Gift-giving research in the field of consumer behavior has expanded our understanding of what a gift can be and of what it means to give. However, this research has been conducted in fairly normal contexts such as romantic dyads and family holiday exchanges. But what happens when the context becomes much more extreme and gift-giving embodies life and death decisions? The purpose of this paper is to explore instances of gift-giving in Nazi concentration camps. In spite of intense pressures toward selfishness, prisoners gave gifts to one another, demonstrating the basic personal need to express humanity through generosity.

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EXTENDED ABSTRACT

Gift-giving research in the field of consumer behavior has expanded our understanding of what a gift can be and of what it means to give. However, this research has been conducted in fairly normal contexts such as romantic dyads and family holiday exchanges. But what happens when the context becomes much more extreme and gift-giving embodies life and death decisions? The purpose of this paper is to explore instances of gift-giving in Nazi concentration camps. In spite of intense pressures toward selfishness, prisoners gave gifts to one another, demonstrating the basic personal need to express humanity through generosity.

A careful textual analysis of personal memoirs as case studies (Stake, 1995) and historical accounts was conducted. All of the memoirs were written by Jews, who are widely acknowledged to have suffered the greatest deprivation and mistreatment of all prisoners in the camps. Thus, their gift-giving was done under the most difficult of circumstances. The historical accounts (Cohen 1953; Des Pres, 1976; Todorov, 1996) were used as a way to include the perspectives of authors who have carefully studied life in concentration camps, as well as to verify our interpretation of the memoirs used in our study.

The structure of the concentration camp system and the dismal conditions endured by prisoners were not conducive to concern for others. All forces pushed one to focus on survival. As Cohen (1953) writes of his initial days at Auschwitz, “I had only one thought left: How can I survive? (p. 123)” This drive for survival necessarily put prisoners at odds with one another as they fought for extremely scarce resources: “Will you survive, or shall I? As soon as one sensed that this was at stake everyone turned egoist (Lingens-Reiner, 1948, p. 23).” As Louis de Wijze (1997) writes of Auschwitz, “Everyone lives for himself. Our one and all-encompassing credo is: Survive! Between the outer limits of life and death, previous values and norms lose their meaning, and our spiritual baggage gradually erodes. The only norm that counts is ‘I’. All our senses, thoughts, and deeds are used only for our own benefit (p. 67).”

Yet, we found many instances of helping and gift-giving in the camps. Further, we found that the act of giving was in part a defiance of the dehumanizing forces. Along with other attempts to re-establish humanity such as engaging in intellectual activities (Levi, 1989), religious observances (Cohen, 1953), and the modification of uniforms to express individuality (Klein, 2003), giving to others helped both the giver and the receiver feel more human. Some gift-giving was more directly instrumental, and thus we present instances of gift-giving along a continuum from the very instrumental (i.e., bribes) to giving that is motivated by the simple desire to demonstrate humanity. Giving on this end of the continuum was motivated not by expectations of return but simply by the notion that helping is the correct and human thing to do. Sometimes this helping was very reflexive and natural in nature.

Gift-giving was most likely to take place within dyads or small groups (i.e., cliques). Dyads were sometimes governed by a norm of true balance (i.e., circular reciprocity), while other giving relationships were notably skewed in a particular direction because one member of the pair had greater access to resources (Belk, 1976). In some cliques, the norm of equipollence (Lowrey, Otnes, and Robbins 1996) seemed to play a major role, in that every member tended to expect equivalent treatment and violation of this norm caused distress to all concerned. In other cliques, it was recognized that dyads within the group—such as sisters—would give primary support to one another.

Although the concentration camp setting is certainly extreme, we believe that our findings are relevant to consumer behavior researchers in a variety of other contexts as well. The recent tsunami disaster points to one area ripe for future study. Do inhabitants of relief camps exhibit similar acts of giving, perhaps establishing normative guidelines and pressuring those who fail to comply? Similarly, refugee camps, often more long-term in nature than temporary disaster relief situations, may offer further evidence of a widespread “need” to give. These contexts can still be classified as somewhat extreme, but we would argue there are situational factors inherent in these settings that are not that different from living in a totalitarian regime, or living in dire poverty. Past gift-giving literature has stayed mainly in the realm of middle-class respondents (or higher income levels), but those at lower levels, and in more restricted life circumstances, give nevertheless. Despite pressures toward selfishness, we argue that both giving and receiving helps us to feel more human, which is a strong behavioral motivator regardless of circumstance.

REFERENCES

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The Transition to a Special Needs Consumer: My Ethnographic Journey Caused by Celiac Disease and Diabetes
Lawrence Lepisto, Central Michigan University

ABSTRACT
About two years ago I was diagnosed with celiac disease for which the only treatment is a strict gluten-free diet which eliminate all foods with wheat, rye, or barley. Then, nine months ago I was found to have developed diabetes which added further dietary restrictions, blood sugar monitoring, and medications. This paper describes, in ethnographic fashion, the multitude of changes in my consumer behavior and offers insights into the behavior of many other consumers who face dramatic restrictions in their diets.

INTRODUCTION
About two years ago I was diagnosed with celiac disease. Celiac disease (or celiac sprue or sprue) is caused by the intake of gluten which limits the ability of the small intestine to absorb food. There is no cure other than a strict diet which eliminates all gluten from the food being consumed. The challenge with this diet is that gluten is found in wheat, rye, and barley which means that I cannot eat traditional bakery items (e.g., breads, rolls, pizza crust, cake, cookies), crackers, most canned soups, many sauces, beer, and breaded items. Then about nine months ago I was diagnosed with diabetes which necessitated reducing carbohydrates, timing meals, and instituting new medications, including insulin.

As a marketing professor who teaches consumer behavior, I observed myself over the past two and a half years as I drastically changed my purchasing, food preparation, self perception, and other aspects of consumer behavior. While I am a sample of one, it raises issues that millions of consumers face as they attempt to adjust to new lifestyles and priorities when confronted by diseases or other limitations introduced into their lives. There are many consumers who find that they must live on newly restrictive diets. People with allergies, especially food allergies, find themselves avoiding certain foods or additives. Diabetes forces multitudes of consumers to monitor their intake of carbohydrates. Lactose intolerance limits the intake of dairy products. Therefore, my experience presented in this paper would, in varying degrees, likely parallel the experience of millions of consumers. Hopefully, this ethnographic experience can identify areas of research that lead to better understanding of consumers who face similar situations. To describe my journey, I will discuss these personal and consumer-based changes when I first faced celiac disease and then diabetes.

FIRST, CELIAC DISEASE
I had been losing weight and I lacked energy. The ordeal of diagnosing celiac disease is often a challenge because the symptoms can vary from person to person (American Family Physician, 2003). Celiac disease is an autoimmune disease in which the body attacks gluten which in turn attacks the villi, the microscopic hairs in the small intestine which absorb nutrition. These villi atrophy resulting in nutrition not being absorbed which can affect those organs nourished by that part of the intestinal track (Jahar and Jahar, 2001). The only treatment is a strict lifelong gluten-free diet (Green et al., 2001). Another symptom, which I had the pleasure of experiencing, was months of diarrhea. Finally, my gastroenterologist did a scope into the stomach and the opening of the small intestine which produced biopsies which found blunted villi. A new blood test finally confirmed celiac disease. He gave me a few brochures, told me that I cannot eat anything with flour, barley, and rye and sent me on my way. I remember walking out to my car wondering how on earth am I supposed to eat. It was very much a life changing day for me.

Celiac disease affects about 1 in 133 people although a significant percentage are not aware they have the disease (Fasano et al., 2003). They (referred to as “celiacs”) may be asymptomatic or may have symptoms which physicians may not associate with the disease (Lohimiemi, 2001). It is becoming more recognized but physicians continue to have difficulty diagnosing the disease because it can manifest itself in so many ways.

As I was struggling to adjust to my new diet and my new life, I certainly didn’t approach this struggle as a consumer researcher. However, over time I began to notice how different my consumer behavior was becoming. Two and a half years have added greater perspective to these changes and this paper will identify the dimensions of consumer behavior that have changed. I will present these consumer behavior dimensions roughly as I became aware of them over time.

Evaluative Criteria
An average consumer looks at the array of food products and evaluates them on the basis of taste, price, calories, etc. Glanz, Basil and Mailbach (1998) noted that taste is the most important attribute of food for most people. For those with celiac disease, foods must first be evaluated to determine if it is gluten-free. Everything else is secondary. The problem is that so many foods contain gluten, it is estimated that gluten is the second most prevalent food substance in Western civilization (Harder, 2003). As a result I needed to become very focused on ingredients to which I previously paid little attention. Gluten can come in different forms: flour, rye, barley, and for some people, oats. However, they are often not listed on the ingredients in that form. They are often camouflaged as “modified food starch” or “malt” which contains barley. There are literally hundreds of forbidden foods and ingredients ranging from brewer’s yeast to some soy sauce to some vegetable gums (Celiac Sprue Association, 2001). Gluten might also be found in aspirin, preservatives, dental fillings, toothpaste, and colorings. To add further confusion, “wheat-free” does not mean “gluten-free” because malt, rye, etc. could be in the product. As a result, in a grocery store and in our kitchen, the assessment of ingredients became an obsession for me and my wife.

This task of deciphering ingredients should improve with the Food Allergen Labeling and Consumer Protection Act (FALCPA) that will go into effect on January 1, 2006. In plain English food labels must indicate if the food has one of eight major food allergens responsible for over 90% of food allergies: milk, eggs, fish, crustacean shellfish, peanuts, tree nuts, wheat, and soybeans. The intent of this law is to allow consumers to more easily note if these problem ingredients are present in the food.

Perceived Risk
Before my diagnosis food was something to be sampled and savored but after my diagnosis food was a potential danger. I had to completely eliminate gluten from my diet to recover because any gluten would exacerbate my symptoms. I avoided restaurants for many weeks and my first visit required a phone call to the cook to reassure me that it was indeed safe to eat in that restaurant. In an incident a few weeks later, a salad dressing at a luncheon that a well-meaning waiter assured me was fine, set me back for three weeks.