familiar phenomena – allergies, sensitivities or diets. Some of the interviewees experienced questioning the restrictiveness of their new diet from their immediate family. The new dietary principles of one family member may have had the effect of disturbing the epoché of the natural attitude of those on a diet free of any restrictions. After the diagnosis, some of the respondents lost the translatability of their perspectives with part of their family. This problem mainly affected older people, by whom the gluten-free diet was perceived as a contradiction of basic patterns of perceiving the world.

> I've explained it to her more than once that it's not my idea, that it's a disease, that it's not an allergy, that I just can't, and to this day, for example, she offers me cheesecake bought at the store, all I have to do is cut the bottom off [R10, female, 26 years old, 6 years after diagnosis].

However, despite the difficulties, the patients most often received support from loved ones by showing understanding or providing gluten-free meals, indicating a commonality of perspectives. Nevertheless, for safety reasons, some people visited loved ones with their own food, which constitutes a violation of the principle of hospitality. In addition, it is typical in the micro-world of people with visceral disease to contact the organiser of a meeting or event in advance in order to make arrangements for the meal.

It should be emphasised that changing the micro-world by those who directly experience visceral disease results in forming new habits also among the immediate family members. The vast majority of people living together committed to learning more about coeliac disease and the gluten-free diet. Similar findings were presented by US researchers who conducted a study among American families (Russo et al. 2020).

> For me, my husband is the most supportive, because he was the one who was affected by the diet as much as I was, so in this regard it is very important for me that he keeps an eye on the products he buys for the house, when we are somewhere, he obviously checks and verifies everything, and looks at every nook and cranny [R5, female, 30 years old, 2.5 years after diagnosis].

Building a support network

Another manifestation of a particular kind of socialisation in the world of everyday life for patients with coeliac disease consists in building an online support network. This type of activity helps to gain knowledge about the disease, adhere to a gluten-free diet, safe products, or travel destinations, as well as creating a space to share experiences. Contacts based on mutual advice and sharing various pieces of information expand the resources of handy knowledge that work in favour of free action in the world of everyday life. For patients suffering from coeliac disease, it consists in community-based sources of support that are the most helpful and professional resources for them.

> I rely a lot on their feedback. Really, these are very opinion-forming forums for me. I strongly rely on such conversations, on such posts. It is a treasure trove of knowledge for me, probably the greatest. I actually base most of my knowledge just on these forums [R4, female, 41 years old, 6 months after diagnosis].

Patients with coeliac disease in their new micro-world are looking for people with whom they share a translatability of perspectives. As a consequence of the received diagnosis and going on a diet, it was not uncommon for them to lose it among friends, colleagues and even family. For this reason, they make closer contacts with other patients, both those in the immediate vicinity and those living far away, with whom they maintain relationships via the Internet.

On this topic, interviewees strongly emphasised the fact of insufficient support of an institutional nature. The source of support of a professional nature, i.e. contacts with doctors or dieticians or other specialists, is assessed negatively and described as insufficient. Patients do not receive the necessary knowledge neither concerning their disease nor its treatment.

> This is good. The doctor told me: I'm very sorry, coeliac disease, you'll read about it on the internet. I left. I cried [R6, female, 24 years old, 6 months after diagnosis].

When transitioning to a gluten-free diet, the study participants stepped into a new role – coeliac disease patients. Their world of everyday life has changed compared to the one in which they functioned before the diagnosis. This process is clearly outlined as secondary socialisation (Berger, Luckmann 2010), in which the role of significant others was played by other patients with visceral disease. The respondents have internalised new interpretative schemes, norms, and patterns of behaviour while building up handy knowledge resources that enable them to function efficiently and naturally in their everyday world, accepting it as real and objective. All of these elements of habit at the same time constitute an epoché of natural attitudes. Furthermore, patients individually identified issues that had constituted a difficulty for them and were now familiar with them or had learned to respond to them. They were also able to deal with their fears about the gluten-free diet. Over time, the difficulties and changes resulting from changing the diet became natural elements of their everyday world.

> All I can say in conclusion is that you can get used to it and that it just takes a little bit more effort. But it's not the times when things were very difficult to get and you can really handle this quite well [R13, female, 30 years old, 1 year after diagnosis].

Conclusions and recommendations

The everyday life-world of people suffering from coeliac disease differs from the micro-world in which patients with coeliac disease functioned prior to the diagnosis, as assumed by one of the research hypotheses. Diagnosing the disease and the associated transition to a gluten-free diet was a process of secondary socialisation, requiring entering into new roles, adopting new interpretive patterns and rules of conduct – learning to read labels, cooking and finding substitutes to gluten ingredients, and changing the practices in the area of family and social gatherings or travel. The micro-world of patients with coeliac disease shares characteristics with patients, which was also assumed by one of the hypotheses. This is an intersubjective world, shared with other patients. Despite the fact that many of the situations experienced by patients are personal, they are common to the majority of those affected by the condition. People with coeliac disease experience a mutual translatability of perspectives, which facilitates their daily functioning and constitutes a source of patterns of behaviour, as well as being part of an epoché of natural attitudes. The disease has a direct impact on practices and choices in the area of daily life, having a central place in the lives of the subjects. Safe nutrition is intertwined in all spheres of their lives and is the focus of special attention. Strictly adhering to a gluten-free diet and safety rules in the area of purchased products and stored food provides patients with confidence in the reality of their assumptions, representing another element of the natural attitude epoché.

The everyday life-world of people with coeliac disease is a world of buying expensive products, having to cook, shop in several places, attending social gatherings full, as well as constantly being alert and prepared. Patients experience difficulties and barriers in areas that do not require much attention in the micro-world of people who have not been affected by the disease, which was highlighted by interviewees comparing their current practices to those prior to diagnosis.

Experiencing the visceral disease causes patients to be burdened with additional responsibilities in their daily lives, but with the support of family and other patients, they are able to change their previous habits in favour of completely different ones. They assume the identity of the patients and function efficiently in the new reality.

It is worth noting that recently there has been an increasing amount of information regarding the increase in the incidence and diagnosis of coeliac disease (Lebwohl, Rubio-Tapia 2021; Ratner 2020; Konińska et al. 2019: 11; Swora et al. 2009: 325). This means that the problem that until recently affected a small proportion of the population (1%) will become much more common in families, peer groups, or professional environments. In order to bridge the areas where patients suffering from visceral disease experience exclusion, it is necessary to carry out awareness-raising activities concerning visceral disease and the gluten-free diet. It would seem interesting and useful to carry out a longitudinal study that would provide a comparative perspective and show whether the daily lives of people with coeliac disease in Poland have improved in any way over the years. Moreover, given the many years of delays in making proper diagnoses, it would be recommended to examine the knowledge of doctors concerning the visceral disease or to introduce comprehensive training in terms of the specifics of this condition. An equally important issue that should be addressed consists in the situation of children who suffer from coeliac disease on a daily basis in Poland.

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