

Wait, does that have Peanuts?

The Social Construction and Presentation of Food Allergies in Everyday Life

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Abstract The connection between socializing and food influences the lives of individuals with food allergies. Using qualitative data from ethnographic observations and twenty semi-structured in depth interviews, this study examines how perceived stigma shapes how individuals understand, interpret and present their own allergy to others, and how this varies by gender. Findings indicate that food allergies require a delicate balance of the desire for social normalcy and asking for or demanding accommodation. Individuals develop coping strategies to maintain this balance and avoid the negative social ramifications of asking for accommodations to their food allergy. These strategies shape how they present their allergies to others, and their level of comfort in social situations where food is present. Moreover these coping mechanisms are molded by gender. Gendered perception of eating, conceptions of masculinity and femininity and gendered differences in asking for accommodation play out as individuals manage, interpret and present their allergy. People with food allergies decide whether to explicitly state their allergy and request accommodation for it or deemphasize their allergy or even hide it based on their relationship with the person or institution they are interacting with. Individuals aim to find the “best” balance between attaining safe, allergen-free food and social comfort in the context of gendered expectations of what it means to refuse food or ask other people to accommodate specialized needs.

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Chapter 1: Introduction

Food Allergies: the rise and response

Almost every American has read Dr. Seuss' *Green Eggs and Ham*, a classic learn to read book. This child's book presents an argument centered on food, as Sam tries to convince his friend to eat green eggs and ham. Yet imagine the response were "I cannot eat green eggs and ham", rather than "I do not like green eggs and ham". For a growing population the former would be more accurate. Currently 4 out of every 100 children have a food allergy, this number reflects an 18 percent increase among children between 1997 and 2007 (Branum 2008). The severity of food allergies has also been on the rise as the average number of allergy related hospital discharges per year increased to an average of 9,500 between 2004 and 2006 (Branum 2008).

While peanut allergies are most recognized as a result of their prevalence and severity, other allergies have also been increasing over the past decades. Almost any food can induce an allergy, albeit the following main allergens account for over 90% of allergic reactions in affected individuals: milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat (Branum 2008). As allergy prevalence has increased so has awareness by the part of both restaurants and individuals. There have even been public service announcements featuring children talking about their allergies. Despite this growing attention many aspects of food allergies remain elusive, such as a concrete estimate of the prevalence, the reason for the recent increase in incidence, and the even more basic question of why certain individuals develop allergies.

The finding that food allergies have been increasing has made them an important topic of conversation and literature over the past decade. Much of the institutional response has come from the biomedical or legislative fields, emphasizing ways to deal with individuals with food

allergies in terms of treatment and limiting exposure. The research focuses on investigating causation and treatment as well as examining pathways and risk factors. Legislation has also responded by implementing policy changes on labeling requirements to protect individuals as they select foods. Some schools, camps and corporations have gone so far as to implement policies that make their institution peanut free. These changes recognize the physiological risk of food allergies, however research addressing personal or psychological challenges or considering possible social ramifications is much less common. As with any disease consequences reach further than the biomedical realm and psychological and social consequences are also key to understanding the effects.

Discrepancies and disagreement surrounding the threat of food allergies has both legal and biomedical significance. The amount of an allergen that can provoke a reaction and the legal implications of these findings emphasize the need for special procedures and consideration on the part of individuals responsible for preparing meals, presenting both the home cook and restaurant chef with the challenge of preparing meals without certain ingredients and avoiding cross contamination. Food allergies have complicated the experience of those responsible for preparing food as well as the individual with the allergy. Within biomedical confusion and legislative volatility individuals with food allergies develop strategies to negotiate allergens. The biomedical ambiguity in the approach to dealing with a food allergy results in uncertainty and a changing context for those managing food allergies. This reality has prompted me to ask how individuals with food allergies view both food itself and interactions that revolve around food—specifically dining out, dinner dates, dining halls, or even grocery shopping. In light of the increase of allergies diagnosed, this question emerges as essential, facilitating an understanding of the sociological implications that accompany involuntary dietary restrictions.

Individuals with food allergies must navigate an environment where the biological dimensions of food allergies are becoming better understood, yet are still ambiguous and hotly contested among medical experts. Attaining an accurate estimate of the prevalence and severity of food allergies is a challenge for medical researchers as a result of varied definitions of allergies and methods of detection and testing. Studies finding inflated diagnosis rates and inconclusive and misleading diagnostic tests are some areas of contention. A University of Portsmouth study found that 12% of 11 and 15 year olds surveyed claimed an adverse reaction to a certain food, however only 2.3% of them tested positive by the standards of the study (Arshad 2005). This contention of a potential over diagnosis of food allergies is often attributed to self-diagnosis as well as the use of blood antibody tests taken as evidence of allergy. These tests are used as alternatives to skin testing and “food challenge” tests however research suggests that blood allergy tests could both over and underestimate the body’s immune response (Wood 2007). Food allergy has become a term applied by a diverse group ranging from the misdiagnosed to the self-diagnosed to the intolerant¹, to people following a fad or diet to people who simply dislike a certain food and of course those with true allergies. Skeptical claims of an over application of the term coming from within the biomedical community shapes the social environment in which individuals with true food allergies must navigate.

The political sphere has focused mainly on creating public legislation to shape responses towards people with food allergies. Legislation responding to food allergies originally targeted labeling practices, passing the Food Allergen Labeling and Consumer Protection Act of 2004 which requires the top 8 allergens to be labeled on packaging using their common name (FDA). The newer trend in legislation is the introduction of signs in restaurants and on menus stating that

¹ Food intolerances are foods or food components that elicit reproducible adverse reactions but do not have established or likely immunologic mechanisms (Boyce 2010)

individuals with food allergies should inform their servers. This legislation is not nationwide but is in place in Massachusetts, New York City and Saint Paul, Minnesota (FAAN). This legislation emphasizes the growing public and institutional, not just biomedical, awareness of food allergens.

The introduction of food allergies into public and institutional awareness means individuals with food allergies must navigate medical, public and institutional expectations of what food allergies entail. The prevalence of food allergies is asserted to be increasing yet practical and methodological limitations challenge findings and bring about contested biomedical and incoherent institutional responses. Questions of validity of diagnosis and actual need for accommodation shape the response and considerations taken by peers and institutions when dealing with an individual with food allergies.

Breaking Social Norms Under Doctors Orders

On the bus ride to the science center a fellow third grader tells you they hate you. Your friend invites you to go out to dinner with him for his birthday and despite not having dinner plans you say no. You ask your good friend not to sit so close to you at the table. Taken out of context these behaviors seem odd and possibly even rude, yet in reality all of these seemingly anomalous situations are actually stemming from food allergies. The first is the result of an angry seven year old who wasn't allowed to pack his favorite peanut butter sandwich because of a nut free fieldtrip policy, the second the challenge confronting someone with a very severe milk and egg allergy when invited to most restaurants and the last the reaction of someone with a nut allergy as their friend sits next to them with a meal containing peanuts.

In this paper, my purpose is to examine how individuals balance their need for safe food with the fear that in order to attain allergen free food they must break social norms and expectations. The fear of breaking social expectations by asking for external accommodation to

their specific needs or being “rude” and refusing food is sometimes necessary for individuals with food allergies. I address how individuals with allergies present them in different social situations to eliminate or lessen perceived stigma, and the role of gender in this presentation.

By examining the way individuals deal with perceived stigma I was able to identify several trends in the way allergies were presented to others. First, the manner of portraying an allergy was shaped by the relationship with the person to whom the information was presented. Second, comfort levels varied based on familiarity and anticipated future interactions with the individual or institution. The greatest concern was expressed with newer friends and budding romantic partners –who are less “anonymous” and “established” contacts. The strategies then could be contrasted with those employed while in the company of immediate family members and best friends, who were expected to be aware and understanding. Additionally, individuals requested accommodation from waiters or chefs very directly, possibly because the interactions tended to be anonymous and short-term as well as the heightened necessity that they understand the nature and severity of the restriction since they are responsible for serving or preparing their food. Thus, my research suggests that the use of strategies is geared toward maintaining or fostering friendships and avoiding inconveniencing others while simultaneously guarding against health risks.

The strategies of presenting an allergy range from acceptance to emphasis, and downplaying to hiding. The first strategy of acceptance accurately presents the severity of their food allergies in situations when “necessary”. This can be compared to the second strategy of emphasis where there is special attention placed on the food allergy and need for accommodation; furthermore this strategy emphasizes possible health consequences if precautions are not followed. Downplaying refers to the strategy where individuals admit the

existence of an allergy yet present it in a manner that de-emphasizes the possible consequences and severity. Lastly those who hide their food allergy avoid social situations where food is present or neglect to tell others about their allergy even at times when the information is relevant. The choice of strategy is prompted by environment and an assessment of possible consequences. For example, the restaurant setting fosters emphasis of a food allergy and the necessary accompanying accommodations. In restaurants the social interaction is anonymous and short lived and there is an economic exchange that depersonalizes the interaction. The fear of being a burden or inconvenience lessens with the perception that the interaction is economic instead of exclusively social. The importance of the economic component can be understood as being more than just concern for safety when this manner is compared to telling a friend who is preparing a meal. In the latter case the allergy may still be clearly delineated however simultaneously there is concern over being a burden or perceived as impolite.

The perception and management of a food allergy was shaped by vulnerability and sense of comfort. Different relationship types and length of relationship were important factors that helped shape comfort in presenting an allergy and the strategy employed to do so. The most precarious interaction of a new romance exemplifies a sense of vulnerability as compared to friends and families where the social reciprocity and trust provide a sense of comfort. In budding relationships there is a sense of precariousness of interactions because there is not a firmly established connection. This challenge was emphasized when an allergy had to be presented to an acquaintance or new friend who was not responsible for preparing a meal. In these cases presentation of allergies commonly took two forms. The severity of the allergy was downplayed or the allergy was not mentioned. In the latter case either the individual would choose not to eat or would eat a food that possibly contained their allergen. In the case of

acquaintances the social stress of being an inconvenience seems to weigh heavily into the decision of how to present an allergy. At a young age the allergy could explicitly put a new friendship at risk because children do not understand the nature of allergies and thus might get angry or frustrated when they feel inconvenienced. As others become more aware and understanding of food allergies the fear of anger and resentment as a result of lack of understanding dissipates. Despite the lessening of direct judgment, concern that refusing food or demanding special accommodation might cause a social disturbance or be construed as breaking social norms continued to be a cause of concern among individuals with food allergies.

Methods

Over a four-month period, between September 2011 and January 2012 I conducted 20 in depth semi structured interviews and made ethnographic observations. I recorded and transcribed interviews with twenty students with food allergies. The in-depth interviews took place at the locations designated by the interviewee and were located both on and off the Tufts University campus. I recruited the interviewees by sending out an email to individuals on a list of students with self-identified food allergies through the Tufts Nutritionist. Interested students could contact me directly. Through snowball sampling, I used these individuals to locate others with food allergies. Throughout I purposively sought out individuals with different kinds of food allergies and intolerances. The individuals were all students: 19 undergraduates and one graduate.

I also split the interviewees by gender – interviewing ten males and ten females. Ten of the students, five male and five female had severe allergies, which were considered life threatening while ten reported more mild reactions including migraines and gastro intestinal symptoms. Two individuals had both life-threatening as well as more mild allergies. Both the severity of the allergy and the allergens varied. The time of diagnosis also varied, the ten individuals with severe reactions were diagnosed as young children (before age 5) and those with more gastrointestinal and migraines were diagnosed later in life.

The in-depth semi structured interviews ranged in length from just around 30 minutes to about an hour and a half. Participation was voluntary and unremunerated. A set interview guide was developed asking about experiences over time and in different interactional spheres. The interviews were conducted one on one and in person. The interview guide focused on the social ramifications of having a food allergy. I asked respondents about the way they managed their allergy among family, friends, acquaintances and strangers in order to gain an understanding of

the differences in the concern over their allergy based on context, see appendix 1. I also inquired about uncomfortable or awkward situations that stemmed from their food allergies. I used their responses as a means of appreciating when allergies were viewed as most challenging or frustrating and how respondents negotiated their way throughout such situations to minimize discomfort and perceived stigma and to regain control over their identity in the situation.

I transcribed all of the interviews, and then coded the data using open and focused codes centering on the strategies to manage food allergies and level of comfort in social situations. Specifically focusing on the methods the respondents used to present their allergy to others and how they felt about their dietary restriction in the presence of others. “Gender stereotypes”, “accommodation” and “medicalization” were three codes that emerged as important throughout my research. I paid special attention to how gender and gender norms shaped negotiation strategies and understanding of food allergies.

The observations took place throughout the course of the interview as the individuals I interviewed were invited to go to a restaurant or café of their choosing. The locations of the interviews ranged from Tufts cafés as well as cafés and pastry shops off campus. Since I was looking at how individuals with food allergies navigate social eating situations viewing them in the context of ordering at a café or restaurant served as important insight. I focus on the social nature of eating and the ramifications of allergies; in this context these areas were ideal for noting the social nature of meals. The bulk of the observations occurred before the interview began as individuals chose where to meet and eat, as we set up the interviews and then as they ordered the food they desired. One individual elected to go to a location where food was not served, and of the 19 others 1 ordered a drink before I arrived and 3 didn’t order anything. All 15 others ordered some kind of food and/or drink. I attempted to note how these 15 individuals

chose their food and if and how they addressed their food allergy during the ordering process. These were all individuals with a range of different food allergies. Thus, I directly observed their ordering and navigating their food allergies in a public setting – without them knowing I was doing so. I wrote field notes immediately after the interviews based on memory.

I employed observations and interviews as a means of gaining insight into the experience of having a food allergy. The ability to witness individuals maneuver and negotiate their food allergy in restaurant settings allowed me to trace the process of their experience. This was paired with the semi structured interviews as a means of allowing individuals to reflect on their own experience and consider and explain the meaning of food allergies in their lives. I hoped to gain insight into their perspectives and how they navigate public and private interactions with others

Overview

Food allergies have gained attention in past decade as a result of their increase in prevalence. This paper looks at food allergies in a different light to investigate the social concerns that surround food allergies and how individuals with food allergies maneuver in a society where many interactions center on food.

In Chapter 2 I provide a literature review on biomedical and institutional responses and knowledge to situate my project, examining the different methods and approaches taken when studying food allergies as well as sociological context and theories to provide a framework. In Chapter 3 I analyze the presentation of food allergies within the micro level interactions of romance, focusing on the vulnerability of intimate relationships and the influence of this on the strategies of presenting a food allergy. In addition I examine how gender norms and expectations surrounding romance alter the experience of males and females as they present their food allergy and ask for accommodation. In Chapter 4 I analyze the factors that come into play at the meso level interactions with friends and families, emphasizing differences in expectations

and requests for accommodation as well as the increase in comfort that accompanies stable relationships. Lastly, in Chapter 5 I analyze the presentation of food allergies at the macro level of institutions. This last section specifically examines the presentation and request for accommodation in restaurants and schools and the role of anonymity and length of interaction in shaping the reaction.

In the conclusion, I bring it all together and discuss implications of these findings from both the biomedical and sociological standpoint. This section also summarizes general findings of the role of moving between micro meso and macro levels of interaction and the implications of these differences in strategies for addressing and managing food allergies.

CHAPTER 2: The Biomedical and Institutional Contexts of Food Allergies

In this section I synthesize the current literature examining food allergies from the biomedical, psychological and social perspective. The majority of the research examining food allergies comes from the biomedical perspective, which examines food allergies at the cellular level-looking for causal factors, at the patient level-examining treatment options and quality of life and on the larger scale-investigating prevalence and incidence. The psychological perspective offers far less literature with the majority focusing on the stress and fear accompanying a food allergy. Finally from the sociological perspective the bulk of the research on food allergies comes from one or two researchers and focuses on different responses to intolerance versus allergy and social pressure to consume food. This section also incorporates sociological theories on gender, stigma and medicalization to frame the issue of food allergies in a sociological context.

Something That Can't be Seen Can Still be Felt

Some people have described food allergies as a hidden disability; their existence is not evident based on appearance. The need to reveal an allergy status means that individuals with food allergies must develop strategies to share the existence of their allergy with others. Avoiding allergens often calls for special ingredients or methods of preparation, but when presenting their allergies individuals may consider what information needs to be revealed to keep them safe, as well as what information will shape the way others perceive them. Fear of rejection or differentiation may motivate such strategies for presenting a food allergy. Therefore, the need for accommodation in certain circumstances may set individuals with food allergies

apart from general restaurant go-ers or dinner guests, who can follow social eating norms without concern for personal safety.

On the most basic level food serves as a form of nourishment, yet social norms and external meaning have been placed on food and the act of eating. Social norms shape what food is appropriate for which meal, when the meal should be eaten, how much is a serving, how the silverware should be laid out, and even how much hosts should offer and guests should accept versus decline. Food allergies may force individuals to break from these established norms as a result of their inability to eat certain foods and the need to ask for accommodation.

According to Goffman breaking from the social norm has consequences, in his work *Stigma* he emphasizes the consequences of being marked as different within society and how that affects conception of self as well as interactions with others (1968). Goffman explores how stigmatized individuals react to this distinction and what results when “marked” and “normal” individuals interact, commenting also on how others interpret their actions. Individuals with food allergies have discreditable identities that are only apparent within certain situational contexts (such as dining out or being offered a baked good). Not all individuals with food allergies will necessarily experience stigma, yet as they deviate from the social norms surrounding food they are marked as different. The meaning and consequences of this demarcation vary and individuals may embrace, ignore or develop strategies to manage this divergence.

That food allergies may actually be stigmatized receives some empirical support. A study by Mount Sinai School of Medicine that explored bullying among children with food allergies found that 24% reported being bullied. In most cases the bully was a classmate (79%), however teachers and staff were also noted to bully (21%). This bullying was attributed solely to their

food allergy in 79% of cases (Lieberman 2010). This finding of frequent bullying teasing and harassment raised a concern for physical and emotional health. The reality that individuals were set apart because of one quality and harassed for it emphasizes that those with food allergies must be concerned with more than just what they eat. This negative treatment suggests that in breaking the social eating norms individuals become vulnerable to social sanctions.

Furthermore, the social and psychological effects of bullying are meaningful in understanding how individuals perceive their food allergies as well as how they believe others view them. How people perceive themselves and how others treat them are essential to grasping the full effect of what it means to be diagnosed with a food allergy.

Other research investigating the quality of life of those with allergies and those close to them has found that caregivers consistently report social limitations associated with food allergies (Springston 2010). This finding supports the assertion that food allergies are more than a purely nutritional or physical problem, and furthermore it emphasizes that not only the individual but also those close to them experience the ramifications of the allergy. The study found that poor quality of life was more likely for caregivers who were more knowledgeable about food allergies or whose children had been to the emergency room or had multiple allergies or were allergic to a specific food (Springston 2010). This emphasizes the importance that the type of allergy and likelihood of encountering the allergen play in shaping the effect of the allergy. In addition the fact that knowledge about an allergy changes quality of life suggests that how one perceives and understands their own allergy is relevant when understanding the affects of food allergies.

There have been studies examining not only the quality of life of parents and caretakers but also their children and affected persons. One such study examined the health related quality

of life of individuals with food allergies, measuring self-reported physical and mental health. This study found allergic diseases lowered quality of life, however did not explain all of the challenges, finding that “the risk of food reactions and measures to avoid them that are associated with lower HRQL...[and, therefore] food hypersensitivity must be considered to have a strong psychosocial impact” (Marklund 2006). Having a food allergy serves as a disruption to the family as the need to work around or avoid an allergen may be challenging or inconvenient. This study investigated how food allergies might affect quality of life in the arenas of physical well being such as pain and ability to perform tasks as well as inhibiting family activities or damaging self-esteem. The reality that those with a greater number of allergens experienced a lower HRQL emphasized this point. As the number of allergens increases so does the challenge of attaining foods that do not contain the allergen. This survey also found differences by gender in the effects on allergies on HRQL, specifically being a male with food allergies predicted greater reported limitations in physical activities than for females. The symptoms associated with the allergy also shaped the effects on quality of life. Food induced gastro intestinal symptoms predicted lower parental HRQL while breathing difficulties brought on by food predicted higher psychosocial HRQL for the child and better HRQL with the family’s ability to get along (Marklund 2006). Again this study emphasizes the ability of allergies to disrupt life. The realization that there are differences in how individuals react to their food allergies emphasizes the need to understand the causes of these health differences from a social as well as biomedical perspective.

Part of the impact on quality of life can be perceived through the fear tied to a food allergy. In her study Avery found that the fear of having a negative reaction when eating was largely present among children with allergies (2003). This fear seems logical since it would

seem to shape children's actions and perceptions. When compared to children with insulin dependent diabetes mellitus (IDDM) those with peanut allergies were reported to have a poorer quality of life and a greater fear of an adverse event. The stress of a possible reaction or risk associated with their food allergy weighed heavily on the children when they were presented with food. This measured stress and concern over possible reaction emphasizes psychological impact of physiological illness. This distinction emphasizes that the nature of food allergies serve to make them especially frightening. Children reported anxiety about eating, especially when eating away from home. This anxiety stems from a sense that there are potential hazards in the environment that should be avoided. The connection between fears and the unknown was further explored through the recognition that children with peanut allergies felt safe when carrying epinephrine kits and felt positive about eating at familiar restaurants. This fear may be protective as it promotes adherence and awareness, however at the same time it alters quality of life for these children and affects the way they experience their surrounding and food centered interaction. This existing fear presents the motivation for food allergy emphasis.

The Bonding Nature of Food

The nature of food as both intertwined with culture and a basic necessity makes it an especially interesting field of study. Food is essential for human life but also varies widely and is tied to cultural norms and beliefs as well as tastes. The idea of preference for different food is important when looking at allergies. Since there is no way to tell an individual has a food allergy purely by looking at them their reasons for refusing a particular food may be surmised by others. People may set themselves apart by refusing a food. The sociology of food examines the challenges that result from the ability of food to define identity. Current literature tells us that eating is a very social activity and is often used to create a sense of unity among a community (Buckser 1999). Furthermore the literature emphasizes that those who refuse food are set apart

(Buckser 1999). Many cultures and groups have used a distinct diet as a part of their identity. Religious groups establish foods that should not be eaten and give other foods symbolic meaning. Most holidays have a meal that is considered a bonding experience for the family. Food is much more complicated than simply nourishment or taste. These intricacies and subtleties play into the complicated nature of food allergies and make them an important topic of study.

Existing research shows that awareness of these important cultural linkages and symbols and fear of how challenging them may influence others' perceptions of them has shaped the way individuals with food allergies present their inability to eat something. These methods vary from explicit delineation of allergy needs to avoidance of the subject. The variation in presentation of a food allergy seems to be tied to concern over others' perceptions and responses in these situations. For instance, norms of hospitality dictate that hosts find a suitable food for their guests yet those following strict dietary restrictions often are very challenging or even near impossible to accommodate, setting up an uncomfortable situation where both the host and guest are not conforming to expected roles. These findings look at the ability of dietary choice to establish boundaries and identify members of a group. For those with severe food allergies ingesting a food that contains their allergen is not an option. Yet individuals with less severe allergies or food intolerance can ingest an allergen without risking their life. Nettleton's research suggests that many individuals with food intolerances feel pressure to accept the food in a social setting (2010). Thus, it is clear that there is a social force that weighs on people with food allergies, however current literature fails to illuminate how those with food allergies understand and manage these negative perceptions.

The sociological study of food has recently become popular, asserting that the way we

approach food is tied to many other sociological concepts including social norms, identity and even social class (Fischler 1988). This approach defines groups not only by what they eat but also by what they choose *not* to eat. What is considered edible in one culture may not be in another, thus integrating the concept of inedibility into social norms (Fischler 1988). Diet and identity are presented as being mutually constitutive as one's diet both provides and influences identity (Fox & Ward 2008). Because these distinctions are made both within and across cultures, they work to reinforce the conceptions of oneness and otherness (Fischler 1988). Our food choices are culturally significant as each group delineates an appropriate and expected diet.

Fischler focuses on the idea of the “omnivores paradox”, the reality that humans must be flexible enough to eat a variety of items while simultaneously cautious enough to not randomly ingest foods that are harmful or possibly fatal (1988). Fischler proposes that this paradox results in some of the social challenges that surround eating. Humans must eat a variety of food but are distrustful of the unknown. Food that has already been tried by others in a group is received as safe and edible. Thus, people are able to differentiate groups based on what each group chooses to eat. Whereas in France it is acceptable to eat frog and in China dog people in many other countries are not open to these dishes. Additionally, the fact that consumption choices are linked with the diets and practices of family and peers furthers propagation of social norms. The accepted diet and manners of a group molds their expectations of those they interact with, shaping what is seen as polite and impolite. When deciding what to eat individuals are influenced by those foods that are familiar and “safe” balanced with those that are unknown and “exciting” and established inedible or undesirable foods (Fischler 1992). Cultural distinction furthers groups defined by their chosen diets, as seen in religious contexts, such as Judaism, where dietary restrictions serve as a means to create a sense of unity within and exclusively of

the community (Buckser 1999). Overall, choices in food produce both connections and exclusions within the social context.

Dietary choices are interpreted as being engrained in the identity of an individual (Fischler 1988). If the opposite is taken to be true, what people chose not to eat also shapes them. Although this assertion has not been greatly examined in terms of allergies, it has been in groups with voluntary dietary restrictions. Both religious and lifestyle choices have led individuals to adopt diets, which exclude certain foods. Vegetarianism serves as one example of how a restrictive diet shapes identity. While vegetarianism is deeply engrained in a person's chosen identity, it still serves as a suitable point of comparison for other dietary restrictions, emphasizing how individuals define themselves by their food choices (Fox & Ward 2008). Similarly, kosher serves as a shared belief set and practice that theoretically unites all those practicing Judaism (Buckser 1999). Thus, food is accepted as a sociological entity and the rejection of food also follows social realities.

In combination with prescribed dietary restrictions there are also some people with diets limited by personal preference. This practice of pickiness is one mainly employed by and accepted of children. There is a social norm that expects people to be open to a greater variety of foods once they reach adulthood (Fischler 1988). This social pressure is similarly present in situations where diets are involuntarily restricted. Refusing food has a tendency to call attention to a guest, setting them apart from others in a group, as they may be perceived as picky, ungrateful or overly self-centered (Buckser 1999). Therefore, although possibly indirectly, a desire for social acceptance can result in pressure that shapes how people perceive the refusal of foods. This reality further complicates the lives of individuals who are faced with restrictive diets for medical, comfort, religious, or ethical reasons.

Furthermore class shapes dietary choices, emphasizing the importance of looking at food consumption in context. Economic factors mold priorities and perceptions surrounding food. The ability to focus on the nutritional value of a food as opposed to its cost is a privilege afforded to upper and middle class families (Hupkens 2000). Through these different considerations the approach to selecting and preparing food varied along class lines. In the case of individuals with food allergies the extra skill and effort required to prepare allergen free foods would seem to be received differently depending on social class. The finding that there is considerable variation in knowledge about cooking, its application, role and relevance to health by class, specifically that confidence in cooking all types of foods increases with income emphasizes the added challenge of preparing a specialized meal (Chenhall 2010). As a result social class adds another dimension to the perception and ability to manage a food allergy.

The integral relationship between humans and what they eat is further explored by uniting social and biological facts. The reality that what we eat helps form our identity is asserted from not only a sociological, but also from a biological standpoint (Fischler 1988). In this light, Fischler presents the biological “principle of incorporation,” the idea that we are composed of what we eat—an assertion that also holds societal implications (Fischler 1988). The view of food as nourishment emphasizing nutritional value and dietary needs is a fundamental understanding of food. However through the principle of incorporation we learn to observe and interpret the value of food and meaning of eating certain foods. People are judged on the basis of their food choices and what they ingest forms part of their identity. As a result, many social norms are formed around food. For individuals with food allergies or intolerances, it is the need to break these norms that often result in social discomfort (Nettleton 2010). The pressure to eat

something, even if indirect, may make the act of refusing food uncomfortable. As a result, the social discomfort of having a dietary restriction is often tied to whether others are sympathetic and understanding.

Far less literature is available about food allergies themselves. Despite the fact that food allergies have been a rising concern over the past decade, sociological research has not matched this trend. Much of the attention paid to food allergy comes from the biomedical, as opposed to the sociological, standpoint. About 90 percent of the literature seems to be from the biomedical standpoint, focusing on prevalence and causal level factors. The biomedical research also overlaps with psychological approach examining quality of life. Research methods focus on hard science and quantitative surveys. Nevertheless, some research exists that presents the social challenges that accompany having food allergies. This research demonstrates a societal tendency to understand and be willing to accommodate food allergies more than food intolerances. Food allergies can be tested with blood tests looking at IgE levels of patients; however, food intolerances are separate in that there is no medical test for diagnosis and they tend to be self-diagnosed. Nettleton suggests that food intolerance is less easily understood since it is more biomedically contested (2010). In many cases the lack of conclusive biomedical tests to confirm existence of an intolerance leads to skepticism in the minds of both health professionals and peers. In other words, while society is willing to accommodate some degree of dietary restrictions, it does not treat all restrictions equally (Nettleton, 2010).

Medicalization applies to the use of a medical frame or definition to manage or understand a problem and can occur at the conceptual, institutional and interactional levels (Conrad 1992). The definition of a problem as medical shapes how it is interpreted and responded to on both the individual and institutional level in society. The different treatment of individuals with food

allergies and food intolerances recognizes the role of medicalization as a means of subverting the social pressure to accept and eat foods when offered. Allergies are a medical condition accompanied by specific biomedical tests, which allegedly can designate whether someone is allergic or not. However these definitions are not as clear as this medicalization might suggest. The most basic challenges arise for those with food intolerances. These individuals know that they cannot eat a specific food or group of foods without physical consequences yet they cannot be diagnosed using the same standard as individuals with true allergies. This ambiguity is debated among medical professionals themselves and has also been found to add extra pressure in social situations for individuals avoiding food because of an intolerance (Nettleton 2009). They experience more pressure from their peers to eat something despite the fact that it will most likely give them a reaction. The perception of an intolerance as ‘faddy’ or following ‘fashionable lifestyle trends’ supports a perception of symptoms as ‘imagined’ spurring less accommodation and acceptance from friends (Nettleton 2009). The issue still arises for those with true allergies because of their varying levels of severity and diversity of responses. The response type, time and even whether this response is visible, shape the perception of the medical nature and severity of the allergy. Life threatening allergies command respect. They are legitimized through the biomedical recognition of formal diagnosis and the prescription of an epipen. Recognition of an allergy as opposed to an intolerance serves to impress upon those around the severity of the risk and establish a sense of understanding.

Despite other restrictions being based on choice, religion or social class as opposed to health, the challenges that arise are similar. In these cases, the stress that accompanies an individual who is preparing a meal for someone with a restricted diet is often heightened (Nettleton 2010). The concern that they might cause an allergic reaction is reason for concern

for friends and family, as they must employ a heightened awareness of what is in the food they are preparing. The challenge accompanying this task varies depending on the ubiquity of the allergen and the sensitivity of the allergic individuals. The level of stress allergies evoke in family and friends is suggested to rival the stress felt by the individual who actually has the allergy (Nettleton 2009). This stress is heightened for parents as they struggle to recognize and cope with their children's allergies (Rous 2004). Furthermore, schools have now begun to take an active role in protecting students with allergies, a reality that emphasizes that allergies permeate beyond the home and family sphere (Rous 2004).

Much of the research regarding food allergies has focused on children who are often unable to cope with their allergies without outside help. As a result, schools, parents, and even food politics must become involved in the challenge of preventing allergic reactions. Schools act as parents for children during the day by taking on the role of protecting them from the threat of allergens (Rous 2004). As children grow older they are still exposed to food from public sources, however, they become responsible for protecting *themselves*. This reality would seem to shift the responsibility, whereas before it had been placed on parents and educational institutions.

Trick or Treat?

The likelihood of encountering an allergen may also impact one's relationship to foods. There are some allergens, such as soy and corn that tend to appear in a wide array of goods as opposed to those that are less ubiquitous. Perhaps how often an allergen is encountered as well as how well it is understood and acknowledged shapes social understanding and sympathy. For individuals with Celiac Disease, gluten is found in a diverse array of foods. Oftentimes it can contaminate other foods (Veen et al. 2010). This constant threat may result in hyper vigilance. It may also lead to the acceptance of the fact that the allergen cannot be completely avoided as

even with strict adherence to the prescribed diet gluten may still be ingested as a result of cross contamination (Veen et al. 2010). This lack of control shapes their perception of food and interactions that involve food (Veen et al. 2010).

Based on the current research available, it becomes clear that people with food allergies and intolerances experience societal pressure. However, many questions remain regarding how this awareness shapes individuals' interactions revolving around food. Allergies are a physical condition however in addition to the biomedical approach the social nature of eating calls for a greater understanding of the social ramifications of this condition. Within the overarching theme of food allergies there are many subtleties to consider such as the distinction between individuals with many allergies as opposed those with fewer and widely used as opposed to rarely encountered allergens. As omnivores humans have the potential to pick from a wide variety of foods, however social forces are important in determining which foods are acceptable and what happens when individuals do not follow dictated norms. Individuals with food allergies are forced to either break from social norms for health reasons or suffer the health consequences of their decisions. This serves as an important component of their eating experience.

Having a food allergy adds a level of danger to an act many people take for granted. Being conscious of food changes one's relationship with it. Food is essential for life, however in the case of individuals with allergies it can be a source of discomfort and danger. Individuals with allergies are set apart as a result of their dietary restrictions and must deal with the social ramifications of this distinction.

The Role of Gender in Illness

Research by Kelly and Gangur suggests that there are possible differences in allergy prevalence by gender with male children having 1.8 times the rate of allergies as females but adult females having almost twice the rate of allergies as males (2009). This finding is not

concrete, however, asserts the need for further research. Coupled with this possible difference in prevalence is the question of whether there are differences in allergy management or presentation by gender. The idea that men and women deal with pain and illness differently arises in the context of how they approach an issue as well as their response. The concept of care work is one way in which these gender differences are explored. Care work is both a gendered and relational phenomena defined as the care people (usually women) do for others. In her research on breast cancer Sulik investigates how care work plays out when individuals must balance gendered expectations with the need to care for oneself in a time of illness (2007). Care work is a process that involves emotionality and responsiveness situating it within a two-way relationship that requires paying attention to the needs of others and responding to those needs (Sulik 2007). This concept explores the role of gender in structuring care work processes with the primary responsibility for care work falling directly on women. Care work also contributes to differences in how women and men respond to illness. Women learn to monitor their health and the health of others simultaneously, whereas men learn to ignore or endure physical pain and discomfort (Lorber and Moore 2002). These behaviors follow expected notions of femininity and masculinity to shape the perception of and response to disease. What women are willing to do for themselves when facing illness is examined in the care work context. Sulik found that in addition to dealing with their own healing women coping with breast cancer manage gendered expectation that construct women as selfless, empathetic and caring. This contrasts with men who are expected to suppress emotions in favor of toughness in conforming to expectations of masculinity (Möller-Leimkühler 2002). Looking at what women are willing to do for themselves as well as what they expect, ask for and accept from others provides insight into how care work plays out in illness.

Although breast cancer and food allergies differ in the nature of the disease and the population affected, the concept of care work and how it plays out in the presentation of disease is still important. Women have been largely gendered to avoid causing an inconvenience to other people and to insure that they keep the needs of others in mind. This gendering has shaped how women then choose to present their needs in a social context and determines what they may sacrifice for others.

The social pressure placed on men with food allergies stems from masculine expectations surrounding food and illness. The finding that reading of food labels is a gendered task plays into this understanding (Levi 2006). Social norms regarding awareness of food vary by gender; whereas women are anticipated to worry about what they eat men are expected not to have to “think about it”. Safety dictates that individuals with food allergies should be conscious of the ingredients in any food they consume. This conforms to expectations for females, however contradicts expected masculine behavior. The challenge of gender further exists in the understanding of illness in the context of masculinity. Hegemonic masculinity ideals dictate “the denial of weakness or vulnerability, emotional and physical control, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex, and the display of aggressive behavior and physical dominance”(Courtenay 2000). In their attempts to uphold these masculine ideals men assert that asking for help and caring for one's health are feminine (Courtenay 2000). This context provides an important frame to understand health behavior as it relates to gender norms and expectations and how these shape individual responses to allergies in social situations.

In the context of food allergies the way of presenting and what is expected of others may be shaped by gender and the concept of care work and masculinity. Following the role of gender

in the social construction of illness it seems logical that males and females have different goals and approaches as they deal with their allergies. Whereas men may feel pressure to endure or suppress their symptoms women may feel the need to avoid being burdensome. It is therefore important to consider how gender might play out in a social context to shape the presentation and interpretation of a food allergy.

As an emerging problem within our society food allergies have begun to attract attention especially from the biomedical fields, however the social ramifications must be addressed as well. Food is both a basic need for survival and an integral part of our society –our choices of what to eat and what not to eat shape our bodies and identities. The established social norms of food etiquette label as deviant those break from expected behavior. Individuals with food allergies are forced into situations where they must upset social norms for their own health and thus seek strategies to maintain social control and avoid stigmatization. This paper investigates how individuals approach this task and how it is gendered.

Summary

The current literature emphasizes that food allergies are increasing yet the questions of how much and why remain hotly contested. Furthermore the research shows that individuals with food allergies experience psychological and social consequences including lower health related quality of life, fear of adverse physical reactions and stress when consuming food. The literature lacks sufficient examination of what it means to have a food allergy and how this identity shapes ability to manage social eating situations. In my research I investigate how individuals with food allergies navigate intimate relationships, friends and family and institutions emphasizing the role of social norms of etiquette, gender and asking for accommodation.

The social nature of food and eating presents a challenge to individuals with food allergies as they attempt to manage their allergies in social situations. For these individuals, the

coupling of food and socializing results in a need to develop coping strategies to deal with the presentation of an allergy and its actual or perceived social ramifications. These approaches are differentially employed depending on the setting, severity of allergy, and gender. Self-consciousness and concern stemming from food allergies vary depending on where an interaction takes place employing an evaluation of the nature of the relationship involved and the perceived social risk surrounding that interaction. The coping strategy employed therefore differs when the interaction involves budding new relationships versus firmly established connections versus anonymous meetings. Likewise, strategies employed in the private sphere of the home differ from those employed in public restaurants, or very intimate romantic settings. For individuals with food allergies, attaining safe food is a priority, however also important is the management of social perceptions.

The sociological understanding of stigma asserts that there is a negative differentiation based on a characteristic that separates an individual or group from the perceived norm. Goffman's arguments about stigma assert that in situations where stigmatized and "normal" individuals meet awkward interactions often arise (1968). In the case of individuals with food allergies the hidden nature of food allergies means that this stigma only presents itself in cases where food is involved creating a discreditable identity. This incomplete stigma and differentiation based on inability to eat certain foods seems to have played a shaping role in the lives of the respondents and brought about the strategies employed when dealing with their food allergies.

Respondents commented that when they were younger the stigma that resulted from their allergies was at its peak. Other young children and peers were unable to appreciate the causes of allergies and therefore would express frustration or anger towards respondents and felt they were

impeding their ability to eat the foods they desired. Furthermore youth are likely to take differentiating characteristics and use them to tease or bully others. Thus at a young age the respondents report they were stigmatized to a fairly large degree.

As they grew up they reported that teasing decreased, yet that the differentiation that resulted from their allergies remained. Respondents still felt set apart from others when they could not share in a meal or baked good. Their divergence from the expected diet and social norms surrounding food resulted in awkwardness and social discomfort, a reality that is reminiscent of stigma. In order to deal with fear of actual or perceived stigma individuals adopted strategies for presenting their allergy to others.

Romantic relationships provide insight into how individuals understand and present their allergies at the most intimate level. Attempting to balance a desire to present themselves in a positive light with the need to assure their safety shaped interactions within existing and budding romantic relationships. The meso level includes friends and family with whom a less intimate and more stable and trusting relationship exist, resulting in a decrease in the fear that someone might be “scared away”. Lastly the macro level interactions that occur within institutions demonstrate that the larger social stage presents a different set of challenges through anonymous and fleeting interactions, which evoke responses that center on safety, rather than concern over perception. As individuals employed strategies for managing and presenting their food allergies the social stage and potential consequences weighed into their actions and approach.

Thus as individuals moved from intimate and fragile relationships into larger more anonymous institutions they were able to focus on the biological rather than social risk without fear of repercussion. Comfort and anonymity increased in the movement from the micro to macro level institutions and the sense of vulnerability and social risk decreased. The comfort in

requesting accommodations for their allergy emerged as depended upon the level of social interaction and associated possible consequences.

Chapter 3: Romance and Intimate relations

A budding romantic relationship epitomizes the challenge of a discreditable identity.

Within a new romantic setting individuals are sharing information and attempting to present themselves in a positive light. The designation of a food allergy as either a significant or an unimportant characteristic and the corresponding presentation is a key example of how food allergies have social ramifications. In a newly forming romantic relationship the accompanying intimacy and uncertainty designates this social interaction as especially fragile. Food allergies presented special challenges within the romantic setting for some of the individuals interviewed. This was not static, however; special concerns about how a food allergy might be interpreted often accompanied the decision to reveal or hide their allergy from someone of romantic interest.

Within romance two approaches to the role of food allergies emerged. The first group includes those who consider their allergy “part of the package” and essential information to reveal in any relationship, and the second acts on a need-to-know basis, revealing their allergen only when it seems pertinent or relevant. Some cited awkwardness, while others felt their allergy was an interesting fact and still others felt that their allergy was irrelevant and unnecessary information to share with others. In many cases having a food allergy added its own set of challenges to a budding or existing relationship. The perception of one’s food allergy in the romantic setting seemed to be molded by the severity of the allergy as well as gender.

In a budding romance the main point of contention in the presentation of a food allergy was whether the allergy was essential information and part of one’s identity or something that needed only come up when necessary. For the first group the allergy was often revealed before a relationship began or very early (such as on a first date). In treating their food allergy as part of their identity this group emphasizes the importance of presenting their allergy in any romance for

the sake a safety, practicality and identity. This group includes individuals with very severe or ubiquitous allergens. The second group acts on the need to know basis and includes individuals with less severe or less frequently encountered allergens. This group presents their allergen when necessary yet do not view them as essential components of their identity.

Nature of allergy dictated which approach individuals took with respect to their allergy, however gender seemed essential in shaping the perception within that general category. Not all individuals viewed their food allergies in the same light; however, investigating their interpretation within the intimacy of romance revealed the role of gender as individuals attempted to reconcile gendered expectations and the need for safe food. Males used gendered expectations surrounding who plans a date to ensure access to safe food while females utilized awareness of food and predicted pickiness to attain the necessary information to avoid their allergen. The gender component is not limited to the “part of the package” or the “need-to-know” approach but rather is interwoven, influencing the behavior of both those who have embraced their allergy in their identity and those who consider it an external factor with little bearing on their sense of self.

Part of the Package

Within the realm of romance food allergies can be dangerous, especially for individuals who are sensitive to trace amounts of their allergen. This sensitivity adds a component of risk to a kiss or handholding. For these individuals romantic relationships require some accommodation for safety. However safety does not seem to be the only consideration when addressing food allergy awareness within a relationship. There is also a perception of an allergen as essential information and representative of knowing someone well. Sarah, a student with a severe peanut allergy, tells the story of her response when the guy she’s seeing goes to grab a snack and returns smelling of peanuts:

[I was] annoyed cause its like one of those things if there are a few things you know about me, that should be like fairly high on the list, you know? and obviously though since then he's been way more conscious about it...but yeah I haven't been like that serious...seriously involved with that many people- well obviously if they're taking me out on a date they'll find out on the first date if we go eat somewhere so it comes out pretty early

-Sarah, interviewee with severe peanut allergy

More than just the possibility of an allergic reaction Sarah's experience represents the incorporation of a food allergy into one's sense of self. Her view of her food allergy as an important part of her identity resulted in annoyance and frustration when her significant other ate a food containing her allergen. The sense that he "should have known better" prompted Sarah's annoyance. For individuals who feel they have to be constantly aware of their allergens, they also consider their food allergy to be essential information for any significant other. The description of their allergy as something a boyfriend or girlfriend would need to know is a reflection of the importance of the allergy in their own life and recognition that it would play a role in any significant relationship. For those who incorporate their allergy as part of their identity any partner must be aware and accommodating. Food allergies were revealed to potential prospects up front not only to make them aware but to demand that they accommodate. Individuals presenting this belief tended to have serious or ubiquitous allergies, which they had to be aware of almost any time they were consuming food. As a result these individuals incorporated their allergy into their identity and behavior, a decision that shaped how they viewed themselves and their relationship with others.

Among this group a significant other was expected to be aware of the allergy and would be told early in the relationship and agree to accommodate it as soon as possible. This expectation seemed to be a product of the unique intimacy and potential that accompanies romance, characteristics that distinguished this situation from general friendship. The adoption

of food allergies as a feature of their identity thus shapes the response and expectations within a romantic setting. For this group allergies come up quickly in the relationship and at times before the romance began. The balance of the need for accommodation can also be understood in conjunction with the safety needs. The fear that interacting with a significant other may elicit an allergic reaction further explains the desire for accommodation and awareness.

This accommodation entails an expectation of awareness and taking steps to protect their health. While some accommodation is necessary for safety determining the appropriate balance is also key. This was highlighted by Adam's experience with his boyfriend. Adam described, "[my boyfriend is] more cautious than I am...sometimes he'll eat stuff that I'm allergic to and refuse to kiss me and he brushes his teeth like 5 times a day now. While Adam requires and appreciates some level of accommodation he fears asking too much. "One time it did come up [that he had to avoid eating some foods because of me]... and he [said] it is really frustrating and it made me feel bad". Adam's boyfriend is willing to be accommodating yet the expectations accompanying the accommodation are not easy. Adam feels guilty for asking for accommodation however recognizes that some degree of adjustment as essential for his safety. In the case of food allergies it is difficult to safely determine the level of accommodation necessary. The challenge of knowing when it would be safe to kiss someone who had eaten their allergen and what would evoke a reaction was a common concern for individuals in the romantic setting. Tooth brushing and hand washing were considered basic precautions; however there was not a consensus of how long would be necessary to insure safety. This challenge of ambiguity seemed to be a product of the fact that people react differently to different amounts of allergens and therefore individuals didn't know exactly what amount would evoke a reaction. In an environment of ambiguity those with allergies asked for accommodation and awareness for the

sake of safety yet the requests reflected the uncertainty of exactly how much caution was necessary. Thus with very severe allergies necessity and incorporation of allergy into identity dictated the presentation and management of the allergen within the relationship.

When discussing the role of food allergies in dating Joanna emphasizes that she will reveal her allergy on a date“ not to look picky but if this is gonna go any further [they] need to know about my food allergies.” This acknowledgement that her food allergies will be a factor in any relationship emphasizes acceptance that in her case it is not possible to hide allergens. The nature of very severe allergies means that they cannot be safely hidden in the context of relationships and oftentimes were emphasized as a key characteristic. Joanna’s assertion that knowledge of her food allergy is important for any relationship acknowledges the perception of food allergy status as essential information. The severe nature and variety of her allergens which include gluten, tree nuts, eggs and shellfish means that she feels she does not have the option of hiding them without compromising her safety and in response she adopts them as relevant and essential information for any romantic relationship.

In addition to individuals with very severe allergies those with ubiquitous allergens such as gluten tended to disclose their allergy as a central part of their persona and identity. These individuals did not need to be concerned about cross contamination from a kiss or the breath of their partner, instead the characteristic was noteworthy because it resulted in limited foods that were safe to eat. Thus the importance of the allergen was forged by inability to partake in certain meals and the need to refuse various foods. For them presenting their food allergy in a romance seemed necessary since their allergy forced them to avoid such a wide array of foods. They viewed this widespread avoidance as conspicuous and something that would be noticeable and as a result resolved to reveal it early in a relationship. Their inability to eat certain foods was an

identifying characteristic that they considered important knowledge in romantic interactions. The ubiquitous nature of the allergen meant that individuals had to be aware of their allergen almost anytime food was present, and it was this constant awareness that cemented their allergy as an important part of their identity.

This group of individuals emphasizes that revealing their allergy and requesting accommodation is important for any relationship. They simultaneously acknowledge that this need serves to complicate romance and romantic gestures. Luis responds to a hypothetical situation describing how he might tell his crush that he cannot eat the food he is being offered

‘I’m really sorry I’m gonna sound like such a jackass’ or whatever insert word here but I actually have a number of allergies and one of them is soy but it’s really sweet of you haha you get it *sweet*...gummy bears so I really appreciate it but I cant eat this and maybe I would bring him something to eat next time just to show you appreciated the favor like I wouldn’t eat something I’m allergic to, to sort of impress a guy

-Luis, respondent with a severe peanut allergy

Luis acknowledges that he is both unwilling and unable to eat a food that contains his allergen and therefore must face possible negative social ramifications. His use of the word “jackass” acknowledges a fear that he will be perceived as rude or unappreciative in his refusal but he does not feel that he has another option that will keep him safe from his allergens.

Within this realm some allergens seemed to be viewed as less damaging than others. Medical recognition seems to diminish the social stigma, a point presented by Daniel as he discusses his peanut allergy. “It’s not like like you’re nervous, like ‘oh I they’re gonna think I’m a weird’. I think it’s a pretty good conversation starter like somebody offers you food [...] it’s a great conversation starter if you like crush on someone to talk about an allergy cause people are usually curious and there’s usually great stories involved with it”. Daniel’s experience reflects his differing encounter as a result of having a more firmly established and well-known allergen. His allergy is an identifying characteristic, yet is not stigmatizing.

Thus individuals with ubiquitous or severe allergies reveal their allergen early in the romantic setting to request awareness and demand the accommodation they deem necessary for safety or comfort. They are willing to face possible stigma and negative consequences, as they believe that physical consequences would be more dangerous or damaging and the best strategy is to be forthcoming with their allergy.

Need-to-Know Basis

Individuals with milder allergies or allergies that are less ubiquitous cited that they did not bring their allergies up in the dating scene and instead would address the issue if and when it arose. This need-to-know approach acknowledged that allergies were not critical essential information for others to know about one's identity, but rather shared when appropriate or necessary. This approach is a combination of a different understanding of their allergy as well as the freedom to navigate certain situations and institutions without the need to reveal their allergy for the sake of medical safety.

The idea of presenting food allergies on a need-to-know basis was a common thread among respondents, who asserted that it "wasn't like [they] had 3 kids". This contrast of their food allergy with more "significant" and defining factors emphasizes a different perception of having a food allergy and its bearing in the romantic sphere. Allergies were no longer viewed as critical in the understanding of self or development of the relationship; however, they were not concealed rather addressed only when the situation seemed appropriate or necessary.

Within this group there was some variety evidenced by decisions that highlight what is meant by "when it comes up". For individuals with multiple allergies determining when the appropriate revelation of an allergy should take place seemed most challenging. When clearly offered an allergen, respondents would present their allergy, yet in more ambiguous situations

respondents waived on the appropriate response. The challenge of “may contain” foods or foods with unknown ingredients was perceived as especially stressful and complicated. In some situations it was deemed worthwhile to risk ingesting an allergen to avoid social consequences. Emily who recounts an interaction with her crush emphasizing the subtleties of when she decides to reveal her allergen:

[He] came to the library and he brought [...] chocolate and he was consistently offering me chocolate and I would be like no I'm allergic to chocolate but also when you like someone its like hard to want to say no because you're like oh that's so sweet someone's offering me chocolate but then one day he remembered he like look they were some sort of gummy candy and I was like that's not chocolate he's right that was really sweet of him to remember so I ate it anyway despite the fact that it could have had something bad.
-Emily, student with soy, chocolate and nut allergies

When presented with a definite allergen Emily revealed her allergy and declined.

However, when offered gummies that may or may not contain soy she decided to conceal her allergy. The desire to foster the relationship combined with the knowledge that if this allergen were present the consequences would be uncomfortable, yet not life threatening shaped her decision. Emily acknowledged that ingesting the small amount of soy that might have been in those gummies could cause lip blisters, eczema or diarrhea, yet she believed that a second rejection of the offered food gifts would have discouraged her crush (a consequence she felt was worse than the possible physical consequences). I related this anecdote during all the other interviews. All other interviewees were able to sympathize with the situation. Many responded that they would act similarly in the situation. Others stipulated that if their allergy were less severe they would likely act in a similar manner yet did not have that option. These responses support the finding that taking risks within the social context is patterned by severity, ubiquity, multitude and social awareness of an allergy.

The individuals with peanut allergies found the anecdote harder to relate than individuals with multiple or ubiquitous allergens to since they had only one allergen, which was typically clearly labeled and fairly apparent.

I don't think I would be in a similar situation cause I'm allergic to peanuts like just peanuts that's so easy to just like do away with you know but like if there was something that might have peanuts in it like you know I probably would like go for it if it was something that had like guaranteed had peanuts in it I would be like no like definitely not but [if it was a food that only maybe contained peanuts] maybe I'll chance it.

-Amanda, student with a peanut allergy

This highlighted the fact that as the variety of allergens increased so too did the challenge of avoiding them and asking for accommodation in the presence of others. The need to only present one allergen combined with the awareness of peanut allergies within society molded the experience of presentation of food allergies. Medical legitimacy and the medicalization of certain allergens (specifically peanuts) separate them as especially accepted and acknowledges in society. This understanding promotes excusing divergence from social norms for medical reasons. This relates to an issue of credibility and the perception that some allergens are more accepted and given more emphasis than others. As a result those who refuse a food because it contains peanuts are more accepted and understood than individuals who are concerned over a fruit or soy or wheat.

The desire to find a balance of safety without being a burden is key in the relationship setting, as Adam emphasizes:

I don't want to scare them away [...] I'm not asking them to never eat the things that I'm allergic to again but I'm asking them to brush their teeth a lot more ... I definitely know in social situations it is easier to feel more inclined to do more risky behavior in terms of my [allergy]. I mean it's like peer pressure and anything. [...] You have your hunch that I'll be fine and its not always the best thing to follow cause there are hidden ingredients. [...] If I were allergic to soy and somebody offered me gummies if it was like rarely in it I would trust it maybe but umm but like growing up I never would have trusted that I would just be like no thank you sorry and just felt really bad about it.

-Adam, student with egg, milk and peanut allergies

Adams presentation of balancing the fear of scaring someone away by asking for accommodation with the need for safety epitomizes the concern of individuals within the romantic context. Few interviewees admitted to accepting or consuming a food with a known allergy for the sake of someone's feelings; however, food with ambiguous ingredients, where exact ingredients were unknown and allergens were possibly present, fit in a different category in which it seemed reasonable to take some risk.

Sean's approach to managing his food allergy deemphasized the risk, however he found that this de-emphasis challenged the credibility of the allergy. Recalling a serious relationship he states:

I met the family and I was like oh I'm not actually like allergic to nuts ...I didn't want to like make them feel bad and so whenever I would tell other people oh I cant eat that, I'm allergic to nuts [my girlfriend was like but he's not really, he's not actually allergic to nuts and then people like wouldn't believe me but I don't know I don't think people don't believe you cause nuts is common enough but like if you're like I'm allergic to like apples or something people might be more skeptical

-Sean, student with a mild nut allergy

Sean's struggle with finding a balance of severity and desire to not make others feel bad for him led to awkward interactions where the validity of his allergy was challenged. Sean also notes that varying allergies receive varying degrees of recognition. He expects others to recognize and accept a peanut allergy. If he had not stated that he was not "actually" allergic to avoid making the family feel bad the validity of his allergy would not have come into question. However for individuals with less "expected" allergies that receive less media attention there is a sense that they may not be accepted. This recognition of the role of social awareness spurs the conception of one's own allergy.

The point in the relationship where someone decides an allergy should be revealed balances on the extent of the perceived risk both in terms of possible allergic reaction as well as

risk of negative repercussions within the romance. This contrasted with individuals with more severe allergies who cited that their food allergy came up on their first date when they asked the waiter or even before. Thus perception of allergy is a key component to its role in any relationship, especially in the uncertain context of a budding romance. The choices made about when to reveal an allergy reflect severity and risk and acknowledge possible social consequences, such as being seen as a burden or ungrateful. Individuals with more severe allergies who could react to traces of their allergen during a kiss are forced to reveal their allergen earlier than those who are not affected to the same degree. The greatest challenge seems to be revealing allergens and asking for accommodation in blossoming relationships. Once relationships have progressed and there is a greater level of comfort and even the expectation that a significant other will make a specific effort for the comfort and safety of the other. This effort includes extra tooth brushing or avoiding certain foods.

As romantic relationships move from the uncertain realm of a crush or first date to the more secure established and serious relationship romantic partners begin to resemble long-term friends. This shift diminishes the perceived threat of food allergies disrupting the romance. This added comfort eases the task of asking for accommodation and revealing allergies.

My Kryptonite

Gender roles and norms surrounding dating also play into the understanding and maneuvering within this context. Both males and females noted gendered expectations as shaping the perception of their behavior especially when their allergy forced them to break gendered expectations. Gendered expectations in some cases complemented the needed accommodations, which eased social tensions. Key norms that came into play within the romance world were masculinity and the role of food contrasting with the pickiness expected from women. Women are expected to be concerned about what they are eating and ask

questions about ingredients, a pickiness that is not expected from men. Additionally norms surrounding the planning of a date, where men are given the role of selecting the location following masculine stereotypes of being decisive and independent which gave flexibility to males as they were able to select locations conducive to their allergy needs.

These gendered expectations were recognized as either complicating or ameliorating the social challenges of requesting accommodation for food allergies in romance. One male interviewee acknowledges that gendered expectations of planning a date offered flexibility, stating:

It's a lot easier cause [men] are sort of expected to be [...] organizing the date in a way. [...] It does definitely impact my choice in terms of like I'd rather go to a movie than go to dinner because food isn't the center there and even if it is its like you have popcorn so its not even an issue at all, so yeah I would just try and frame it in terms of not eating and try and find a different activity and be like lets go to the art museum you know something else

-Colin, student with celiac disease

This perspective highlights the implementations of strategies of stigma management that fall along expectations. Adopting the expected role as planner of the date Colin has the freedom, as a male to suggest an activity where he postpones revealing his allergy without safety risks.

However in the dinner setting women find it easier to be picky about their food given that they are "expected" to think about what they eat. Colin commented that it's challenging because men aren't expected to order salads, yet as an individual with celiac salads were oftentimes one of limited options. This contrasts with females who are welcome to order a salad without any sense of challenging of expectations. In this arena both males and females seem to struggle with the correct balance of presenting their food allergies.

Interestingly gender seemed to be most emphasized for those who avoided or downplayed the telling of their allergy. Individuals seemed to be aware of gender norms that

were both useful and challenging in the management of their allergies. For males the expectation of following norms of hegemonic masculinity and gendered expectations putting them in charge of selecting a restaurant influenced the understanding of their allergies within the romantic setting. The comfort in knowing that they have influence in determining the location of a date and assuring they have options provides a greater degree of comfort and less pressure to reveal an allergen before a date even begins.

If we were going out to like a restaurant or something I would probably make a few suggestions you know what I mean like lets go here or lets go out so then I'd know and it would probably come up in the meal itself so once we're at the restaurant I'd ask the waiter and you know she's right there it would probably come up really quickly but maybe like probably like offer if we were going somewhere offer a few suggestions
 -Luke, student with self-diagnosed celiac disease

The assertion that the information is not necessary until the situation arises or in conversation is fostered by his ability to insure that they go somewhere he will have an option of what to eat. This falls in with the assertion that he can make suggestions of where they go to eat. The importance of being able to pick the location shows how gendered beliefs regarding the planning of the date affects the revelation of an allergy. While it would be an exaggeration to assert that men always pick the venue this behavior does fit within gendered norms of our society in regards to dating. This ability and even expectation to organize the date shapes the revealing of allergies within the romance by gender. Males' experience is shaped by the expectation that they will organize a date, which gives them greater flexibility in selecting a restaurant or other location where they feel comfortable. This expectation differs for females who may have to ask for rearrangement of plans. Casey's experience going to a restaurant where all the options contained her allergens epitomizes this struggle

When my boyfriend and I first started going out he took me [to Five Guys] and bought me something and I was like I feel really bad the bun is covered in sesame seeds like I'm

going to die on the car ride home but I ate it anyway cause he paid for it and I felt like guilty because I wasn't going to not eat something that he paid for for me

-Casey, student with peanut, corn and sesame allergies

Casey ended up at a restaurant where she did not have any food options that fit within her allergy needs. In this case the difference between being able to self-accommodate and needing to ask for accommodation is a noteworthy distinction when viewing the role of gender in presentation of food allergies.

Romantic situations were illuminated as especially stressful “because like I don't want to look like I'm just refusing all these things or I don't want to look like a wuss cause I'm like I can't have fruit punch... I'm gonna get allergic pshshuf what? And its just like I never had any problems with like me having to be like I'll just drink it I don't care I'll be okay I didn't have to impress many girls at that point in my life so umm that is interesting to think about though”.

Sam's response illuminates the desire to conform to gendered expectations and masculinity in shaping understanding and response to one's allergies. The emasculation of being unable to eat certain food was a common thread among male respondents who referenced their food allergy as a weakness or kryptonite.

While dating conventions seem to favor males with food allergies, gendered conventions surrounding the consumption of food create an environment that is more accepting of females with food allergies. A study by Levi et al found that college males are less likely to look at food labels (2006). The need to look at food labels for allergy information means that men who want to be cautious about their allergen must break from the expectation that they will consume food without being aware of what exactly they eating. This couples with the expectation that females worry about what they eat gives more leeway for females to request accommodation for their

allergens. This is highlighted for the gluten free individuals noting that eating salad often prompts notice for males yet conforms to gendered expectations for females.

Many individuals did not note initially how gender might play into food allergies however their responses reflected gender bias that plays into our expectations and therefore the visibility of food allergy driven behaviors. One interviewee notes, “I think since guys just generally eat more they find it a little harder [to deal with a food allergy]...whereas girls just anyways would be eating salads and like less food but I don’t think gender is a big part of it”. Her acknowledgement of gender differences while downplaying their possible role within the sphere of dating suggests that the role of food allergies in romance is not often considered yet does exist. This implication follows with other respondents who did not mention gender in the interview until the role of gender norms and gender differences was explicitly introduced.

Revealing one’s food allergy to a budding or potential romance entailed important considerations. The desire for normalcy and to encourage romantic behavior from someone you’re interested in help shape food decisions. This component was again highlighted in Emily’s experience of accepting gummy candies, even though she’s allergic to soy, and the role gender plays in this decision as well. The expectation that Emily will be flattered by a romantic gesture follows with ideas of femininity and acceptance of gifts. Nicole reflects on Emily’s experience stating “I feel like if its like me and it wouldn’t kill me I feel like I would eat one and then be like oh I have to save my figure and then like then run away with the rest of them”. Nicole’s strategy draws on gender norms surrounding females concern over their weight. In this case she suggests concern over weight and not eating can be used to veil food allergies.

Males agreed that there might be a pressure to eat the candy in the above situation, yet to a certain extent they found it more challenging to relate

I mean I don't think a girl would ever offer me chocolate and then be thoughtful enough to bring me gummy worms but if she did I would probably eat the gummy worms just because, I don't know, if someone tried that hard to get you something to eat I would eat it...I wouldn't make them feel bad about it! I don't know I think the only difference between boys and girls in that situation is it probably wouldn't happen to boys as much but I think they would probably do the same thing if they have the same level of severity of their allergy

-Sean, student with a mild peanut allergy

Sean's response highlights a fear that he might make the other person feel bad while citing gendered expectation of gift giving and romantic gestures as reasons the situation is unlikely to arise. He further cites that it is the nature of his allergy that allows him to make this decision. If his allergen evoked an anaphylactic reaction he wouldn't be willing to take that risk, however risking a migraine seemed much more reasonable.

While gender is not forefront in the interpretation and presentation of food allergies it becomes significant as we examine the distinct approaches used to present food allergies within social settings. Allergy management is shaped by gendered expectations with strategies that work within socially accepted gender roles. Examples of concealing allergens through alternate planning or embracing stereotypes over concern with caloric intake reflects gender specific means to attain similar ends. Thus within the context of romance while type, ubiquity, severity, and social recognition of an allergy dictates the overall approach to presenting an allergy and the determination of when an allergy should be revealed, gender does also shape the strategies employed to conceal an allergy or save face. Goffman asserts that in a stigmatizing situation, individuals employ strategies to save face or portray a social desirable identity to others (1967). This strategy of impression management emphasizes that individuals with allergies want to follow social expectations surrounding foods and balance social norms surrounding politeness and gender norms of masculinity and femininity.

This section focused on the management of food allergies in intimate and uncertain romantic relationships. The next section examines the presentation and management of allergies among family and friends, emphasizing the expectation of caring and comfort in asking for accommodation that accompanies more firmly established social interaction.

Chapter 4: Friends and Family

The decision to highlight or hide a food allergy among friends and family proceeds in a different manner and with different concerns than it does within romance. Moving away from newly forming relationships, especially romance, families and close friends offer an example of interactions and expectations for those who have a more cemented and committed relationship. This firmer grounding, the result of blood relation or long-term interaction molds the approach to food allergies.

Many of those interviewed discussed the important supporting role played by their parents as they dealt with their allergy. Parents encouraged testing, supplied safe food, removed the allergen from the environment and some went so far as to avoid specific foods themselves while breastfeeding. Individuals acknowledged the role of their families in terms of emotional and logistical support as key to their ability to deal with their allergies. Allergies are present in the daily lives of these families removing the option to hide the existence of an allergen. In the case of all the individuals interviewed their families were aware of their food allergy. For respondents diagnosed at a young age their families were aware of an allergy before they were.

The maneuvering and approach to food allergies in the context of friends and family is fostered by a sense of comfort as well as the more firmly established nature of the interaction. With already established friends, revelation was not described as a stressful or awkward experience and within families allergy status was known without the need to tell someone specifically. Food allergies were not perceived as threatening to existing friendships, however of note is the initial presentation of the allergy. Among friends almost all individuals cited an

approach similar to the “need-to-know basis group” in romance such that their allergen was revealed in a dining situation or when people noticed an “odd” behavior.

The other noteworthy difference between friends and family within the management of a food allergy emphasizes different expectations depending on relation. While the stress of revealing a food allergy is not a salient aspect among friends or family there are varying expectations for accommodation and understanding. These expectations weigh much more heavily on family members who are expected to be aware of the allergen and make accommodations for safe eating. This contrasts from expectations for friends who while expected to be aware to a certain degree, such that they do not threaten safety, are not expected to make the same accommodations or provide safe food. This contrast is perhaps a reflection of expectations surrounding accommodation and the role of inconvenience. Individuals were concerned about inconveniencing friends by requiring accommodation for their allergen yet this same concern did not exist within the home. Thus within this meso sphere comfort and security are key features affecting the perception of allergen and the role allergies play in interactions, yet expectations for friends do not follow with the expectations held for family members.

The first section discusses the expectation of caring and accommodation and how this shapes interactions around food among family and friends. The second section looks at the change over time and how growing independence and self-sufficiency alters the interaction and comfort in interactions with friends and family. Furthermore this section explores how later diagnosis affects the role of family in accommodation. Whereas children diagnosed at a young age must rely on family, typically parents, to avoid ingesting an allergen individuals diagnosed later in life no longer require the same degree of support and as a result vary their expectations of the response and accommodation.

An Expectation of Caring

The expectations surrounding the relationship with friends and family differ from the uncertainty that accompanies romance. This greater certainty and accompanying comfort changed the strategies for presenting of allergies and fears that accompanied them. The contested nature of food allergies and the ambiguity in biomedical diagnosis still played a role, as there were differing levels of acceptance of diagnosis. Julia commented that her father “still kind of thinks its bogus but is accepting...[he] thinks it’s not real or just like just allergists have a reputation of it being inaccurate science”. Despite his doubts regarding the accuracy of the diagnosis Julia still considers him supportive and she still follows the prescribed dietary regimen because she considers it effective. The ambiguities of food allergies are not unique to the larger institutional context or more intimate relationships and still exist within the sphere of family and friends. However within these groups the ambiguity plays out differently. Those who do not totally embrace the legitimacy of an allergy are still considered to be supportive as is dictated by familial expectations.

In the company of close friends and family there is a sense of understanding and awareness. A sentiment reinforced by Luke as he discusses how he would deal with a restaurant that doesn’t have options that fit within his dietary restrictions.

I mean I would never be in that situation with my parents or my family or like good friends like really good friends cause they know so even if they’d forgotten about the allergy when walk into the restaurant they’d usually you know they’d probably realize or when we were looking at the menu they’d ask if I could find something...so that situation would probably be with people I don’t know so well like with more distant friends or something I’d probably just wait it out they’d notice so I don’t know what I would do they’d probably ask and then I’d have to say oh I can’t have anything and then and then they’d be like oh you want to move you want to go somewhere else and that would be really awkward I don’t know how I would handle that

-Luke, student with self-diagnosed celiac disease

Luke presents a sentiment shared by other interviewees that close friends and family will be aware of the allergy and most willing to make accommodations as a result. The distinction between close and distant friends also illuminates an important division in expectations and in comfort depending on the type of relationship.

The expectations placed on family members far surpass the beliefs held for friends. The idea of unconditional acceptance is key when examining the understanding, presentation and expectations surrounding the accommodation of food allergies within the family sphere. In this sphere the guilt of inconvenience and extra effort were not emphasized or acknowledged as parents were expected to serve “safe” meals and purchase “appropriate” snacks. In some cases there was even anger or frustration when family members did not recognize and accommodate food allergy needs.

My grandmother, my dad’s mother umm knows that I have well I would assume knows that I have a peanut allergy and that I like to avoid nuts just in case so she typically every other year would send me a tray of nuts, peanuts included and I would call her and say you know I’m allergic to peanuts right she said oh I’m sorry Luis whatever and so that went on for quite some time until I finally just told her not to send me anything anymore because she didn’t remember

-Luis, respondent with a severe peanut allergy

Luis’ frustration when his grandmother forgot about his food allergy reflects the perception that within the private sphere of the family presentation of allergies is unnecessary.

This family sphere is similar to friendships where food allergies are acknowledged and some level of awareness is expected. However within friendships the expectations are not as strict and there is a certain sense of guilt when asking for accommodation. Allergies are not hidden from friends and there is some expectation of awareness, however they are held to a lesser standard than blood relatives. This distinction arises since family is considered primarily responsible for one’s medical well-being while friends to not bear this same responsibility.

Many respondents referenced differences in their presentation of allergies depending on location and who was responsible for preparing the food. In the home sphere they were more directly involved in the preparation of their food or knew that they would not be served something that contained their allergen.

I have a milk allergy so [my parents] didn't eat a lot of milk like drink a lot of milk or eat a lot of cheese they like sort of kept those foods out or whatever, they didn't like put cheese in their pasta sauces and stuff but they do that now, now that I don't live with them so like and like they oftentimes my mom will also label stuff like for Adam, not for Adam or whatever just so that way its clear like what foods I can and can't have if its not something I can just tell by looking at it

-Adam, respondent with severe dairy, peanut and egg allergies

Adam's description of the steps taken to keep him safe within the home sphere resonated with other respondents. Parents could be trusted to serve safe foods reducing the possible stress accompanying a new dish or meals in general. Furthermore there was not the same need to inform parents about food limitations because the parents were already aware, removing the stress of asking for accommodation.

In this home sphere social risk was not an issue. The respondents felt comfortable and were not faced with the same challenge of presenting their allergies to others. When at home, most respondents stated they were not very concerned about their allergy. They knew they would not be served a dish that they would be allergic to and had good alternatives for foods that contained typically contained allergens (such as coconut milk ice cream). As Abby says, "I can assume 100% that my mom's not like cooking a meal that I'm allergic to so I really don't ask any question really about like what's in it". The reality that they do not need to worry about their safety propagates the feeling of ease and lack of social pressure prevalent in the home sphere. They did not fear judgment from their family nor were they concerned about being an inconvenience or burden. There is an expectation that the family will be supportive and

understanding and responsible for maintaining biological well-being and thus the respondents did not feel the need to adopt strategies to deal with their allergies within this sphere.

However upon exiting the home/private sphere the challenge of presenting food allergies and fear of social stigma seems to grow significantly. The respondents all described frustrations, embarrassment and inconvenience that resulted outside their home. A view of allergies as hidden disabilities means that outside the private sphere individuals with food allergies must be constantly aware of their own food. Furthermore this need to be aware also may translate to a need to make others aware. As a result in social situations respondents recount how they go about ensuring access to safe food while also conforming to social norms.

How Much is too Much: Asking for Accommodation

Among friends the fears of being a burden or inconvenience are much more prevalent than among families. Unlike at home with family, friends are not as strongly bound and there is still a level of uncertainty to the relationship. As is especially true with newly forming friendships there is a desire to foster the friendship and in some cases this hope may be paired with a fear of driving away a new friend. This fear is somewhat reminiscent of sentiments regarding budding romance. Furthermore, all the respondents stated that they told their friends about their food allergies only on a need-to-know basis. One respondent stated that they would only mention it if they were eating with someone and they got an item with peanut butter. Among all respondent this avoidance of sharing information about their allergy is cited as a desire to not share useless information or draw unnecessary attention in attempts to avoid judgment or stigma.

This strategy ties in with the fear of being differentiated because of their inability to follow all social eating norms. One respondent contrasted how others reacted to his allergy currently and when he was younger, emphasizing that the teasing he experienced in his youth no

longer occurs on such a large scale. This comment establishes the repercussions of having an allergy for young children, contrasting it with the situation for older individuals. Almost all respondents, who had been diagnosed with allergies as children, cited examples of other children being mean or insensitive. The fear of being judged or mistreated as a result of their food allergy seems to occur more often for young children, however the self-consciousness persists in the form of awareness of differentiation. One respondent cites the fact that he continues to be self-conscious or feel set apart among friends as a result of his food allergy, commenting that ideally he would have enough attention to be safe but not so much that he feels uncomfortable.

In the social world there are ramifications of being different, yet these consequences vary significantly during one's lifetime. With adults these ramifications typically take a different form.

When you were younger you couldn't bring nuts on fieldtrips because of all the kids who were allergic to nuts so kids would like come up to you and be like I hate you because I can't have peanut butter sandwich and I would be like its not my fault, like what are you doing? Umm but now that doesn't happen anymore

-Abby, student with severe nut allergies

The social ramifications of an allergy shift with age. Examples of awkward situations and exclusions stemming from food allergies reinforce the perception of them as a social hindrance. Inconveniencing or burdening other people is especially challenging with youth who do not understand the root of this impediment. With older individuals the fear of inconveniencing or burdening someone is more rooted in a sense of guilt for requiring extra effort and accommodation than a fear that they will react to this inconvenience with hostility. However the new concern seems to be that they will be excluded from activities or friend groups as a result of their allergy.

Throughout my life there's just always been things that I can't do because of my food allergies and I think now that I'm older I just deal with them better and I just sort of

understand a little better, this is the situation I'm in, there's nothing I can really do to change it and so like I just deal with it rather than just be rather than just dwelling over it
 -Adam, respondent with severe egg, peanut and milk allergies

Food allergies no longer seem to be a threat to already established friendships but instead a threat to newly forming friendships. Adam commented that when friends were making plans that revolved around eating he knew that there were a limited number of restaurants where he could safely eat. This meant that he has to ask others to alter their plans so he can join, a task that others were not always willing or able to do. This exclusion from activities threatens potential friendship formation. This contrasts from long-term friends who are expected to be aware and make the effort to select locations that accommodate food allergies.

In addressing expectations from friends both male and female respondents cited that they would self accommodate rather than requesting accommodation from their friends.

I don't want to make a big deal if I can help it so like if it's a potluck then I'll just bring something I'm happy having as a full meal you know like make something with rice that had protein in it so like it kind of a complete meal and then I'm good and then hope like oh maybe they'll be some fruit and that'll be great um so I guess I I kind of brace myself to be in that kind of position if I know its gonna be smaller like if its like only 5 people and like my friends totally cooking dinner I'll like mention it... I'll always sort of preface it with I can provide for myself cause it is kind of a burden for people to deal with I think especially if you're like organizing all this like everything else and then on top of it being like I need something special like I don't want to do that so I try not to make a big deal
 -Colin, student with celiac disease

Colin's desire to avoid imposing on a friend and willingness to provide his own food to avoid being a burden contrasts with the expectations within the home. While he does not fear reprimand or criticism and reveals his allergy, his request for possible accommodation is balanced with a counter offer that he will assume that responsibility himself. This sentiment is echoed by Jennifer, a respondent with gluten and dairy intolerance, who states that "most of my friends already know...[but] even when we go to potlucks and stuff I mean I think of it as my job to bring something I can have". This again emphasizes that while individuals share their allergy

status with their friends there is not the same expectations that friends will accommodate their allergy needs, especially among individuals such as Jennifer and Colin who have ubiquitous allergens.

With friends who were not responsible for preparing them food there is a tendency to downplay the severity of their allergy to diminish concern and extra attention. The level of emphasis described when telling friends about food allergies highlights a perception that it is needless for them to worry. Abby commented on the fact that she believed that her residents and freshman roommate were overly concerned about her allergy and she deemphasized the severity believing that there was no reason for them to worry. There was also a sense of embarrassment when they felt they were inconveniencing their friends. In some cases accommodation was necessary as respondents recounted asking their friend who was eating a peanut butter sandwich to move down a few seats or asking their team to be careful not to mix the peanut butter in the jelly. These accommodations are cited as inconvenience yet hints at a fear that inconvenience may eventually lead to rejection. The care taken in only telling friends when necessary and deemphasizing severity seems to stem from a fear of being different and furthermore of damaging friendships, either because of the negative reactions of younger children or the exclusion experienced later in life.

In some cases the respondents described situations where they did not share their food allergy with others in a social setting. This coping mechanism was used in two distinct manners however the basic premise is very similar. In one case the respondent would not share information about their allergy and instead eat the food in question or order from the menu without ensuring that dish was allergen free. The other extreme existed when respondents had chosen to not eat rather than explain their allergies. These respondents seemed to feel that they

would rather navigate allergen risk or hunger than calling attention to themselves and their allergy. They elected strategies, which they perceived as less likely to result in social stigma.

The attempt at avoiding food allergies or explaining limitations in food selection has a very distinct result in each of these scenarios. In the first case the respondent is risking an allergic reaction. Nicole, a respondent with less severe allergies, explained various instances where she had eaten a food and “hadn’t told them about my allergy cause I didn’t want to be a burden and I just kind of ate the pasta that they had cause it’s a little bit more flexible”. In this case the respondent opted for health consequences rather than social ones. The fact that her allergy is not life threatening allows her to make this decision. This was not an option for individuals with severe allergies who place their health at greater risk if they are unsure about ingredients. This second group is more likely to abstain from revealing their allergy status, feigning fullness or opting for other activities rather than disclosing a food allergy.

In conjunction with the complete avoidance of sharing the existence of allergens is not expressing the need through proper channels. This strategy serves as an attempt to avoid inconveniencing others, yet flirts with the balance of social perception and safety. When discussing how she deals with her nut allergy at dinner parties Abby noted:

I feel like with like nut allergy that’s so unnecessary, so like I would never mention it beforehand but like when I get there depending on what we’re eating I might like either like ask the person sitting next to me if they think it has nuts in it, which is not a reliable method, but I use it all the time. I always will like ask someone if I’m in a social situation like that where I don’t want to offend a family friend.

-Abby, student with a nut allergy

The strategy to avoid “imposing” on the host by asking for a separate meal stems from social norms regarding politeness. As a guest one is supposed to be gracious and appreciative; and refusing or leaving food on one’s plate seems impolite. The fear of inconveniencing the host with dietary needs resulted in an attempt to conceal food allergies.

Abby's approach is an extreme example of compromising safety for social comfort. This approach is rare among individuals with severe allergies however was a frequent theme among individuals with more mild allergies. These individuals balanced predicted consequences with social benefits when deciding when to take risks surrounding their allergen.

One time it was really bad was when we were in England and it was one of my mom's college friends and she's French and you know the French are all into their huge meals and whatever so it was like 20 person dining room and we were just given lots of courses she was excited about it. One of the courses we were given was celeriac soup like celery root and I had never really had that before and I knew that was in the same family as squash and stuff but I didn't really know... but its this really nice French woman and you eat what's put in front of you, so I start eating it and halfway through I could feel my head start to itch and stuff I was like shit I'm allergic to this...this is not gonna go well but I was just like whatever its not normally that bad so I just like kind of keep trucking through it and then I get to the end of it, my mom looks at me she's like are you okay? No... but at that point there was nothing really I could do, so I was sitting there these are people I haven't seen in ten plus years and they were talking and someone asked me about the equestrian team and I started to respond to them, had to stop run outside and throw up in their bushes it was really really sad I cant say we've been invited back since.

- Nicole, interviewee with various intolerances

Adam tended to avoid eating food prepared by others as a rule. He would typically decline invitations as a means of protecting himself as well as avoiding the social awkwardness that accompanies having someone else prepare him a meal. At the same time he mentioned

I mean oftentimes like I'll be at the mall with someone or something people will be like oh do you want to go get a bite to eat and I'll just be like I'll just say like no I'm not hungry but you can get something. So it like it depends on the situation I may bring it up or not but generally speaking it sort of it takes a little more planning or a little more awareness on my own part in those situations.

-Adam, student with severe egg, peanut and milk allergy

When necessary he would explain that he had food allergies, however when possible he would present his inability to eat as not being hungry. A strategy that avoids the awkwardness or frustration that accompanies explaining his food allergies. In this case Adam chose a simpler and less accurate answer to avoid complications of explaining his allergy.

The above examples emphasize the social consequences accompanying their allergies. Exclusion and isolation result from of allergic reactions or their inability to participate in social eating situations. Nicole attempted to follow the social norms of eating among company but her allergy resulted in visible symptoms that cause social consequences and damaged her relationship with this family friend. Likewise Adam's concealment of his allergies meant that he rejected friendly invitations.

When we think of stigma, allergies are not something that comes to mind; however there does seem to be some degree of stigma attached to food allergies. The fear of being set apart as different or being a burden or perceived as ungrateful weighs on the individuals as they attempt to present their allergies or conceal them in a way that gave them access to safe food while maintaining social perceptions

All Grown Up- Shifting Responsibility in the Management of Food Allergies

While comfort and vulnerability seem to be important determinants in strategies for whether or not a person reveals his/her food allergies, experiences and expectations molded by gender and social class also contribute to the interpretation and presentation of an allergy. This became acutely apparent as respondents addressed the management and accommodation of their allergy over time. Changing ideas of the role of the parent in protecting and accommodating their child was shaped by gendered expectations surrounding the preparation of food as well as class molded expectations of accommodation.

The diagnosis of food allergies affects the whole family as they work to accommodate the needs of a specific member, affecting the family's overall quality of life (Springston 2010). Families take on certain responsibilities such as ensuring safe food at restaurants and purchasing allergen free food for their young children. As the child grows older, however, the applicability of these responsibilities seems to lessen. Individuals who had been diagnosed in college cited

that family meals were less of a common occurrence and they were expected to take more responsibility preparing their own meals. Their parents did not feel the same need to protect older children who were able to read labels and present their allergies at restaurants, as compared to young children who were more vulnerable because they were less experienced and still relied on adults for guidance and protection. Furthermore the risk of “snack time” or cross contamination as a result of messy kids was a greater threat at a young age.

Gendered expectations regarding the preparation of food also impacts management of food allergies. One respondent notes how both gendered expectations of strength and beliefs surrounding preparation of food alter the interpretation and management of an allergy.

I feel weakness is apparent in it, like it's a physical weakness [and you] don't want to appear as weak in front of other guys. I feel like women ...know more what they're eating [and] cook a lot more traditionally than men do. I know how to bake very well because of always having to bake for myself

-Adam, respondent with milk, egg and peanut allergies

Adam sheds light on the fact that, in our society, preparation of food is perceived as an “unmanly” activity. While preparing baked goods is a means for Adam to easily avoid his allergies, it forces him to face gender expectation and stereotypes. Adam recognizes his behavior as breaking with gender norms yet continues to bake and present his allergy. Dr. Ramos, who specializes in food allergies, noted this perception of weakness among his patients, recounting the story of a father who brought in his son in hopes that the doctor could scare him into carrying around his epipen at school and sports practices. The doctor referenced the “too cool for school” attitude among young men as he addressed the parents desire to have their kids follow allergy protocols. The power struggle reveals the individual asserting personal responsibility and ability to make individual decisions, yet the parent only recognized the

potential medical consequences whereas the student perceived his personal responsibility in conjunction with fear of judgment.

In this case, time of diagnosis seems to play into the family's reaction to a food allergy: individuals who were diagnosed later in life experienced less accommodation from their family because they were expected to be able to care for themselves. This expectation reflects perceptions about personal responsibility and ability of young adults to care for their own health needs. As individuals took on more responsibility for their own food the need for accommodation by family decreased. While for the most part families continued to insure that they provided options, there was not a sense that the allergen had to be removed from the home or that they needed to prepare specific allergen free meals. Julia notes, "since I'm older it's easier and like I can make my own food decisions but we don't really cook and eat family dinners that much." As their children mature, they become capable of preparing their own food and, as a result, parents no longer feel the need to monitor every meal.

The expectations surrounding food allergy accommodation are not static but instead are molded by sense of responsibility. Families are expected to be aware and accommodating when preparing meals. Many individuals noted that while they were younger their allergen was removed or sequestered in specific parts of the home such as a special drawer or cupboard, yet as they grew older their allergen could be part of their families diet without concern. Interviewees described growing independence such that they still trusted families to provide safe food but were also capable of making food related decisions without parental input.

Respondents cited that it became their responsibility to select foods that were safe to eat: reading labels, deciding about "may contain products," and at times preparing their own food. The respondents moved from parent-prepared allergen-free lunches to the ability to select and

prepare food for themselves. Yet for most, there is still a sense that when they sit down for dinner with their families there is still an expectation that the meal will not contain any of their food allergens.

This expectation of accommodation from parents may be challenged by social class norms. For the most part the possible influence of social class on management and approach to food allergies has not been a factor in this study because the majority of respondents are part of the upper middle or upper class. However, one respondent suggests how class may influence management of her food allergies in her home. Casey acknowledges that she is better at reading labels than her mother, who has a high-school diploma, and that her mom often would not go through the special effort to prepare a dinner that was allergen free but would instead inform her that she was “responsible for [herself]” that night. All other respondents noted that when they were being fed at home they were given options that fit within their allergy needs. While this case study only scratches the surface of a much larger topic, it nonetheless presents valuable evidence of how class status correlates with parents’ reduced willingness to accommodate food allergies.

In conclusion, there is a changing perception of responsibility for food allergies as respondents gained more independence. This change seemed to be founded in changing ideas of responsibility over time, yet gender and social class contributed to what it meant to be responsible for oneself. Gendered expectations shape the approach to preparation and consumption of food. Social class molds the ability and willingness to accommodate an allergy. Within the comfort of the family sphere allergies were expected to be understood, yet the level of accommodation versus individual responsibility shifted over time incorporating expectations founded in gender and social class.

Moving from the intimate micro level interactions of romance to the meso level of family and friends the fear of negative social ramifications and concern over stigma as a result of food allergies decreased. A sense of social comfort allows individuals to request accommodation in this sphere and ameliorates the accompanying guilt. Next I examine food allergies in the macro level interaction of institutions where anonymity and short-term interactions foster requests for accommodation of food allergies.

Chapter 5: Institutions

The macro level of institution diverges from the meso levels of friends and family and the intimate micro level of romantic relationships by offering a stage where allergy status is viewed on a larger scale. The anonymity and length of interaction shape the institutional experience. Not all institutions give the same sense of comfort in requesting accommodation, a finding that is exemplified by examining management of food allergies in restaurants and in schools.

Schools and restaurants offer distinct benefits and challenges for individuals with allergies. Although both are classified as institutions the presentation and understanding of a food allergy plays out differently in each. The school setting offers a long-term interaction surrounded by peers, features that are significant in determining the approach to an allergy. This contrasts with restaurants, which offer a short-lived interaction with economic incentives and disincentives. The presentation of an allergen varied within these two institutions corresponding to the needs and expectations surrounding a given interaction. At the institutional level presentation of food allergies neither threatened budding relationships nor inconvenienced friends and family. The distance and anonymity of the interaction provided insight into how the removal of threats to relationships shapes the approach to food allergies. However, the existence of peers, dinner company and even fellow restaurant patrons served to complicate the interactions occurring at the institutional level.

The school is an interesting situation for the presentation of food allergies since the management of the allergy within the school affects interactions with other students. The school not as an anonymous institution but rather one in which a respondent and his/ her peers has repeated interactions over time. Awareness of the perception of peers complicates the approach to managing a food allergy since the anonymity of the institution was compromised. The

impersonal nature of restaurants and the short lived interaction provided a very different environment in which revealing food allergy status did not carry the same threats as it did within the school. Thus when examining the different approaches to managing a food allergy in an institution it is important to note the accompanying social ramifications.

A Place of Learning and Eating

The expectations of the school in managing food allergies shifts as the responsibility and independence assumed by someone with allergies increased. For young children the school assumes the responsibility of parents, monitoring food intake and ensuring young children are protected from their allergen. In some cases this protection results in special eating accommodations from peanut free tables or schools to students eating in a classroom rather than with the other students. Special arrangements recognizing the existence of an allergen could be seen at snack time or when special foods were brought in for birthday celebrations. Thus for young children the school as an institution was delegated responsibility in maintaining medical safety.

The ability of the school to protect students from their allergen was not their only important role. Schools also provided a stage for the shaping of the understanding of the social implications of food allergies. Respondents discussed situations and experiences that both worsened and ameliorated their understanding of their food allergies in a social context. These two effects were made clear on one extreme by friendships forged through the common experience of food allergies and to the other extreme through bullying. The existence of teasing as well as the practice of being set apart as a result of allergies helped to form some of the social fears that affect individuals with food allergies. Thus a school's response to food allergies in fact seemed to influence associated stigma.

Field trips were the worst because they would always have this rule that students can't bring anything with nuts like you can't bring any peanut butter any whatever on this field trip and you had to bring a bag lunch and like I don't think that rule was because of me cause like my allergy isn't crazy severe ... other kids would get really upset with me and be like it's your fault that I have a gross lunch today and just be really mad and I would always be like it's not my fault my allergies not that bad

-Abby, student with a nut allergy

This anecdote reflects the challenges of maneuvering a food allergy within the institution of the school as policies intended to preserve safety also contribute to a sense of differentiation and judgment.

In various cases social consequences accompanied presentation of the allergy to the school as policies resulted in a discredited identity. This challenge emphasized the balance of benefits from sharing allergy status as well as possible repercussions. One student recounts her frustrations in dealing with her allergies in the context of her school:

I hated people asking about them like being singled out for them but my doctor finally convinced me like your teachers need to know that you have migraines every single day like it affects the quality of your work and so my mom convinced me to let her write and email to all my teachers and she did and then the very next day my teacher was like, in front of the entire class of 50 students 'Aly how's your head doing today' and I was so angry because that was exactly what my mom expressly told them not to do.

-Aly, student with intolerances to a wide array of foods

The consequence of presenting an allergy within the school was at times considered more detrimental than beneficial. As a result as individuals became more capable of managing their allergy without school supervision the incentive to inform schools of allergy status decreased.

This possibility was influenced by severity of allergy since individuals with anaphylactic reactions often continued to need to interact with the school in order to have access to injectable epinephrine.

[The school nurse] was notified she always had an epipen and Benadryl I had to sign waivers so I could carry my own which usually they don't allow you to or whatever. High school it wasn't a huge deal cause there wasn't a cafeteria... I didn't eat in the cafeteria they let us sort of eat around campus, there were tables out in the courtyard and

again all my friends knew and that was okay by that time you know I knew how to handle myself pretty well... I only really told teachers... the only time I really had to was when we were having an event where people were bringing in food or I went on some school like not school sponsored but school related trips to Europe with my AP euro teacher so obviously trained her and the other chaperone how to use the epipen umm yeah in high school I was pretty much self managing

-Sarah, student with a severe peanut allergy

Sarah's experience reflects the changing role of the institution over time. Whereas in elementary school she had to rely on the school to provide protection from her allergen by the time she reached high school she was able to manage her food allergy without much assistance from the school. Some schools continued to offer peanut free or special allergy tables but outside these the role of monitoring diminished and with them possible negative social consequences.

While some struggled with being set apart and marked by their allergy, others found their food allergies served as a unifying factor

It's actually funny cause so they have all the kids sit separately...had like a little round circular table for the peanut kids and ...we would just always sit with the same people but I ended up being very good friends I think through elementary school and part of middle school with the kids I had to sit with them at lunch every day and you know hang out a lot umm but ...we ended up being like very good young friends just by virtue of our allergy

-Daniel, student with a severe peanut allergy

For Daniel, his food allergy was an important part of shaping his elementary school experience, not because he was bullied but instead because it determined whom he spent much of his time with. The management of food allergies in his school surrounded him with peers who could relate to his experience, minimizing the fear of judgment or censure from within this group. Daniel's experience highlights how the different strategies employed by the school as well as logistic realities (such as there being other students with allergens) shaped the understanding of food allergies in the context of the school. Emily comments on this difference

Well it really fascinates me these days how many precautions they take for children with allergies, when I was in school I was the only person with those problems and I guess like

in elementary school you grow up with the same group of people and everyone knew that about me... over time my teachers would start being like oh you can start bringing something else instead [when people brought in cake] so I guess we kind of made that not rule but like accommodated arrangement and I feel like sometimes its uncomfortable to feel like you're the only person eating one thing and since there was no one else with similar allergies or any allergies I feel like in my grade I was the only one at that point
-Emily, student with nut, chocolate and soy allergies

Emily's experience differed from that of Daniel partly because she was the only one at her school with allergies and also because her school did not have the same policies in place to manage and address her allergy needs.

The role of the school in the management of food allergies is a debated issue as the level of responsibility and interventions necessary is inconsistent. Both legislative and individual perception of the role of the school varies on a national level. State legislation concerning labeling and management of food allergies as well as mixed individual interpretations of what is necessary for safety and comfort within the school setting highlight this discrepancy.

Furthermore, schools are host to a great deal of social interaction. For young children with allergies the school seems to be riddled with both social and health risks. As they grow older the role and importance of the school shifts, yet this initial existence is key in not only shaping one's understanding of their allergies but also their impression of how others will view them.

Restaurants and the Relief of Paying

In contrast, the restaurant setting offers a short-term context for more anonymous interaction, creating a much different situation, that seems to diminish the guilt felt when asking for accommodation. The short duration of the interaction coupled with the instrumental nature of the transaction fosters a sense of entitlement, which allowed most individuals to ask for accommodation when they deemed it appropriate. This interpretation of when it was appropriate to tell a waiter or waitress was tied to their perception of their allergy and the severity. For those

who consider their allergy severe they make a point of emphasizing their allergy within these institutions to insure their safety. This contrasts with individuals with more moderate allergies who only feel the need to reveal their allergies in certain settings where their allergen is likely to be present. Only one interviewee expressed a sense of guilt when asking for accommodation in the restaurant setting.

So I ended up asking and they brought manager out pulled out the ingredients lists went through it and found the individual breads that I wasn't allergic to and then they cleaned off the entire counter put down new paper it was so sweet but you feel so guilty at that point cause I'm like you went through all this trouble and I know I'm being such a pain in the ass about it and like they were so sweet about it like no no it's a medical issue you can't help it, it's fine but I'm like yeah but you are going through so much extra trouble putting on different gloves and like washing all the knives and I'm like that's really sweet and thanks but you feel so guilty at that point I guess

-Casey, student with corn, peanut and sesame allergies

Casey's perception of the amount of inconvenience she was causing in contrast with normal interaction created a sense of guilt in her request. The ubiquitous nature of a corn allergy helps explain her hesitation. She does not express a sense of expected accommodation but instead a sense of guilt for being "extra trouble". Otherwise those who felt accommodation was important asked and the rest did not feel that accommodation was necessary.

The approach to a menu did reveal that there were differences in the way that ordering was conceived. This distinction can be seen through two possible approaches. One in which the individual selects an item from the menu and asks that it be made without their allergens. This contrasts with those who seek to find an item that will not contain their allergens. This second group either had confidence that their selection would be allergen free and thus did not inform their server or present their allergen to confirm that they avoid cross contamination. The two approaches to ordering, while both aiming to gain safety in the restaurant setting place the sense of responsibility differently. Those who ask for a dish to be made without their allergen place

more responsibility on the institution to insure that they are safe, whereas others take more of the responsibility on themselves, selecting a dish they believe to be safe.

The approach to presenting an allergy within the restaurant setting again seemed to be shaped by multitude, ubiquity, severity and societal awareness of allergy. Individuals with single allergies tended to select a dish and then ask that the chef ensure that there was no cross contamination. Often citing that they didn't even feel the need to ask

Usually I don't ask unless I'm sort of not 100% [sure] on the plate I'll get I'm like by the way can you just verify there's not peanuts its not cooked in any peanut oil or anything cause if you order a steak and potatoes like its not necessary but getting like I don't know something like something fried or something like that I'll just double check.

-Daniel, student with a severe peanut allergy

Despite the severity of his allergy Daniel feels comfortable ordering food without revealing his food allergy status. This perception is not uncommon among individuals with peanut allergies who operate under the assumption that not many foods are prepared with peanuts so they only need to ask in certain settings. This approach is also typical of individuals with celiac, Julia states "but a lot of places are good and now you see everywhere please inform your server if someone in your party has a food allergy and I never do. I probably should, but I don't know". Julia's belief that she can order and preserve her safety without informing her server of her allergy seems to be based in a knowledge of what foods contain gluten as well as the non-anaphylactic nature of her reaction. Individuals did not discuss perceived stigma or judgment in the restaurant setting, yet at the same time did not follow suggested precautions for maintaining safety. This decision was not limited to allergens that evoked more mild reactions, but also individuals with anaphylactic reactions who believed their allergen was uncommon.

Only five of the individuals interviewed Andrea, Emily, Adam, Sarah and Luis stated that they almost always asked about their allergens at a restaurant. (Once they had established foods

that were safe some no longer felt the need to confirm on subsequent visits). Three of these individuals have multiple severe reactions, while the other two are very sensitive to peanuts. The designation of gradients of severity within anaphylactic type reactions emphasizes the differences in interpretation of allergies. These individuals furthermore emphasize the added challenge accompanying a multitude of severe allergies. Those with a multitude allergies would ensure that the dish that they selected didn't contain their allergens or go so far as to ask the waiter for suggestions of meals that would be safe for them to eat rather than selecting themselves.

While almost all interviewees felt able to ask for accommodation within the restaurant setting there were different approaches that corresponded with sense of responsibility and comfort. These approaches also give rise to question surrounding the medical nature and external understanding of allergies. There is a sense that asking is interpreted as overly cautious and unnecessary in some cases and shows that individuals diverge from medically delineated "appropriate" management of allergies as they reinterpret the severity of their allergy based on their experience with exposure to allergens, creating a gradient even within the realm of anaphylactic reactions. The decision whether to emphasize, state or withhold allergy status in an institution shaped the approach to dining out as well as the experience.

Allergy emphasis was the most blatant presentation of a food allergy. It differs from the other presentation styles in that it emphasizes rather than hiding or downplaying the allergy. Respondents only referenced using this approach in the restaurant setting. One respondent stated that at restaurants he was sure to clearly delineate his allergy needs

And if they don't get it, as some foreign waiters and waitresses do I will contact the manager or maitre d or whatever as long as they understand my English because I've had waiter not understand me and I've tried to explain it to them for several minutes and they're like they're smiling and like yeah yeah but you can tell that they don't get it

because they just keep saying yes and not going to the kitchen and saying I'll be on it or like I'm on it or I'll make sure that its not that you don't have peanuts so I'll say manager, manager please and I like I try not to be like very condescending because I'm not a condescending person but I'm not um I can get to the point where I get frustrated because they okay if you have waiters and you know your food may be suspect they should understand the word peanut and allergy.

-Luis, student with a severe peanut allergy

This emphasis of his need for a meal without peanuts is a clear example of behavior that is mainly concerned with the need for safe food. The blatant nature of the emphasis starkly contrasts with expressed fears of being judged. When discussing revealing allergens at the micro level he is more apologetic and concerned that he's "gonna sound like such a jackass". This contrast seems to be most often employed in a restaurant setting. As Luke stated " I'm just very upfront about it and if...I'm at a restaurant and I'm explaining it to the waiter or something ...there's really no reason to sugar coat it...if I do sugar coat it I run the risk of having an allergic reaction". This acknowledges that when others are responsible for serving food the emphasis of an allergy is key to ensuring safety. Thus with waiters the balance is strongly tipped in favor of acquiring allergen free food.

The economic nature of restaurant transactions was also acknowledged as shaping the presentation of an allergy noting that if he was paying for a service the restaurant should be willing to serve him and accommodate his allergy needs. Two respondents related anecdotes where they seek reimbursement or had walked out without paying after being mistreated or served food that contained their allergen at a restaurant. This contrasts with the noneconomic, non-institutional meals at a friends house or among family where there are offers to bring their own food or eat whatever assortment is safe rather than request special preparation. The monetary component of purchasing food at a restaurant negates some of the fear of being seen as an inconvenience or burden. Thus in the restaurant setting respondents sentiments ranged from a

sense of comfort to entitlement as they presented their allergy. Restaurants were a source of stress for many of the respondents, yet unlike in the micro and meso level contexts, the main stressor seemed to be the need to ensure safe food as opposed to social ramifications.

Restaurants were not completely “safe” and “anonymous” institutions as other social expectations surrounding interactions with other restaurant patrons occasionally came into play. In the restaurant setting different tables stay separate and do not interact, an idea enforced by the value of “not making a scene”. For the most part individuals with allergies deal with the waiters and managers of the restaurant and can therefore avoid breaking with social expectations. However when other customers become involve in the exchange the comfort and anonymity of the restaurant become compromised. Perception by other patrons varied the restaurant experience. As Luke relates: “so the manager came over and the manager was very rude she made quite a scene like everyone in the restaurant was kind of staring at me”. This awareness and self-consciousness emphasizes the limited situations in which explicit delineation of an allergy seems acceptable. Despite the fact that other patrons are also strangers, their perception is interpreted differently than that of waiters. The balance of monetary compensation and fear of an allergic reaction fosters an explicit delineation of allergy needs that does not extend to all strangers.

The decision of whether to reveal an allergen in a restaurant setting involves multiple considerations and reflects beliefs about likelihood of encountering an allergen. Even individuals with the same allergen follow different approaches to revealing their allergy status. The presentation of an allergy and maneuvering in the restaurant setting emphasizes the subtleties in understanding of one’s own allergy that dictate how the allergy is approached and managed.

Gender in the Institutional Context: Considerations

The distinct role of gender in the presentation of food allergies within institutional settings was less visible than within romantic relationships. The differences seemed to appear in subtler forms – such as the appropriate means of asking for accommodation. Respondents reported fears of being a burden or feeling a sense of shame when their allergen was “flaunted.” While the root of self-consciousness in the restaurant setting hinted at gender differences, these differences were less defined than at the micro level. The gender stereotypes for females surrounding food emphasize women as preparing food, worrying about what is in food and accommodating the needs of others. This differs from the stereotypical male with the voracious appetite who doesn’t put much thought into what he eats. He isn’t expected to prepare the food or worry about how much or what he is eating. These stereotypes, while oversimplified, provide a glimpse into the role of gender expectations in the preparation, acceptance and consumption of food.

In order to disclose their allergy both males and females were required to break from gender norms. For females asking for accommodation is considered out of character while males might be considered weak or less manly as a result of their inability to eat certain foods. Respondents recounted balancing shame at needing to ask for accommodation as well as the fear of being a burden. The sentiments felt when asking for accommodation are reminiscent of the same norms visible in the dating and intimate relationships chapter, as expectations surrounding masculine and feminine approaches to foods played out. Concerns about amount or ingredients in food were considered feminine, while males were expected to order “manly” dishes (not salads). Thus, both males and females were confronted with the possibility of challenging gendered expectations surrounding food.

Expectations about preparing and ability to prepare one's own food were also important in the context of options of where to eat. Jennifer relates:

I prefer [eating] at home and it is because of the awkwardness thing [and also] the other frustrating thing is [...] if you have food allergies or sensitivities when you go out restaurants aren't...if they don't already have an option on the menu that would fit those needs then they end up making a piece of fish and vegetables and there's nothing on any of it and you're like thanks can't you like sprinkle some pepper and salt and olive oil or something. So places like that, not so fun... if you cook at home then you can make gluten free pizza or dairy free pizza and nachos and all this but at a restaurant of course they're not going to have it

-Jennifer, respondent with milk and gluten intolerance

Jennifer's dislike of restaurants and assertion that she would be better off preparing her own food follows expectations of cooking and ability to prepare meals. Cooking exists as an alternative to eating out, allowing for security in food and removing the need to ask for accommodation. This preference also conforms to gendered expectations of food preparation.

For some, lack of exposure to restaurants was a large determining factor in dictating their approach to navigating the institution. Some respondents related that they did not go to restaurants as young children because of their allergies. This lack of early exposure inhibited their later awareness of how to request accommodation in the restaurant setting.

Additionally, as noted in the friends and family chapter, comfort in asking for accommodation continues to be a gendered task with men and women perceiving their actions differently. Respondents did not recognize differences in gender when they ordered from a restaurant. Yet the sentiments varied by gender as Luke describes discrepancies in the proper way to go about revealing an allergy and in his case a desire for more subtlety.

This is where my mom and I get into a lot of disagreement because she's the type of person who doesn't have a problem with it and so she'll go, she'll sit down the waiter will come over and she'll be like 'oh I'm gluten free, do you know what that means?' and I'll just bury my head in shame. We got into an argument once because I argued with her [that] there's a way to go about [asking], you don't have to flaunt, you don't have to declare it like he has to know like there's a way to go asking and she said its better to be

safe than sorry and if I make sure its clear then its better than than having to worry about the consequences later so its in that sense it's not always easy to go out

-Luke, student with self diagnosed celiac disease

This desire to not flaunt while still making servers aware was true of other males. Luis emphasized that he's grateful when restaurants ask about their allergy status rather than waiting for the individual to request accommodation.

The desire to present an allergy "the right way" was not as apparent among females. Females tended to emphasize an allergy as a personal issue, attempting to self accommodate when possible. As Julia states "I'll just go anywhere and if I can eat something great and if I can't.... there's always something and I don't want to make it anyone else's problem cause I hate when other people do that." Within the restaurant setting Julia's main concern is for the people she is with. She does not demand that her friends select a restaurant that caters to her allergy needs, but instead asserts that she is capable of maneuvering within a restaurant setting. Julia reflects a sentiment shared by numerous female respondents who attempt to self accommodate, ordering only plain rice when there are limited safe options, or switching plates when they realize their meal contains their allergen. Females are willing to ask for accommodation from the restaurant, yet avoid requesting accommodation in the selection of the restaurant. Half of the female respondents gave examples of going to restaurants they "shouldn't have" and employing a strategy of self-accommodation such as not eating or selecting very basic meals. Thus the meaning of the institution is blurred with the desire to not inconvenience friends and family, especially for females. This revelation emphasizes the difficulty in separating the restaurant as a completely anonymous institution.

The experience of Julia and Luke emphasize that while restaurants present a challenge to males and females, the decision of the appropriate manner—or the best approach—of disclosing

an allergy is partially determined by gender stereotypes. Julia represents the disincentive to ask for accommodation, in this case in the selection of a restaurant, while Daniel emphasizes the shame of flaunting an allergy highlighting the desire not to become a spectacle. Julia asserts the ability to “find something” at any restaurant without calling “unnecessary” attention to herself and her allergies, while Daniel emphasizes an appropriate way to seek accommodation that does not “flaunt” his allergy. In both cases there is a consciousness of how others are viewing them and a desire to maneuver the institution without breaking from gendered expectations. Women’s hesitation seems to be founded in a desire not to be a burden as they request accommodation versus men who fear judgment and attention examining their perceived “weakness”.

Thus individuals learned to maneuver both schools and restaurants with behavior shaded by gendered expectations surrounding requests for accommodation. As allergies are examined through different levels of social interaction it becomes apparent that the strategies for managing and presenting allergies shift among these levels as social comfort, anonymity, and trust change. The following section examines the implications of these findings and suggestions for future research.

Chapter 6: Conclusions

A cake to celebrate a birthday, ice cream to eat away the sorrows of a breakup and homemade cookies to welcome new neighbors. In each of these situations food is not simply nourishment but holds emotional and social connotations. Individuals with food allergies must maneuver and negotiate in a world where social expectations accompany eating behavior. The social significance that accompanies food prompted the question: how do individuals with food allergies present and manage their inability to eat certain foods in a society that prescribes meaning and significance to ordering, accepting, refusing and preparing food? What strategies were employed when asking for accommodation at the micro, meso and macro level and how did gender shape these strategies?

Overview of Findings

The social nature of eating shapes the perception of food allergies and in turn the way that individuals with food allergies present these limitations to others. As a result of the stigma that is paired with asking for accommodation, in this case because of an allergy, individuals find different ways to ask for accommodation. The desire to save face and conform to expected social norms surrounding eating resonated with respondents. The strategy for presenting an allergy is tailored to expectations for the interaction and perceived social risks, such as the fear of being a burden, or the expectation that females worry about the food they eat. These concerns and expectations are incorporated into strategies for managing food allergies. One student stated “with my allergies I like attention to a certain extent, like I like getting enough attention so that way I’m safe but I don’t like getting so much attention like that I feel like ultra aware or like super awkward because of my allergy”. This effectively summarizes my findings. Physiological

well-being is essential, but presenting their allergy in a way that allows them to feel comfortable is also a top priority.

In this research I analyze the sense of differentiation and fear of being a burden felt by many with food allergies. Previous research has established that food is important in bringing cultures and individuals together (Buckser 1999). Consequently, those who follow different food norms are set apart. In the case of allergies this differentiation is balanced with physical well-being. Individuals employ strategies in the presentation of their allergy or asking for accommodation that consider possible physical and social consequences. These strategies attempt to mitigate these social consequences by minimizing disruption of norms. Thus, respondents acknowledged feigning fullness to avoid asking for accommodation while others went to a movie rather than dinner on a first date.

The approach and management of an allergy was shaped by factors intrinsic to the allergy as well as societal factors. The severity, ubiquity, multitude and societal awareness of the allergy shaped the expectations and level of accommodation necessary for a respondent.

Simultaneously, within micro, meso and macro level interactions perceived threats to relationships or breaking of norms further molded the approach to requesting accommodation for an allergy. Individuals with food allergies expressed concern over how they are classified by others as a result of their allergy. Individuals with severe peanut allergies conceptualize their allergy differently than individuals who react to milk, soy, corn or gluten, as the latter group acknowledges that their allergens are more ubiquitous but receive less societal awareness.

The fear of being perceived as ungrateful or a burden plagues individuals with allergies when they must refuse food. Individuals may understand why someone cannot eat a food but this understanding does not always translate into eliminating the sense of being outcast as a

result. Food brings people together, however for many individuals with food allergies it sets them apart. Activities that center on eating may lead to their exclusion or awkward interactions. Thus, although individuals with allergies may not feel the same level of reprimand as a picky eater for denying a food, the social consequences still exist. The pressure to follow the eating behavior of a society or group propagates social discomfort for those who must break from these norms.

Implications for Research

This study finds that social fears and beliefs shape how individuals manage their allergen. The biomedical approach to food allergies that focuses on the prevalence and treatment options overlooks important aspects of the experience of having a food allergy. The recommendation of doctors in the management of food allergies are based solely in biomedical finding and therefore do not follow with individual experience. The expectations surrounding epi pens, ambiguous ingredients and “may contain” products are tailored to a biomedical understanding of food allergies that does not consider social risks.

My research emphasizes that in order to more appropriately address the challenges and make recommendations for management and care it is essential to view allergies in a social as well as biomedical context. This finding has further implication for legislation aimed at protecting individuals with food allergies. Legislation that acknowledges the social concerns shaping the management of food allergies can better address situations where legislation would be beneficial.

This study provides initial insight into the role that gender, severity (type of reaction) and number of allergens play in determining the presentation of allergies on various social stages. Sociologists have begun to study food in bonding and social norms, yet food allergies have received very little attention. Further sociological research is necessary given that food

allergies can result in stigma and that individuals implement strategies to navigate social eating situations. Literature on food allergies is growing yet the research from the sociological standpoint remains very limited. This study gives preliminary insight into the social consequences and importance of food allergies, further research is necessary to gain a better understanding of these consequences and how individuals respond to them.

This research has important public health implication looking at the factors that influence health decision-making when it comes to food allergies. The willingness to accept some health risk to avoid social consequences emphasizes that managing of food allergies requires acknowledgement of social challenges that accompany their existence. Within romantic relationships, scientific ambiguity and desire for acceptance encourage behaviors that may compromise safety. Among family and friends, fear of being a burden impinges upon outings and other social activities. Lastly, at the institutional level certain policies serve to stigmatize rather than support individuals with food allergies. Level of awareness and understanding surrounding food allergies as well as implementation of precautionary measures shaped the sense of comfort within an institution and affected both restaurant and school choice. Thus viewing food allergies as a purely biomedical phenomenon ignores significant and influential social factors.

Suggestions for Further Research

Many of the respondents discussed the role of parental support in their ability to cope with their allergy. Parents were cited as packing allergen free lunches, making the long commute to specialists, preparing meals that excluded a wide range of allergens and even cutting their child's allergens out of their own diets. This parental behavior seems to have been tied to social class as time, effort and money went into dealing with a food allergy. Thus, further

research should examine the role of social class in the understanding and management of food allergies.

Limited sample size means that social class could not be fully examined from my research. However preliminary findings suggest it is an area that would benefit from further study. Findings suggest that social class may come into play into the micro, meso and macro level interactions. At the micro level dating expectations and accepting food someone purchased by someone else and the meaning of gifts. At the meso level, class may also mold the role of the family and friends and their willingness to put in extra money or time to accommodate an allergy. Lastly comfort in interacting and demanding accommodation at the institutional level reflects class values and expectations as well as comfort in an environment. This suggests that social class may be important in understanding food allergy portrayal in all of the social stages discussed.

Additionally a larger study should examine the management and presentation of food allergies and investigate possible geographic differences. This study is limited to the Northeast and other parts of the country may respond to food allergies in a different manner. Variation in cooking practices as well as ideals of politeness may show important geographic variation that shapes the perception and stigma associated with food allergies.

References

- Arshad, S. H., C. B. Clayton, Taraneh Dean, Jane Grundy, Brett Pereira, and Carina Venter. 2005. Prevalence of sensitization to food allergens, reported adverse reaction to foods, food avoidance, and food hypersensitivity among teenagers. *The Journal of Allergy and Clinical Immunology* 116 (10; 2012/3): 884+.
- Avery, Natalie J, Rosemary M. King, Susan Knight and Jonathan O'B Hourihane. 2003 "Assessment of quality of life in children with peanut allergy." *Pediatric Allergy and Immunology* 14 (5): 378-82.
- Branum, Amy M. and Susan L. Lukacs. 2008 "Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations." *NCHS Data Brief* (14). Atlanta, GA: CDC
- Boyce, Joshua A., Amal Assa'ad M.D., A. Wesley Burks M.D. et al. 2010 "NIAID-Sponsored Expert Panel: Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel." *The Journal of Allergy and Clinical Immunology* 126(6 suppl):S1-S58
- Buckser, Andrew. 1999 "Keeping Kosher: Eating and Social Identity Among the Jews of Denmark." *Ethnology* 38, (3): 191-209.
- Chenhall, Cathy. 2010 "Improving Cooking and Food Preparation Skills: A synthesis of the evidence to inform program and policy development"
- Conrad, Peter. 1992 "Medicalization and Social Control." *Annual review of Sociology* 18: 209-232
- Courtenay, Will. 2000 "Constructions of masculinity and their influence on men's well being: a theory of gender and health" *Social Science and Medicine* 50 (10) 1385-1401.
- Fischler, Claude. 1988 "Food, Self and Identity." *Social Science Information* 27 (2): 275-292.
- Food Allergy and Anaphylaxis Network (FAAN). 2011 "Food Allergy Facts and statistics for the U.S."
- Fox, Nick, and Katie Ward. 2008 "You are what you eat? Vegetarianism, health and identity." *Social Science & Medicine* 66 (12): 2585-2595.
- Goffman, Erving. 1968 *Stigma: notes on the management of spoiled identity*. Harmondsworth: Penguin Books.
- Goffman, Erving. 1967 *Interaction Ritual*. New York: Anchor Books.
- Hadley, Caroline. 2006 "Food allergies on the rise?" *Science & Society* 7 (11):1080-1083.
- Hupkens, Christianne L.H, Ronald A Knibbe and Maria J. Drop. 2000 "Social class differences in food consumption: The explanatory value of permissiveness and health and cost considerations" *European Journal of Public Health* 10(2) 108-113
- Jensen-Jarolim, E. and E Untersmayr. 2007 "Gender-medicine aspects in allergology." *Allergy* 63: 610-615.
- Kelly, C and V Gangur. 2009 "Sex Disparity in Food Allergy: Evidence from the PubMed Database." *Journal of Allergy (Cairo)*.
- Lang T, Caraher M, P. Dixon and R. Carr-Hill. 1999 *Cooking Skills and Health: Inequalities in Health* London: Health Education Authority.
- Levi, Annette, Kenny K Chan, Dan Pence. 2006 "Real men do not read labels: the effects of masculinity and involvement on college students' food decisions." *Journal of American College Health*. 55(2):91-8.

- Lieberman, JA, C Weiss, TJ Furlong, M Sicherer and SH Sicherer. 2010 "Bullying among pediatric patients with food allergy." *Annals Allergy Asthma Immunology* 105, (4) :282-6.
- Lorber, Judith and Lisa Jean Moore. *Gender and the social construction of illness*. New York: Altamira Press, 2002
- Marklund, B, S Ahlstedt, G Nordström. 2006 "Health-related quality of life in food hypersensitive schoolchildren and their families: parents' perceptions." *Health Qual Life Outcomes* 10; 4:48.
- Möller-Leimkühler, Anne Maria. 2002 "Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression." *Journal of Affective Disorders* 71 (1-3): 1-9
- Nettleton, Sarah, Brian Woods, Roger Burrows, and Anne Kerr. 2009 "Food allergy and food intolerance: towards a sociological agenda." *Health (London)* 13 (6): 647-664.
- Nettleton, Sarah, Brian Woods, Roger Burrows, and Anne Kerr. 2010 "Experiencing Food Allergy and Food Intolerance: An Analysis on Lay Accounts." *Sociology* 44 : 289-305.
- Primeau, MN, R Kagan, L Joseph, H Lim, C Dufresne, C Duffy, D Prhcal, and A Clarke. 2000 "The psychological burden of peanut allergy as perceived by adults with peanut allergy and the parents of peanut-allergic children." *Clinical and Experimental Allergy* 30 (8):1135-43.
- Rous, Trevor, and Alan Hunt. 2004 "Governing peanuts: The regulation of the social bodies of children and the risks of food allergies." *Social Science & Medicine* 58 (4): 825-836.
- Springston Elizabeth E, Bridget Smith, Joshua Shulruff, Jacqueline Pongracic, Jane Holl, and Ruchi S. Gupta. 2010 "Variations in quality of life among caregivers of food allergic children." *Annals of Allergy, Asthma and Immunology* 105 (4):287-294.
- Sulik, Gayle A. 2007 "The Balancing Act: Care Work for the Self and Coping with Breast Cancer." *Gender and Society* 21 (6): 857-877.
- Van der Poel, L, J Chen, M Penagos. 2009 "Food Allergy epidemic- Is it only a western phenomenon?" *Current Allergy & Clinical Immunology* 22 (3): 121-126.
- Veen, Mario, Hedwig te Molder, Bart Gremmen, and Cees van Woerkum. 2010 "Quitting is not an option: An analysis of online diet talk between celiac disease patients." *Health(London)* 14: 23-40.
- Warde, Alan, Lydia Martens and Wendy Olsen. 1999 "Consumption and the Problem of Variety: Cultural Omnivorousness, Social Distinction and Dining Out" *Sociology* 33: 105-127
- Wood, Robert A., Nathan Segall, Staffan Ahlstedt, and P. Brock Williams. 2007. Accuracy of IgE antibody laboratory results. *Annals of Allergy, Asthma & Immunology* 99 (1) (7): 34-41.

Appendix

Interview Guide

Thank you for agreeing to participate on this research project. I want to remind that if you feel uncomfortable with any of the questions, you are under no obligation to answer them. I will also be using a pseudonym for you so that your identity is better protected. During the course of this interview, I would like to talk about a few different topics: your day to day eating experiences, the impact of your food allergies in your life and your social eating experiences.

So lets start with some basic demographic data...

Can you tell me a little about yourself and your background?

How old are you?

Where are you from?

What did your household look like as you were growing up?

Do you have any siblings?

What do your parents do?

What is their level of education?

Is there a particular race or ethnic group you identify with?

Now I'd like to move on to some background about your food allergy

Firstly, what foods are you allergic to?

How did you find out you were allergic?

When did you find out you were allergic?

-if you were old enough that you remember being diagnosed would you please describe what you remember about being told of your allergy?

-if you were diagnosed very young can you recall how your parents explained that there were certain foods that you couldn't eat?

What steps did you/your parents take in response to your allergy?

What did they think about it then?

Does anyone else in your family have food allergies?

How is your experience different or similar to theirs?

Let's talk about what it was like to have a food allergy when you were younger (if applicable)

Can you talk a little about how your elementary school handled your food allergy?

Imagine you are back in elementary school and I am one of your classmates can you explain your food allergy as you would back then

How would that change if I were your teacher?

Someone who worked in the cafeteria?

Many schools adopted peanut free environments, how do you feel about this change?

Do you think that your elementary school experience would have been different had this been true when you were younger?

Would you have felt any more comfortable?

Any different?

Can you recall any strategies you used at this age to deal with your allergy?

Can you think of a time you felt excluded as a result of this allergy?

Many people have said that when they were younger their parents took charge to ensure they weren't exposed to their allergen do you think this is true for you?

Can you explain?

Was this difficult to do in any way?

Do you recall when it became your responsibility to ensure you avoided your allergen?

Can you describe this shift and how you knew it was taking place?

Can you perhaps share a memory when you were with your parents and they presented your allergy for you?

What about the reverse where you are with your parents and you present your dietary needs?

Do you remember any particular feelings about your food allergy when you were growing up?

What were they?

How do you feel about that now?

Why don't we look a little at how you manage your food allergy...

How has the way you deal with your allergy changed over time?

What do you think brought about these changes?

If you could give advice to a younger version of yourself in regards to food allergies what would you say?

Looking back over how your ability to manage your allergy has changed what would you say are some important lessons you learned?

What role do institutions play in this shift?

I've heard food allergies described as a hidden disability, how do you feel about this description?

Why don't we move on to your eating experience in the present day to day...

Could you comment on what its like to have allergies?

Could you describe the last time you remember your food allergy as changing your meal choice or being a big inconvenience

Could you describe some of the challenges that you think other people may not realize that arise from having a food allergies

Some people say that their allergies are a very big deal for them and others aren't very aware of them while others say that their allergies are a bigger deal for other people than they are for them- how would you respond to these opinions?

How do the people you are close to deal with your allergies?

What food items do you have in your home that you are allergic to?

Can you describe how your family deals with your allergies?

Can you comment on how your friends respond to you having allergies?

When you first arrived at college how did you go about informing your new friends you had food allergies?

How did your new friends react to this shared information?

Has there ever been somewhere that you wanted to go but decided no to because of your allergy?

Can you walk me through that decision?

Has there ever been a time when you've wanted to tell an individual or institution about your allergy but decided not to?

Can you walk me through that decision?

Could you talk about how you are aware of your allergy?

Can you tell me about that last time you ate something that caused an allergic reaction?

What do you do when you find a food with ambiguous ingredients?

This has been really helpful, I would like to talk a little bit about dining experiences with allergies...

Could you tell me a little bit about what its like to have an allergy in social eating situations?

Think back on the last time you went out or to a friend's house for dinner and your food allergy was an issue?

How frequent is this?

Can you think of any time when you felt someone made the effort to accommodate you?

Can you describe what it is like in general to order at a restaurant?

Can you walk me through, beginning to end, the process of ordering food anywhere you go.

Could you talk about a time when you felt frustrated by your allergy?

Could you talk about a time when you felt embarrassed because of your food allergy?

Can you think of any restaurants where you are unable to go?

How would you describe your reaction when there are no appealing options on a menu?

Have you ever felt a sense of identity or commonality with other people with food allergies?

Do you ever talk about your allergies with other people who have them?

How do these conversations start?

What do you typically say?

Have you ever felt socially awkward because of your food allergy?

Can you recall a time when you felt that your waiter treated you differently because of your food allergy?

Imagine you were invited to eat at a friend's house how would you respond to this invitation?

Imagine upon your arrival you realize the meal is something you cannot eat, how would you react?

How would your life be different in you didn't have food allergies?

How do you think your life is different from those of your friends or family members who don't have food allergies?

Gender

Did you know that allergies are more common among males than females?

-do you find this fact surprising?

-do you think that men and women experience their food allergies differently?

How so?

If you were a man/woman how do you think you might experience your allergy similarly or differently?

can you describe how you think a guy/ a girl might experience the following situations similarly or differently

- going to a restaurant where their allergen is in the food?

- going to someone's house for dinner?

- if someone didn't take their allergy seriously enough?

If there is anything that I haven't asked you about that is important or you want people to know more about?

Thank you so much for your time. You've been very helpful in answering my questions. Is there any additional information you would like to share?