LEARNING TO LIVE WITH FOOD ALLERGIES: NEGOTIATING RISK AND APPROPRIATING EXPERTISE IN CONSUMPTION PRACTICES

by

Stephanie Anne Nairn

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Abstract

This thesis presents a sociological framework for understanding food allergy. Food allergy is increasingly appearing on policy and media platforms in contemporary Western societies. Debates have emerged about the prevalence of food allergy and also about the “rights” of those experiencing food allergies in a number of public and private spheres. Food allergy is a specifically social phenomenon, emerging as a consequence of modernization processes. Additionally, the allergy “zone” is comprised of a number of actors and agents including the institutions of medicine, pharmaceutical companies, politicians, governments, lay actors and an array of medical technologies. Despite being an issue of major sociological significance, few empirical studies have explored the everyday experience of food allergy. Therefore, in order to understand the lived experience of food allergy, I construct a conceptual framework which draws upon theories of risk and social governance, the sociology of consumption and sociological studies of science and embodiment. These literatures shed important light upon how individuals negotiate and (de)construct the risks associated with their conditions. Drawing on data acquired from eight in-depth interviews with those who identify as food allergic, I argue food allergy need be understood as a form and practice of consumption. Thus, far from being passive subjects, this approach characterises individuals as being embodied and reflexive agents who actively deconstruct notions of risk and recurrently engage in practices of “edgework”. These actors negotiate the medical and scientific parameters of their conditions as well as the parameters and demands of consumer culture. Whilst these theoretical and conceptual frameworks are useful for understanding the experience of food allergy, I recommend further studies of food allergy acknowledge the diversity of actors/institutions involved in the discursive production and circulation of information about food allergy; specifically homeopathic and alternative
practitioners and organizations. Additionally, I argue that future studies of allergy must acknowledge the fundamentally embodied experience of the condition and the consequences this has for its definition and experience. For the purposes of future studies of food allergy, I also suggest it would be worthwhile to further explore the ways in which individuals who experience food allergies and intolerances are enrolled and participate in biopolitical regimes.
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# Table of Contents

Abstract ii  
Acknowledgments iv  
Table of Contents vi  

Chapter 1 Introduction: The Epidemiology and Representation of Food Allergy 1  
Chapter 2 Situating Food Allergy: Risk, Consumption and Knowledge 17  
Chapter 3 Methodological Approach and Considerations 42  
Chapter 4 How Individuals Make Sense of Food Allergy: Negotiating Expert Knowledge and Embodied Practice 51  
Chapter 5 Deconstructing Risk and Contemplating Pleasure: Accounts of the Everyday Experience of Food Allergy 87  
Chapter 6 Conclusion: Implications and Contributions 124  

Bibliography 132  
Appendix 136
Chapter 1

Introduction: The Epidemiology and Representation of Food Allergy

This thesis explores the experience of food allergy in contemporary society from a sociological perspective. Although debates about the prevalence of food allergies, especially among children, have become a staple of popular journalism and public policy initiatives, there is little sociological research that specifically focuses upon food allergy and/or intolerance. This thesis aims to make a modest contribution to the development of a sociological agenda in two ways. Firstly, I will outline and develop a sociological framework for exploring the experience of food allergies in daily life with the aim of bringing together theoretical insights from a range of sources. I will draw upon social theories of risk and governance, the public understanding of scientific knowledge, and consumption practices in order to situate the experience of allergy within the domain of daily life. Secondly, I will present qualitative empirical data based upon in-depth interviews that provide insight into the management, broadly speaking, of food allergy and intolerance as an aspect of daily consumption practices. The thesis seeks to develop a dialogue between abstract theorizing about risk and reflexivity and the accounts of individuals concerning their daily experience, in an effort to prioritize the negotiated character of allergy and intolerance at a number of levels. In order to understand the negotiated character of allergy and intolerance, I argue food allergy can be understood as a process and form of consumption, through which, in an effort to challenge Foucauldian and Post-Foucauldian notions of the passive subject, individuals are envisioned as embodied and reflexive agents who actively deconstruct notions of risk.
Studies of food allergy in society are socially significant for a number of reasons. In the first place, food allergy is theorized by some scholars as a consequence and manifestation of processes of modernization. Food allergy has also provided some scholars with a case study through which to examine processes of professional and institutional demarcation and legitimization especially as it relates to the institutions of medicine and the procurement of new medical technologies. Food allergy is also clearly prominent in the media, as will be outlined below, and necessarily involves actors from a number of social groups. In what follows in the remainder of this introduction I will provide a brief survey of relevant existing research on food allergy and intolerance, mainly from within the medical and clinical literatures alongside some sociological and historical analyses. I will also provide a sense of how food allergies’ presence on media and policy platforms has taken shape and how this hints at an emerging sociological agenda. Finally, I will introduce and outline the subsequent chapters.

The most recent survey of food allergy in Canada was by Ben-Shoshan et al (2010). The researchers have recently published the results of Health Canada’s initiative and nation-wide survey in Canada on the prevalence of food allergies (‘Surveying Canadians to Assess the Prevalence of Common Food Allergies and Attitudes Towards Food Labelling and Risk (SCAALAR)). These scholars developed three definitions of allergy for the purposes of the study. Food allergy was defined as perceived if self-reports of food allergy did not include evidence of ‘supporting confirmatory tests’ (Ben-Shoshan et al. 2010: 1328). Food allergy was defined as probable if there was a convincing history of food allergy or evidence that a physician confirmed the food allergy. A convincing history of food allergy necessitated the experience of mild, moderate and/or severe symptoms such as breathing difficulties. Individuals were recognized as having a confirmed food allergy if the self-report included a convincing clinical
history of a reaction and the individual’s physician provided evidence of a positive skin prick test and/or a positive food challenge. The prevalence of each category of food allergy varied. The prevalence of perceived food allergy to peanut was 1.0%, tree nut, 1.22%, fish, 0.51%, shellfish, 1.60% and sesame, 0.10%. The rate for confirmed peanut allergy was 0.61%.

Ben-Shoshan et al. (2010) also report that several other studies of allergies show an increase in peanut allergy over the last decade, but argue that rates of peanut allergy have recently stabilized. The article also shows that Canadian estimates of peanut/tree nut allergies exceed estimates from the United States by 0.31%, suggesting that the differences in estimates might be attributed to differences in lifestyles, food availability and nutrition fortification.

According to Nettleton et al. (2009), 5-7 percent of infants and 1-2 percent of adults experienced food allergies in the United Kingdom. The general consensus emerging out of Nettleton et al.’s (2009) analysis was that food allergies are more common in children than in adults. They present evidence which suggested peanut allergy increased by approximately 117 percent between 2001 and 2005. Rous and Hunt (2004), with reference to the Canadian context, suggest that around 1.3% of children and 0.3% of adults have allergic reactions to peanuts and say that approximately 1-2% of the population in developed societies exhibit allergies to foods.

Additional studies, such as those undertaken by Sampson et al. (2006), emphasize the number of fatalities occurring per year as a result of food-allergic reactions. In an article outlining the risk-taking behaviours of adolescents as it relates to food allergy, Sampson et al. (2006) suggest that 2.3% of teenagers have food allergy and suggest that concerns about risks are increasing due to the notable increase in prevalence of food allergies among adolescents.
A number of the aforementioned studies attempt to understand why and how allergy has increased and/or is prevalent in these particular contexts. Rous and Hunt (2004) suggest that the increase in the recorded prevalence of allergies could be due to a number of factors, including the increased awareness of allergies, more accurate diagnosis, increased reporting and an increased consumption of foods that are causing allergic reactions. They suggest that peanuts are perhaps more widely used in prepared foods, which suggests changing patterns and processes of production and consumption in developed societies. In addition to these causal factors, the variability in the recorded prevalence and emergence of food allergy could also be attributed to the emergence of the practice of epidemiology and its associated methodological and conceptual problems.

A number of medical and epidemiological surveys have attempted to demonstrate the prevalence of food allergy in a number of different countries. Epidemiological surveys track and attempt to describe the location and emergence of particular diseases. Additionally, according to Jackson (2006), epidemiologists also engage in “risk factor analysis”. Major epidemiological studies have emerged that examine and identify risk factors in conditions like coronary heart disease and lung cancer. Coupled with a growing desire to devise preventative measures for non-infectious diseases, epidemiological assessments of risk were recognized as particularly useful. According to Jackson (2006), “…the identification and reduction of risk increasingly dominated clinical, epidemiological and public health conceptions of disease” in the decades after WWII (Jackson 2006:153). Furthermore, in relation to allergy, as was the case with cancer and heart disease, potential risk factors included genetic determinants, bodily and mental characteristics, environmental and occupational factors and various lifestyle triggers such as smoking, diet and alcohol consumption.
It is clear that epidemiological analyses are potentially influenced and affected by the, “...political and moral contours of risk discourse” (Jackson 2006: 154). During the 1960’s, for example, the “epidemic” of asthma in New Orleans was framed by psychiatrists and clinical allergists as the result of “deep-seated” emotional insecurities supposedly exhibited by the black community (Mitman 2007:145). According to Mitman (2007), “To presume that asthma emerged from the psychological blight of a segregated society ignored the environmental inequities of the urban ghetto that were visible to African American and Latino residents” (Mitman 2007:147).

This case study demonstrates that epidemiological assessment is frequently developed according to biased authorities, in and through which environmental inequities for example are ignored and reproduced.

In addition to medical and clinical publications that have documented prevalence rates of food allergy in contemporary Western societies, Nettleton et al. (2009), Jackson (2006) and Mitman (2007) have theorized the rise of allergy and other conditions like asthma in specific societies from more sociological perspectives. Nettleton et al. (2009) suggest there are a number of initial problems encountered in recording prevalence rates of food allergy in society. The most significant problem is that there is a lack of precision or indeed consensus among the medical or scientific community about what constitutes a real food allergy. Similarly, there is not a definitive test for determining if one has an allergy, and relatedly there is a “perception gap” whereby data provided in self-report questionnaires or telephone surveys can misleadingly suggest there is an increase in the prevalence of food allergies. Nettleton et al. (2009) suggest that due to this amorphousness of the problem at the meso-level, the domain of food allergy is open to competing professional groups that stake claims about the validity of their definitions of
food allergy and testing practices, each of which lead to alternative conceptions of the prevalence and dynamics of allergy in society.

This latter point about claims opens the topic up further for sociological inquiry, asking how particular claims become legitimate. For example, Jackson (2006) documents the rise of allergic diseases in Western societies, discussing some of the major claims makers involved in this process and how dominant perceptions of allergy have been institutionally and commercially shaped. Jackson (2006) suggests that prior to WWII, allergy was considered relatively uncommon. However, an increase in the number of deaths due to asthma in major American cities, rising levels of eczema, hay fever and asthma in most modern industrialized countries, the emergence of new forms of allergic reaction, and evidence of the emergence of allergic disease in the developing world were events that prompted the revision of pre-war perceptions of allergy. Allergy was repositioned as of increasing importance to the public interest, which in turn provided avenues through which the pharmaceutical industry for example could produce a range of new commodities. In addition, the cleaning and cosmetic industries, according to Jackson (2006), exploited escalating public fears of allergic disease.

Mitman (2007) elaborates on Jackson’s (2006) study of allergic disease in society and demonstrates that the experience of allergy, especially asthma, contributed to the re-organization of space as well as the re-distribution of financial resources to particular segments of society. For example, resorts were increasingly built in the late nineteenth century, to which those who experienced hay fever could escape. Individuals of middle/upper class status in the early 20th century who demonstrated symptoms of hay fever, were often permitted to take holidays at resorts and parts of America that were deemed safe for those who experienced allergies. Mitman (2007) suggests that escape to these particular resorts was only available to individuals of higher
socio-economic status who could pay for a “vacation”. The hay fever escapes were described as “landscapes of leisure” to which upper-class residents could escape the hazards of the city space. Essentially, the illnesses that emerged and were experienced by individuals during particular seasons influenced the construction of the physical environment in the sense that train tracks and routes were built in and around cities for the purposes of travel to and from resorts. The wealth of the individuals who could visit these particular spaces, also directed the form of town/resort development and land use. Mitman (2007) demonstrates that the experience of allergy/hay fever is not merely a biological reaction to an environment or propensity, but is experienced differentially according to one’s socio-economic positioning. Physical space and the built environment is reconstructed and developed according to particular social and political groups’ interests and desires. Segregation and the concentration of particular socio-economic groups in physical spaces clearly have consequences for the distribution and experiences of certain diseases.

In approaching allergy in terms of contested definitions and differentiated experiences a number of important dimensions are brought to our attention. Processes such as industrialization, which are typically understood as characteristic of modernity, according to the scholars like Jackson (2006) and Mitman (2007), are implicated in the rise of conditions like allergy, hay fever and asthma. The increasing concentration if individuals and families in geographical spaces within the city likely meant that not only were individuals exposed to the ‘output’ or effects of modernization, but also embodied these particular effects. Jackson (2006) refers to Beck’s reflexive modernization thesis to suggest that the “culture of risk management” emerging as a response to the hazards induced via modernization potentially provided state agencies with powerful means of moralizing and regulating certain forms of “dangerous” individual and group
behaviour. The identification of the risk factors associated with particular diseases often ignored the social inequities that underpinned the distribution of diseases across particular urban environments.

Therefore, in addition to Nettleton et al.'s (2009) assertion that allergy is a fundamentally sociological issue in that it is an imagined space or “zone” through which different professional and political groups can acquire legitimacy and also define the parameters of the ideological or broadly political domain, Mitman (2007) and Jackson (2006) identify a number of macrostructural changes induced primarily via processes of modernization as implicated in the rise of allergies and that have consequences for the emergent form of the built environment. The form of the built environment has consequences for the health of those of lower socio-economic status and also perpetuates the stratification of socio-economic and health inequities between and among populations.

**Food Allergy in the Media**

Although the studies briefly sketched above (which will be explored in more detail throughout) identify several connections between allergy and broader sociological concerns, there is little documentation about how allergy has been represented within popular culture. Nettleton et al. (2009) suggested at the time of their study that such references to food allergy were almost exclusively in relation to an alleged increase in prevalence. However, I will suggest below that Nettleton et al.'s (2009) study is limited due to the proliferation of allergy in relation to a range of social issues, as it appears on a number of communicative media platforms.

Whilst UK newspapers such as *The Guardian* and *The Times* highlight the epidemic levels of food allergy and woeful lack of resources aimed at curing allergies, media in Canada
and the United States have focused more closely upon debates about the banning of suspected allergens from particular institutional and private contexts, and how this relates to issues of parent/child relations, national identity, public policy and risk management. For example, the most recent issue presented within the television media as well as newspapers and on the internet focuses on an elementary school’s attempt to make accommodations for a student who has a life-threatening peanut allergy. Parents of the other students are presented via the media’s accounts as “outraged” that their children are required to wash their hands, in order to reduce the likelihood that the student with a peanut allergy would have an allergic reaction. The position of the opposing parents is that they feel the requirements and accommodations required take “learning time” away from their children (CNN 2011). In addition to the issue of management and accommodations for those who have food allergies, debates in the media have discussed whether bans in schools are necessary and often suggest that the banning of peanut butter for example, is “unjust”. For example, an article in the New York Times suggests there is, “...No surer staple of childhood than peanut butter: a pure product of America, consumed at an annual rate of three pounds per person”. The article goes on to mention that peanut butter and peanuts are, “...cheap, nutritious, popular and traditional” (New York Times 1998).

Another contentious issue appearing via various media platforms is the issue of whether allergens should be banned from airlines. An article in The Hamilton Spectator suggested that federal regulators in the United States were considering restricting or banning peanuts on commercial flights. The proposal to ban the allergen was countered by the CEO of King Nut Companies who suggested that, ““the peanut is such a great snack and such an American snack’”. The Department of Transportation in the United States has since proposed numerous passenger-friendly rule changes to airline policy, which were at the time, open to debate from the
public (USA Today 2010). Public response, as it appears on the Internet, includes responses such as the creation of petitions to urge airlines to go ahead with the banning of peanuts from airlines (PRWeb 2010).

In addition to food allergy’s prominence in the television and newspaper media, there are additional platforms through which issues and information are presented. For example, a blog entitled “Please Don’t Pass the Nuts” discusses various restaurants that accommodate food allergic people, and is a forum through which people can exchange allergen-free recipes. According to the blog, “Allergic Girl” (the primary blogger), has recently published a book entitled “Allergic Girl: Adventures in Living Well With Food Allergies” (http://allergicgirl.blogspot.com/ 2011). Similarly, Allergic Living is a magazine available and distributed via the internet as well as a hard copy, which provides various allergen-free recipes and discusses the most recent news-related issues as they relate to food allergy. The magazine contains links to medical/clinical publications about food allergy research.

In order to understand the everyday experience of food allergy in sociological terms, the diversity of forms food allergy occupies in contemporary societies mentioned above highlights not only the production and potential manipulation of the meanings and experiences of food allergy in society via state and other actors, but demonstrates the diversity of actors (e.g. lay persons) involved in production and mediation of information as it relates to food allergy. Representations of allergy on the internet often call forth and necessitate the response and participation of other social actors. Moreover, the aforementioned studies provide evidence of the prevalence of allergy in society and emphasize its contested definition and exploitation by particular groups. In addition, I have suggested that allergy emerges through a plethora of different media. Representations of allergy therefore are not strictly mediated via state and
political/professional groups, but are also discussed and negotiated in public and private domains by a diversity of lay actors, advertisers, etc.

To reiterate, the following thesis is concerned with exploring the social and everyday experience of food allergy. Gunnarsson and Hyden (2009) similarly advocate for a distinctly “social” approach to allergy studies. They suggest that studies thus far on food allergy, “...were all guided by practical medical and health service concerns, and allergy was studied and comprehended as a solely medical, individual and psychological problem” (Gunnarasson & Hyden 2009: 159). They advocate for a “contextually-embedded” approach to the study of allergy through which, in their study, parents’ identities are involved in the process of understanding and helping their allergic children. Gunnarsson and Hyden’s (2009) study of parents’ negotiation of identity in relation to their children’s experiences of food allergy and Lauritzen’s (2004) study of the “general” knowledge upon which parents draw in making sense of their children’s allergic conditions provide one with some sense of the social aspects of allergy as it relates to identity formation. These scholars rely primarily on conceptual and methodological tools from sociological studies of the illness experience (Pierret 2003). The emphasis in these studies is on the subjective experiences of chronic and acute illnesses. Studies of chronic illness tend to emphasize the problems or crises of identity that illnesses such as allergy bring with it. Bury (cited by Pierret 2003) demonstrates that chronic illness fundamentally disrupts patients’ lives. In order to understand the subjective experiences of chronic illness, researchers have relied on the narratives of those who experience health and illness, to understand the social processes that underpin their articulations. Hyden (1997) identifies different types and functions of narrative for those that experience health and illness. According to Hyden (1997), illness affects the temporality of life and narrative is frequently
employed by those who experience illness to recreate a temporal context. Additionally, suffering is given form through narrative and the reconstruction of identity and personal life becomes possible. Illness narratives often refer to “illness as epiphany” in the sense that life is seen by the individual in light of the illness. Illness is often discussed in relation to moral causes and life histories and individuals try to articulate who and/or what is responsible for the emergence of their conditions.

Studies of the experience of illness examined through narrative provide some conceptual tools as well as general methodological reflections that are particularly relevant for understanding the everyday experience of food allergy. For example, Pierret (2003) suggests that uncertainty affects not just medical know-how, but in the case of illness, has the potential to affect the patient’s whole life. Additionally, studies of illness experience have also discussed the resources individuals draw on in order to manage, cope with and understand their conditions. The family and self-help groups are important resources individuals with illness potentially consult and rely upon. The resources upon which individuals draw are a major focus of the following analyses and to a lesser extent the experience of uncertainty as it relates to the experience of food allergy. Additionally, as will be discussed further in chapter three, in contrast to studies of the illness experience that have simply focused on the content of the narratives themselves, I reflect on the context of the interview and its potential impact on the responses furnished by the participants.

Whilst the approach to understanding illness that highlights commonalities between and among narratives is clearly useful for understanding processes of identity negotiation, the following sociological conceptual framework, is primarily concerned with understanding the articulations of allergy in relation to practices of consumption and negotiation of
scientific/medical and risk information and knowledges. Therefore, the following conceptual framework for understanding allergy could potentially be understood as, in response to Pierret (2003), a way to understand the influence of medical and risk knowledge, science and consumer culture on the everyday experience and negotiation of food allergy. The following thesis is not concerned with the illness experience *per se*, but rather with the experiences of allergy in particular social and cultural contexts and with understanding the ways in which particular medical risk knowledges for example are negotiated in various experiential contexts.

In addition to potentially understanding food allergy as a “social” illness experience, it is possible to theorize the experience of food allergy as discursively influenced and as an embodied disability/impairment. According to the United States Department of Agriculture (USDA), food allergy is defined as a (hidden) *disability*. Furthermore, according to the Food Allergy & Anaphylaxis Network (FAAN), children who have been diagnosed with a food allergy by a physician are entitled to claim disability status under *Section 504* of the Rehabilitation Act of 1973 (http://www.foodallergy.org/page/504-plan: 2011). Given the experience of food allergy is defined as a disability by the USDA, sociological studies of disability, in addition to studies of the illness experience, might also be considered a conceptual framework through which to understand food allergy, sociologically. For example, Turner’s (2001) distinctive sociological approach to disability studies examines the, “...complex interplay between the objectified body of medical discourse, the phenomenal body of everyday experience and the body image” (Turner 2001: 254). Turner’s (2001) emphasis on the notion and experience of embodiment is particularly relevant for understanding food allergy, which will be elaborated on in subsequent chapters. In contrast to the illness experience approach outlined above, Turner (2001) seeks to establish a framework for disability studies of and about the body that challenges the suggestion
disability/impairment constitutes a disruption in the lives and identities of those who experience
disability. He advocates for widespread recognition of a “shared frailty” (Turner 2001: 262)
across various social and cultural contexts. Through widespread recognition of shared frailty and
the insecurities that the condition of embodiment facilitates, Turner (2001) is hopeful that human
rights frameworks engendered via mutual empathy and understanding can be established.

Whilst Turner’s (2001) distinctive sociological approach to disability studies is a
conceptual framework that is particularly relevant for understanding food allergy, not only
because of its reference to the experience of disability, but also due to its acknowledgment of
impairment/disability as a fundamentally embodied experience, I seek to frame allergy as an
experience that occurs in and through various contexts of consumption, through which some of
the embodied experiences and the negotiation of risk discourse can be examined.

**Thesis Outline**

In briefly reviewing recent studies and popular journalism it is clear that food allergy has become
a contested and contentious political and public issue. Nonetheless, as I suggested above, little
research has been conducted on the everyday experience of food allergy in society. The central
task of this thesis, then, is to incorporate some of the above within a sociological framework
which is able to understand the everyday experience of food allergy and make connections
between individual accounts and broader conceptions. Accordingly, Chapter 2 includes a review
of the theoretical literature that bears upon some of the above themes, developing a framework
that can situate food allergy within the broad context of late modernity while paying attention to
individual experience. More specifically, I argue that such a framework needs to bring together
theories of risk and governmentality, consumption practices, and the sociology of knowledge and
expertise. Chapter 3 explains the methodological approach of the empirical aspects of the thesis, followed by the methods used and the specifics of recruitment, sample and interviews. Chapter 4 draws upon original interview material to conduct an empirical analysis of how individuals negotiate ‘expert knowledge’ as it relates to food allergies. This includes processes of knowledge acquisition that further problematize the contested definitions of food allergies and intolerances, alongside an account of how the body becomes a key site in and through which the parameters of an individual’s condition are both coincidentally and intentionally negotiated. I argue that while it is clear that those who experience food allergy potentially internalize the discourses of risk, they simultaneously actively deconstruct and consistently negotiate the parameters of their condition. In this sense, individuals who experience food allergy are understood as in a process of becoming food allergic.

Chapter 5 moves from the negotiation of what it means to be allergic or intolerant to explore how individuals who self-identify as being allergic actually experience this in relation to ordinary practices of consumption, such as eating out, grocery shopping, and so on. The argument developed in this chapter is that notions of risk, as they are defined on food labels for example, are reflexively deconstructed in the course of consumption practices by those who experience food allergies. Previous embodied experiences, the negotiation of medical as well as alternative practitioners’ discourse about food allergy and the impetus to engage in pleasurable and sensuous experiences are all factors that mediate situated decision-making and are negotiated in the everyday lives of those who experience food allergies.

Chapter 6 summarizes the theoretical and empirical arguments and discusses the limits of the sociological vernacular and concepts for understanding the everyday experience of food allergy. I also outline the various contributions I have made to various substantive fields of
sociology including the sociologies of health and (chronic) illness, studies of risk and studies of the public’s understanding/negotiation of science in society and make recommendations with regards to future studies in these areas.
Chapter 2

Situating Food Allergy: Risk, Consumption and Knowledge

Introduction

In this chapter I will situate the phenomenon of food allergy within three key theoretical domains – post-Foucauldian theories of risk, social theories of consumption, and the public understanding of science - in order to develop a sociological framework for the subsequent empirical explorations. Firstly, as will be elaborated below, some studies of food allergy and intolerance have suggested that they are most likely experienced in terms of risk. In this sense, as Nettleton (2006) has demonstrated, many studies on the experience of health and (chronic) illness have drawn on post-Foucauldian theories and frameworks for understanding the dimension of risk. Accordingly, I will outline and discuss such theories of governance and social regulation which position risk in this way. It is in and through the process of becoming food allergic that individuals potentially encounter the discourses of risk and uncertainty, as well as the medical gaze.

Secondly, I will explain how post-Foucauldian theories often miss the dimension of experience, downplaying the agency of individuals as reflexive agents in their own consumption of food. In highlighting these limitations, I will suggest that sociological theories of consumption enable a micrological focus upon individual and collective practices of consumption that challenge deterministic notions of biopolitical subjectivity and the social regulation of risk. In this way, I suggest that some of the more mundane aspects of daily consumption can offer insights into people’s reflexive engagement with allergy and intolerance.
Thirdly, the positioning of subjects in relation to food risks and the daily practices of shopping and eating in relation to this both entail an engagement with scientific or expert knowledge of allergy and intolerance. In the final section I will show how social theories of scientific knowledge and expertise consider how publics engage with, and potentially negotiate and deconstruct forms of expertise, whether drawn from the medical profession, scientific experts or alternative practitioners. By bringing these domains together, the chapter aims to show how each domain contains some explanatory potential with regards to understanding the everyday experience of food allergy which then becomes the focus of my empirical study.

**Risk, Governance and Social Regulation**

Scholars of risk and the sociologies of health and (chronic) illness have drawn on the theoretical frameworks and concepts put forth by Foucault and post-Foucauldian scholars such as Nikolas Rose, to understand the everyday experience of conditions like food allergy. A number of empirical and qualitatively-based studies have provided evidence to demonstrate the applicability and validity of these frameworks for understanding the experience of conditions like food allergy. As mentioned in the introduction, it is certainly clear that allergy has become regulated in places like schools and through governmental initiatives that set the standards for the labelling of particular foodstuffs. Additionally, studies which have been published relatively recently on food allergy have suggested, for example, that policies aimed at the management of the consumption habits of children in schools as they relate to food allergies are simply examples of increasingly interventionist policies into the lives of children (Rous & Hunt 2004). Other studies such as those of Jackson (2006) and Lauritzen (2004) have referred to the possibility that individuals’ articulations of risk as related to explanations of food allergy causality, are evidence that, “…the multifactorial assessments of risk espoused by epidemiologists were routinely shared
by patients and their families” (Jackson 2006: 153). Teenagers with allergies are understood as “at risk” and the parents in the media discussed in chapter one are often represented as concerned about the safety of their children who experience potentially risky situations at school and on airplanes. To reiterate, what is noticeably absent from all of the above accounts are the voices of those who experience food allergy.

Therefore, in what follows here I will review a series of literatures relevant for beginning to understand the everyday experience of food allergy as potentially discursively constituted and to review some concepts that may be useful for beginning to understand the everyday experience of food allergy.

Lupton (1999) suggests that, historically, societies have developed a number of strategies and beliefs in the attempt to deal with, prevent and contain danger. For example, medieval communities built strategical observational platforms in order to intercept attacks. Rural communities would for example preserve and stock crops in anticipation of adverse weather conditions and poor harvests. In addition, death was understood as something that was not necessarily to be prevented, but as a rite of passage from the material human world to a metaphysical world. A fundamental shift occurred in the transition from pre-modern to modern society. Unfortunate events that were conceived in the pre-modern world as natural came to be understood in modern society as involving predictable types of occurrences. Risk was conceptualized in this context as systematically caused, statistically describable and predictable. This orientation towards and understanding of risk has been understood as symptomatic of and constituting the modern era/modernity. According to Thrift (2005), the view was widely accepted that the world was ‘whole’ and was characterized by consistency, such that human beings could exert a God-like gaze upon the material world. Furthermore, according to the,
“…old Enlightenment chestnut” (Thrift 2005: 26), progress would and should be achieved via the acquisition of objective knowledge about the world. Modernity is also often described as characterized by processes of industrialization and mass production and standardization.

A number of social theorists writing during the inter-war period were critical of the processes that allegedly emerged during the modern era (Mackay 1997). During this time period, according to various social theorists and commentators, citizens were merely understood as passive victims of advertisers, for example. The processes that occurred and emerged during the modern era, were often criticized on the basis that they would result in the annihilation of human subjectivity (Thrift 2005) as a result of the development and maintenance of vast systems of ideological control.

At the present time, according to Lupton (1999), individuals in contemporary or late modern society experience an intensifying sense of uncertainty due to the emptying out of established practice and tradition (including religion, work, and so on), as well as of the meaning of things and social relationships. Individuals’ faith in scientific and medical expertise in the late modern era is thought to be decline and experts and institutions are no longer deferred to as the vanguards of progress or legitimate governance and social regulation. This means that for some, the existential state of those living in contemporary society is understood as one of panic. Bauman (2007) endorses Lupton’s (1999) assertions and suggests that individuals in contemporary society encounter fate, the unknown and the unpredictable as rather frightening. A number of Foucauldian and post-Foucauldian scholars have concerned themselves with understanding how the institutionally produced practices of government, including those within the institution of medicine, have changed over the course of modernity.
In order to understand historically the ways in and through which state actors engage in regulation and the management of populations, Foucauldian social theorists have concerned themselves with the practices of “governmentality”. Critical social theorists have explored in detail the techniques of neo-liberal governance and governments. Governmentality is primarily concerned with the development and employment of tactics to arrange things in such a way that certain ends might be achieved (Foucault 1991: 95). As will be demonstrated, the concept of ‘governmentality’ is useful for beginning to understand the everyday experience of a condition like food allergy. For example, it is possible to theorize the transition from no action taken in response to allergic symptoms to the strict avoidance of offending foods and the regulation of the consumption of foods in schools and on airlines as indicative of what Foucault (1991, 1978) and Lupton (1999) would refer to as the manifestation of the impetus to governmentality. The impetus to a governmentality emerged according to Foucault (1978) as a result of the emergence of populations as economic and political problems. Populations were understood as bodies with their own particular and specific characteristics (e.g. infertility rates, life expectancy rates, etc.) Populations were also understood by governmental agencies as constituting wealth, manpower and labour capacity. The problem or task for governments therefore was to harness the power of populations in order to increase productivity. In order to maximize wealth, welfare and productivity, governments had to take as their objects of intervention the ‘interests’ of populations. For example, Foucault (1978) suggested that sex became a target of state intervention because it was tied to the future and fortune of the population. In order to harness the power of the population, “…to reproduce labour capacity, to perpetuate the form of social relations; in short to constitute a sexuality that is economically useful and politically conservative” (Foucault 1978: 36), the state enacts a variety of techniques of power. Importantly,
government is understood as operating *internally* and *externally* to the state. Power manifests itself through the, “…multiplication of discourse” (Foucault 1978: 36). For example, various institutions such as medicine, psychiatry and the criminal justice apparatus engaged in the dissemination of discourse about and on sex. Therefore, the acts of individuals as well as the relations between and among individuals are targets of the state. It is through a diversity of institutions and practices that the relations between and among people become constituted by and legitimize certain kinds and types of knowledges.

As previously stated, post-Foucauldian scholars, such as those of the sociologies of health and illness and risk have elaborated significantly upon the notion that the state is fundamentally concerned with enhancing the vital capacities of populations. Rose (2007, 1999), Cohen (2009) and Waldby (2011) are post-Foucauldian scholars who have explored the myriad ways and forms through which individuals in contemporary society come to experience themselves as at risk. As mentioned previously, the body is regulated from within and from without. For example, Rose (1999) explores the ways in which the individual becomes *constituted* by economic logics and rationalities of advanced liberal governments and governance, including those that emphasize responsibility, entrepreneurialism and a litigious mentality. The emergence of neo-liberal practices of governance according to a number of scholars has provided the avenue through which to examine the techniques of governments or governmentality. Lyon-Callo (2004) provides an overview of the concept of Neo-liberalism: Neo-liberalism is, “…often promoted as more efficient government to help individuals and countries compete better” and is, “…both a return to classic liberalism’s embracing of the private, ‘free’ market as the solution to social problems and an embracing of the role of government to promote individualized competition and market-based policies” (Lyon-Callo 2004:10).
Scholarship on the techniques of neo-liberal governance has exposed the myriad ways in and through which neo-liberal state actors and processes (e.g. privatization) acquire legitimacy and justification. Lyon-Callo (2004) for example explores the discursive processes or rhetorical justification through which inequality (i.e. homelessness) was accepted as a normal part of society. Through the process of individualizing deviancy (i.e. homelessness), systematic and structural factors or the larger political-economic context that provides for an increase in the number of homeless individuals, goes unchallenged and ignored. Similarly, Keane (1997) researches the palatability of healthy eating advice in the contemporary neo-liberal contexts of restructuring. Keane (1997) suggests that the government positioned healthy eating and dietary change as a consumer issue, rather than a state or industry responsibility. The individualization of responsibility for healthy eating in the contemporary context was in contrast with governmental attention to the threat of malnutrition to the country’s overall industrial productivity and capability to defend itself in the early 1900s. The early 1980s were characterized by a general reluctance on behalf of the government to interfere in the market freedom of the food industry and cut-backs to state spending on health care. According to governmental officials, everyone had a part to play in the process of improving the overall health of the nation.

Following Foucault, Rose (1999) suggests that the state is today in the business of developing human capital in order to optimize the national economy. The development and enhancement of human capital is encouraged through a variety of practices and techniques, but is primarily achieved through the positioning of subjects as entrepreneurs who have the capabilities to achieve self-actualization. Government, in advanced liberal societies, is understood as guided by economic logic, applied to all kinds of social behaviour. Individuals make choices which are
determined, calculative actions. Additionally, the notion of freedom in contemporary society is simply a rhetorical device used by state actors to empower, encourage and emphasize the alleged individual’s capacity for self-realization through individual activity. It is in and through a number of domains (e.g. the homeless shelter) and policies (e.g. the requirements of healthy eating) that individuals are repositioned as responsible for and of themselves.

Ultimately, the aforementioned examples demonstrate that the practices of a number of institutions, including medicine, are fundamentally political in the sense that they are enrolled and implicated in the techniques and practices of governance. These examples have demonstrated that the dispersion of economic logics, especially those of self-actualization through individual action or individualization, has consequences for the ways in which individuals come to understand themselves. These economic rationalities find their rhetorical justification in the practices of agencies of health, medicine, security and welfare, among a number of other agencies. It is within and through these agencies that the parameters are set, ironically, for that which constitutes freedom and choice. It is through one’s social and psychological saturation with these mentalities and rationalities that individuals become more amenable to advertising initiatives for example that emphasize the risks associated with particular activities. According to Rose (1999) the, “...culture of risk is characterized by uncertainty, plurality, and anxiety and is thus continually open to the construction of new problems and the marketing of new solutions” (Rose 1999:160).

What a number of critical social theorists have taken issue with, as it relates to governance and social regulation, are the consequences for societal and individuals’ social and psychological saturation with particular knowledges that dictate and legitimize standards of normality and abnormality. In addition to the discourse of risk, other expert knowledges are
posed as integral to the formation of certain kinds and types of subjects. The disciplining of subjects via governmental strategies necessitates the internalization and normalization of expert knowledges such that individuals become self-regulating. Literature in the sociology of health and illness emphasizes the ways in which medical knowledge constructs the body as an invariant biological reality. Nettleton (2006) discusses the emergence of surveillance medicine whereby the body was/is increasingly subject to the medical gaze and is also subject to increased incidences of medical screening and testing. For example, the pregnant woman’s body is integral to process of medicalization, through which she negotiates the discourse of risk. The pregnant woman internalizes the discourse espoused by medical experts and subsequently polices herself in accordance with those requirements. The pregnant woman is ultimately responsible for ensuring the health of her foetus (Lupton 1999). Broom and Whittaker (2004) discuss the ways in which the standards associated with management of diabetes place heavy emphasis on control (i.e. control of food consumption). According to the individuals’ narratives, acquisition of diabetes is often posited as the fault of the individual. The individualization of diabetes causality ignores the wider possibilities for causes of diabetes. People who identified as having the condition often made reference to external triggers in the environment as responsible for the condition. Individuals felt stigmatized as a result of the condition, as they were often held morally responsible for its presence.

Another example of the process of medicalization is outlined by Brown and Webster (2004) in their discussion of death in historical and contemporary societies. According to Brown and Webster (2004), one of the most pervasive features of western culture is its orientation to death. Individuals have a fear of and a revulsion towards death, because death is represented as potentially occurring at any time and taking on any number of forms. In the nineteenth century,
people were socialized into the possibility of an early death. In contemporary society, in contrast, the issue of mortality is one that is handle and humanized via the management of lifestyle choices and via the acquisition of medical knowledge and intervention. The discourse of medicine/medicalization emphasizes the management and dispensation of death. Furthermore, technological intervention is integral because medical technologies are deemed life-saving and/or life-prolonging.

A number of post-Foucauldian theorists and scholars of the sociologies of health and illness, risk and science have explored the processes through which individuals and populations are governed and constituted by particular knowledges and discourses. What is particularly useful for understanding the everyday experience of food allergy, and has not been explored systematically in allergy studies, is the pervasiveness of the discourses of risk in the narratives and experiences of those who are food allergic. Whilst it would be interesting to systematically explore individuals’ articulations of additional processes such as individualization, responsibilization, etc. as it relates to food allergy, this would require an in-depth analysis of state policies and institutional practices. For the purposes of the following contribution, I will focus specifically on the discourse of risk as it emerges in the participants’ narratives.

Chapters four and five are partially concerned with exploring the potential discursive constitution of allergic subjects, as it relates to risk. Whilst these concepts are particularly useful for understanding the experiences of food allergy and the primary institutions in and through which meanings are potentially produced and disseminated, the following review of sociological theories and studies of consumption will complement these literatures to suggest that food allergy is reflexively negotiated through consumption practices.
Consumption and Reflexivity

Given that food allergy and intolerance necessarily involves the consumption or indeed avoidance of particular foodstuffs, it would seem that studies of consumption must form a domain through which we can develop an understanding of everyday experience of food allergy. Within the post-Foucauldian tradition above, the focus is upon the discursive construction and legitimation of specific governance regimes and associated subjectivities. By way of contrast, the following approaches drawn from the study of consumer culture emphasize the ways in which individuals may or may not take up such subject positions, and may reflexively engage with discourses of individualized consumption and responsibilization in the contexts of class, gender and so forth. In this sense, the following literature tends to emphasize the practices of consumption anchored within various cultures of consumption. The literature on consumption offers a framework and vocabulary for understanding, in this case, the food allergic person as reflexively involved in the negotiation of the meanings of objects, experiences, foodstuffs, etc.

In the first instance, and in a similar way in which post-Foucauldian scholars suggest that an economic logic has permeated public discourses’ definitions of the subject, scholars who study the practice and process of consumption suggest that liberal-utilitarian theory has permeated discussion and scholarship on and about the consumer. According to liberal-utilitarian theory, individuals are free to choose between and among commodities. Furthermore, it is thought that, as a result of the freedom to choose, material gain and technological progress for society as a whole will be achieved (Sassatelli 2007). According to this theory, individuals are defined as rational actors with infinite and undefined desires. In this view, the consumer is a sovereign entity: an individual that is utility-maximizing and satisfaction-seeking.
A number of theorists of consumption suggest that, despite its current ubiquity, the liberal-utilitarian theory does not sufficiently explain consumption practices. For example, Sassatelli (2007) suggests that consumption is not merely the active search for personal gratification through commodities. Urry (1995) indicates that consumption practices cannot be ‘sensibly analyzed’ by assuming individuals are utility-maximizing and isolated; the sociology of consumption, in contrast to liberal-utilitarian theory, is mainly concerned with the differential purchase, use and symbolic significance of material objects (Urry 1995:129).

The sociology of consumption is comprised of a number of different theoretical frameworks for understanding why and how individuals consume/produce commodities. The process of consumption historically has occupied a secondary status in contrast to sociological analysis of processes of production. As mentioned above, liberal-utilitarian theory makes reference to an implied and essentialized consumer. A number of social theorists have shown that the consumer is in fact, “active”. According to Mackay (1997), as was mentioned briefly in chapter one, the Frankfurt School and their “disciples” suggested that increased consumption was indicative of ideological control or domination. As a result of what some might refer to as the emergence of cultures of asceticism, consumption was also simultaneously framed as the exercise of private egoism. Anti-consumerist rhetoric has emerged and evidently still circulates in contemporary societies and cultures that suggest spiritual impoverishment is the inevitable result when individuals consume material goods (Sassatelli 2007). In North American culture in the mid-twentieth century, there was a strong moral outrage about excessive/conspicuous consumption. Herbert Marcuse’s conceptualization of true/false needs epitomizes Western cultures’ suspicion of private companies and advertisers who were understood as seeking to
maximize profits and create and construct individuals’ needs. Individuals/consumers are represented in these accounts as passive, mindless “dupes” (Mackay 1997: 3).

A number of social theorists have sought to demonstrate, in contrast to the Frankfurt School’s emphasis on the passivity of social subjects, that consumers are more active in shaping technological and cultural artefacts through use. These theorists have emphasized the mutually constitutive processes of consumption and production. Veblen (1899) for example, stresses the ways in which goods and commodities are used to display and symbolize social status. Veblen suggested, in contrast to the view that individuals are utility-maximizing and therefore relatively passive in the process of consumption, that goods were used for the purpose of impressing others. The goods to which he refers supposedly had little or no utility or function.

Bourdieu (1984) elaborated on Veblen’s suggestion that goods were essentially symbolic markers, and suggested that goods were ultimately signs that signified prestige and social standing. In addition to the notion that individuals could display their status via the consumption of goods, Bourdieu suggested that class identity was reproduced through the process of distinction. Through the expression of one’s taste (which appears ‘individual’, but is actually an expression of class), one distinguishes oneself from various others in a socio-cultural context. The ability or inability to distinguish oneself from various others via the expression of taste is dependent on the amount of cultural and economic capital one has acquired. Cultural capital is brought to bear on objects and ultimately sends messages to others about one’s social positioning. One’s expression of taste is structured by one’s habitus (the structure of dispositions). According to Mackay (1997) habitus is, “...the underlying structured system of classification which is learnt in childhood, and applied later in life” (Mackay 1997: 4). One’s exercise of judgment and consumption therefore is socially structured in the sense that one
consumes according to pre-established, acquired and embodied frameworks. According to Adams and Raisborough (2008), the purpose of Bourdieu’s ‘Distinction’ is to, “...counter the view that judgements of taste are or can be disinterested and free of the influence of the habitus and the struggles of the social field” (Adams & Raisborough 2008: 1173).

According to Mackay (1997), “subculture” theory emerged in response to the critique of mass culture school discussed above. Subcultural theorists emphasize processes of appropriation through which identities are constructed. According to these theories, processes of appropriation occur as a result of conflict with dominant social orders.

Sociological theories of consumption therefore, suggest that the process of consumption is fundamentally social in that the experience of consumption is often premised on the desire and the ability to consume particular commodities in the company of others and in contrast to liberal-utilitarian ideology, involves the negotiation and display of cultural and economic capital within and through various social/cultural contexts. Theorists of consumption have provided frameworks for understanding the ways in which, “… subjects find ways to appropriate commodities as objects of satisfaction both within the structure of the commodity form and often outside of its coded definitions and rules” (Dunn 2008:9). The consumption of objects, experiences and foodstuffs is not trivial (Urry 1995) and should not assume a particular form of subject, but necessitates consideration and acknowledgment that the choices made in the process of consuming have the potential to empower individuals in everyday life. Consumers and producers can use commodities as a means to express political views or with clear political intentions.
Sassatelli’s (2007) theory of consumption as practice is particularly useful for beginning to understand the subject who experiences and negotiates food allergy, not only as engaged in negotiating the dominant discourses of risk, but as simultaneously engaged in a series of improvisational acts, “…who (has) to move through a variety of worlds systematized by collective routines and imaginaries” (Sassatelli 2007:107). Consumption practices therefore are viewed as creative acts, irreducible to, but not entirely outside of the structural principles of a given culture. Objects, like texts, are not necessarily imbued with constrictive power. Consumers interpret and assemble commodities in an ever changing bricolage (Sassatelli 2007).

A series of literatures and studies have emerged that examine similar movements to those discussed by Sassatelli (2007) (Adams & Raisborough 2008, Sassatelli 2007, Leitch 2006, Tulloch & Lupton 2002). These studies take seriously the political/ethical commitments of consumers and social and political movements emerging out of the consumption or avoidance of particular foodstuffs. These studies also examine the practice of reflexivity in relation to the practice of consumption. According to Adams & Raisborough (2008), “…in the context of identity, reflexivity refers to the act of an individual subject directing awareness towards itself, reflecting on its own practices, preferences and even the process of reflection itself” (Adams & Raisborough 2008: 1168). Like Sassatelli (2007), Adams and Raisborough (2008) are critical of the suggestion that reflexivity is exercised via universal, disembodied and disembodied selves. Reflexivity emerges rather from a, “…complex interface of socially and culturally stratified contexts, dynamic interpersonal relations and psychodynamics” (Adams & Raisborough 2008: 1169).

In contrast to Featherstone’s (2007) assertion that food constitutes a non-durable commodity that moves into and out of the process of production and consumption fairly quickly,
political/ethical movements have emerged that challenge such standard notions of food. The following examples are potentially indicative of the emergence of a moral or ethical economy that increasingly demands individuals become reflexive about consumption practices and also contradicts the suggestion that individuals are passive consumers of scientific discourse. Leitch (2006) and Sassatelli and Davolio (2010) examine the processes of critical consumption. Both of the aforementioned scholars have examined the “Slow Food Movement”. According to Sassatelli and Davolio (2010) food consumption is politicized via the SFM. The SFM supports a “slower pace of life”, in contrast to the “fast pace” of the globalized world. The SFM advocates for pleasure in the consumption of food and advocates for sustainability in contrast to globalized/standardized food production companies and processes. Standardization, according to the SFM advocates, diminishes the economic viability of artisanal producers. Leitch (2006) examined the SFM in Italy and demonstrates that the SFM sought to challenge normalizing hierarchies of expert scientific knowledge in relation to food. Pork fat is considered “poison” in American diets. However, in Italy, pork fat is considered a delicacy and is frequently consumed. In the context of the SFM, pork fat is imbued with complex meanings and has been appropriated for political purposes. “Lardo” or pork fat is consumed in the contemporary Italian context because it is reminiscent of a shared past. The fat was used to “kill hunger” during times of unemployment and was used as a cure for a number of health problems. Hygiene legislators in Italy have taken issues with the ways in which the pork fat is made in various local establishments. The SFM advocates challenge scientific knowledge that suggested it was safer to quarantine the fat in the process of its development.

These studies are relevant for understanding the everyday experience of food allergy not only because they acknowledge the rather reflexive process through which individuals determine
that which is okay to eat, but also highlight the *negotiation* of scientific as well as health and risk discourses, as a fundamental and simultaneous part of the consumption process. They also provide evidence for the emergence of a political-economic context in and through which individuals are required to be reflexive about their consumption practices as it relates to the alleged consequences of globalization.

Lastly, as it relates to the practice of consumption and with regards to providing a framework within and through which to situate the experience of food allergy, the empirical studies of Warde and Martens (2000) are particularly useful for understanding the practice of eating out. Whilst food allergies/intolerances were not mentioned in their study, it is clear that their framework provides a vocabulary for understanding the process of eating out that resonates with the narratives of those interviewed in this study. Warde and Martens (2000) suggest that the process of eating out reinforces forms of class distinction, engenders mutual sympathy among diners and is a rich source of conviviality and cooperation. Warde and Martens (2000) refer to the influence of culture in determining the extent to which diners sought to avoid toil and/or conflict. Nettleton et al. (2010) suggest it is often the case that people with food allergies/intolerances are labelled fussy or “faddy” due to the “strong moral forces” in Anglo-Saxon countries that suggest people should be able to eat a wide variety of foods.

Ultimately, theories of consumption are useful for understanding the experience of food allergy because they highlight processes of reflexivity in practice. In contrast with the post-Foucauldian scholars’ assumption that individuals are psychologically saturated with particular rationalities, scholars like Sassatelli (2007) suggest that consumption is a process through which structural/discursive formations are negotiated, reflected upon and potentially irrelevant or ignored. Sociological studies of consumption are also particularly useful for understanding the
experience of food allergy in that their focus is on the everyday, routine and mundane practices of individuals. The value of these methods for understanding actors’ meanings and experiences is demonstrated via Sassatelli and Davolio’s (2010), Leitch’s (2006) and Warde and Marten’s (2000) empirical and ethnographic case studies of the everyday practices of consumption in that they reveal the complexities of a social world that is not merely an expression of the state and its discourse or some act of resistance against oppression.

Publics, Knowledge and Expertise

As will be demonstrated throughout the following chapters, individuals with food allergies not only negotiate the medically and alternatively defined parameters of their conditions as it relates to the notion of risk, but also negotiate the science of food allergy, particularly as it relates to allergy causality. Sociological studies of science are particularly relevant for understanding the experience of food allergy, as they highlight the contested nature of knowledge construction and information dissemination by particular institutions. Yearley’s (2005) account of the public understanding of science provides a conceptual framework for beginning to understand the negotiation of allergy science.

In a complimentary way to Sassatelli’s (2007) theory of consumption as practice, Yearley’s (2005) framework for understanding science in society emphasizes both processes of production and consumption as it relates to the negotiation of scientific facts. In this way, the subject is understood as frequently occupying a position of perceptual privilege in and through which one negotiates science. The subject or individual is also understood as having insider knowledge – about particular medical conditions, for example, that have real consequences for the ways in which the condition is treated by experts. Individuals, as well as a number of
political and legal institutions are understood as actively involved in process of risk deconstruction as it relates to those risks identified by experts. Lastly, the individual is understood as an *embodied* entity. Yearley (2005) emphasizes the performative or back-and-forth negotiation of scientific knowledge between and among experts, lay individuals and other institutions such as the legal apparatus.

Yearley (2005) also suggests that in studying science and the negotiation of scientific knowledge one discovers that scientific knowledge claims depend on assumptions about the social world. According to Sismondo (2004), if a proposed solution put forth by scientists to a public sphere problem does not make adequate “sociological assumptions”, it can potentially encounter opposition. The assumption that individuals are overwhelmingly risk-averse is one such assumption. Scholars like Irwin and Wynne (1996) contribute to sociological studies of the public negotiation of science and suggest that lay perspectives on risk cannot simply be understood as ignorance of the facts. Ignorance is understood as an agential choice involving reflexive processes through which individuals make judgments about risk and science through their individual biographies. Macgill (cited in Lupton 1999) suggests that individuals develop risk positions and establish or destabilize the validity of scientific information over a lifetime of personal experiences. In this view, the establishment or destabilization of scientific information is negotiated through various social milieu and various networks of communication. The mass media, everyday conversations and expert knowledges are all filters through which individuals *negotiate* their risk positions.

Studies of the public understanding of science also emphasize the broader political-economic, social and public policy shifts that often contribute to alteration of the relationship between and among experts and the public. As argued by the post-Foucauldian theorists, these
larger shifts potentially have consequences for the ways in which individuals experience food allergy as well as influence the modes and content of information individuals negotiate. In addition to the period of surveillance medicine outlined by Nettleton (2006), Brown and Webster (2004) highlight the emergence of a consumerist medical era that has potentially had consequences for the status of lay health beliefs. This era is marked by the growth of private medical insurance and the arrival of the expert patient who likely uses a variety of portals to access health services, such as the internet. Nettleton (2006) suggests that there is a vast array of health information sites on the Internet that extend the sources of advice that people can make when assessing whether to seek formal professional advice.

Lambert and Rose’s (1996) qualitative study of individuals with perceived cholesterol conditions is particularly relevant for understanding the aforementioned framework in that, whilst individuals are understood as weaving different pieces of information into the cloth of everyday life and subsequently establishing self-knowledge of particular conditions, these understandings are mediated by cultural shifts that increasingly emphasize how to keep well. The goal of health policy at the time of their study was to reduce deaths from coronary heart disease. The individuals in their study were primarily acquiring information about cholesterol from the institutions of pharmacology and through marketing strategies that emphasized the importance of achieving a scientifically defined healthy lifestyle. As such, in order to reduce cholesterol levels, individuals were required to modify their diet as well as use drugs. Lambert and Rose (1996) refer to the emergence of a new generation of drug that supposedly allowed individuals to “...take one’s pills and then go ahead and eat cream cakes” (Lambert & Rose 1996: 68). The lack of access to other information about the patients’ conditions, such as potential genetic determinants, was not emphasized. Lambert and Rose (1996) suggest it is possible individuals
become aware of the provisional nature of scientific/medical information over time. The individuals in their study were involved in informal networks through which they acquired information about their conditions. They conclude that the patients in their study might be understood as “active health workers” that participate in the development of knowledge of and about their conditions. Lambert and Rose (1996) conclude that the more fully an individual participates in the biomedical model of disorder or condition, the more likely they are to employ the technical terms of medical discourse via their narratives about their condition.

Studies of the deconstruction and negotiation of risk and scientific information are not only available via studies of the public understanding of science. As mentioned previously, Yearley (2005) suggests that scientific investigations often include or involve assumptions about social practices and the social world. One of these assumptions suggests that individuals are generally risk averse. Lyng (2005) provides a framework for understanding from a sociological standpoint the reasons why individuals actively pursue activities that might typically be deemed risky or dangerous. This framework is particularly relevant for understanding the everyday experience of food allergy, as individuals who experience food allergy frequently engage in activities and participate in events and contexts that might be defined as risky or dangerous. Lyng (2005) refers to voluntary risk-taking as the practice of edgework, and seeks to understand how life-threatening activities acquire a seductively appealing character in contemporary society. Reith (2005), for example, suggests that drug users or consumers in late modernity are caught in a unique historical juncture. This juncture is characterized by modernity’s legacy of asceticism and late modernity’s increasing emphasis on hedonism and personal gratification. Useful for understanding the everyday experience of food allergy is the concept of the dualism of consumption or the tightrope that individuals must navigate in their practices of consumption.
Reith (2005) suggests that numerous cultural and social forces such as the rational-medical discourse and the temptations of consumer capitalism are negotiated by the drug consumers in her study.

Also useful for beginning to understand the everyday experience of food allergy is Lyng’s (2005) reference to liminal experiences. For those who experience food allergy, these liminal experiences likely contribute to individual awareness of the ways in which medically/scientifically defined parameters and risks are negotiated via social and cultural filters.

Lastly, for the purposes of understanding the everyday experience of allergy, it is worthwhile to consider the concept of embodiment. A number of scholars, including Yearley (2005) and Nettleton et al. (2010), have noted the influence of embodiment as integral to the acquisition of self-knowledge or awareness of and about conditions like food allergy. The experience of food allergy is fundamentally an embodied experience in and through which individuals reflexively and coincidentally negotiate some of the aforementioned parameters. As stated, according to Yearley (2005), individuals occupy an embodied position of perceptual privilege. What is evident about the aforementioned theorists and frameworks for understanding the everyday experience of food allergy is the emphasis on the “…medium of pure intellect” (Merleau-Ponty 1948:41) for understanding the negotiation of information and the acquisition of knowledge about food allergy. Yearley (2005) implicitly draws on the work of Merleau-Ponty who suggests that there are important aspects of reality (e.g. the experience of a condition such as food allergy) that escape science. Merleau-Ponty suggests that perception influences what one finds in particular contexts and objects. Perception or embodiment presupposes particular intrinsic qualities and characteristics of certain objects. In order to understand the experience of food allergy, it is important to consider, as mentioned throughout, the perceived constitution of
food allergy. As will be demonstrated in the following chapters, individuals with food allergies describe rather vivid and traumatic events during which they experienced allergic reactions. These events are described with reference to how their bodies felt and also with reference to the ways in which their perceptions of time and space were altered. The acquisition of knowledge about one’s food allergy is understood as a dialogue between the embodied subject and the reality of allergies as established and described by a range of practitioners and actors.

Leder (1990) seeks to understand the ways in which the body is essentially characterized by absence in everyday experience. In the first place, Leder (1990) suggests that this is due to the legacy of particular philosophers and disciplines that ignore or take for granted the body as the medium through which the world comes into being (Leder 1990:5). In addition, the body constitutes a “hidden depth”. There is limited vocabulary available to describe that which occurs in and of the body. Leder (1990) demonstrates, through a discussion of the process of consumption of particular foodstuffs, that the spatiotemporal gaps or ambiguity associated with one’s experiences of one’s internal organs and the processes that go on within and through them, render the making of causal relations difficult. The generality expressed about most of the sensations experienced, especially during consumption, potentially makes it difficult for those with food allergies to establish causal relations. The experience of food allergy might therefore be understood as an embodied experience through which individuals find it difficult to make connections between and among particular affective states and physical reactions, which has consequences for the ways in which they define and understand their condition.

Similar to the literatures on consumption, sociological studies of science and the public understanding and negotiation of science have provided frameworks through which to understand food allergy that emphasizes the reflexive and embodied negotiation of scientific
information and knowledge. It is through embodied practice in particular that individuals potentially negotiate scientific information and risk assessment and also through which individuals encounter the limits of perception and embodiment. The performance of embodied reflexivity is potentially influenced by cultural policy shifts that determine the kind of information that is available to particular populations and individuals and the limits of perceptual privilege are frequently realized via everyday practices of consumption. It should not be underestimated however, the opportunities that embodied negotiation provides in regards to revealing the contingency of scientific information and risk assessment.

**Conclusion**

What is evident having reviewed a number of literatures on governance, social regulation, consumption, risk, science and embodiment, is that adherence to one theoretical framework is not sufficient for understanding the everyday experience of a condition like food allergy. As I will show throughout, it is clear that individuals who experience food allergy likely encounter the discourse of risk in myriad forms and via a number of institutional contexts.

The second portion of the review highlighted practices of consumption and negotiation as it relates to food allergy. Individuals who experience food allergy are understood as engaging in a dialogue with various practitioners and institutions as it relates to notions such as risk, health and the importance of experiencing pleasure via consumption. Food allergy is understood as an embodied condition through which individuals experiment and destabilize expert definitions of their condition and also through which the limits of perception are potentially realized.

In order to understand food allergy from a sociological perspective it is therefore useful to draw upon a number of concepts put forth by the aforementioned social theorists. The
everyday experience of food allergy can be understood as constituted by processes of information production, consumption and negotiation. The process of information negotiation and knowledge acquisition of and about food allergy is mediated by medical, scientific and alternative practitioners’ discourse, which clearly has consequences for the likelihood that individuals will internalize the distinctly economic rationalities mentioned previously. Individuals who experience food allergy might also be understood as active and reflexive actors in the process of information negotiation and consumption. The process of negotiation and likelihood that one will engage reflexively with scientific and medical information as well as cultural scripts that emphasize the importance of experiencing pleasure, risk-taking and the norms and rules that surround the practice of eating out, is clearly influenced by one’s social, cultural and economic positioning. This process is also clearly influenced by the position and experience of embodiment.

Drawing on the methodologies frequently employed by researchers in sociological studies of consumption practices and the meanings that individuals negotiate in relation to particular objects, texts and conditions such as food allergy, the following chapter will outline and discuss a qualitative methodological approach that attempts to understand and account for the negotiation of myriad representations of food allergy in public/popular discourse (e.g. medical/scientific/alternative practitioners’ representations) and the ways in which individuals negotiate these texts in and through everyday, mundane and embodied practices.
Chapter 3

Methodological Approach and Considerations

Introduction

As was mentioned in the introduction and review, the few studies that have been published on food allergy thus far have tended to focus on the meso-level negotiations around the meanings of allergy and have theorized the potential consequences these definitions may have for the everyday encounters of those who experience food allergy (Nettleton et al. 2009, 2010). Additional studies have also referred to the influence of macro-level structural and political shifts on the ways in which individuals might experience food allergy. In the first place, my research project has sketched a theoretical framework that highlights the possibility for the influence of the aforementioned meso and macro structural forces on the experience of food allergy, whilst also acknowledging the influence of micro-level or everyday practices of embodied negotiation on individuals’ definitions and knowledge of and about food allergy.

In what follows, I will describe the sample I acquired for the purposes of performing interviews with individuals who experienced food allergy, interview questions, and the processes through which I analyzed the data acquired in interviews. Approval was acquired through the General Research and Ethics Board (GREB) at the Queen’s University for the purposes of recruiting individuals for interviews.

Sample Characteristics

In order to begin to understand the everyday negotiation and lifeworlds of those who experience food allergy, I performed eight semi-structured in-depth interviews for approximately
one hour with the participants. The individuals were recruited via advertisements that were displayed around the university campus and in several grocery stores in the surrounding city. Informed consent was obtained from the participants and they were provided with written information about the study when they arrived for the interview.

The participants were of various ages and from various backgrounds. Six of the participants were women. Four of the female participants were between the ages of 19 and 25. Two of the female participants were between the ages of 35 and 55. Two of the participants were male(s), between the ages of 19 and 25. It became evident that two of the female participants were married and it was also made clear that one of the female participants had children. Five of the eight participants were students and post-graduates, while the other participants were employed in various other occupations. It also became clear that the interviewees were from varying and diverse cultural/ethnic backgrounds. For example, one of the interviewees had a Jewish ethnic/religious background, one of the interviewees was black Canadian and one of the interviewees had spent a portion of his life in an East Asian country. The interviewees’ ethnic/cultural backgrounds became evident during the interviews as they mentioned the ways in which their backgrounds influenced the experience of food allergies. One of the interviewees used his ethnic background to deflect attention from the fact that he had allergies to milk. Another interviewee suggested it was potentially more likely that her racial group would acquire allergies to milk/dairy. Evidence of these cultural/racial variations in the participants’ experiences clearly provided further richness and diversity within the narratives and enhanced the quality of the data acquired.

Whilst the interview method has its limitations with regards to understanding the everyday experience of a condition like food allergy (which will be discussed in further detail
below) it was one of the most accessible ways for the purposes of my short-term research project to become attuned to the richness and variability of the life experiences of those who define themselves as food allergic. In order to understand the ‘multiple realities’ that are shaped and defined by actors who occupy multiple positionalities within time and space (Berger & Luckmann 1966) it is essential to engage in detailed observation, via interviews for example, of everyday life and practice. Mason (2002) suggests that the interview method is, “...considered by many to be an appropriate and practicable way to get at some of what qualitative researchers see as the central ontological components of social reality” (Mason 2002: 82-83).

In addition to performing the interviews, my research involved a more or less continuous review of advertisements, web sites, newspaper and magazine articles and surveys published by various government agencies relating to food allergy. The purpose of reviewing these documents was so that I would be aware of the ways in which food allergy is represented in contemporary Western society and therefore be more attuned to the language used by and references made by the interview participants. My review of such representations and documents provided me with some awareness of the kinds of knowledges and ‘expertise’ that circulate within and among different private and public domains.

It should also be mentioned here that my personal and lifelong experience with a food allergy has provided me with a general awareness of the language frequently used by the participants. In some ways therefore, this awareness allowed me to empathize with the participants’ experiences, whilst also getting into the details of the everyday and mundane experiences involved with food allergy. In order to ensure that I was not taking anything in the participants’ narratives for granted, I consistently referred to the systematic interview schedule I formulated previously in order to probe the participants further in relation to particular
concepts/experiences. As mentioned above, I let the interview participants elaborate on whichever concepts/ideas/feelings they thought were relevant and important.

**Interview Schedule**

In following the protocols of the semi-structured in-depth interview method I asked approximately ten to twelve questions to guide the interviews, however, I allowed the interviewees to elaborate on whichever topics they were compelled to discuss. The interviews were relatively informal and whilst this often resulted in longer interview times, the participants’ detailed narratives provided me with more insight into the everyday experience of food allergy and also about the varied experience of food allergy over the course of lifetimes and within different cultural and social contexts. All of the interviews performed were digitally recorded and subsequently transcribed in full.

The first series of questions was about the allergic condition and experience. The participants were asked what they were allergic to, how and when they found out they were allergic to particular foodstuffs, if they sought medical attention for their allergic reactions and they were asked, if they could recall, any significant times during which they experienced allergy. The subsequent questions were about the everyday experiences of food allergy. I asked the participants what types of activities were involved on a daily basis that concerned their allergy (e.g. checking food labels at grocery stores, etc.).

The last series of questions were about the actors/agents through which individuals derived information about food allergy. The questions I prepared were often not answered in order due to the fact that the participants would frequently refer to the practice of checking food
labels and/or eating out for example, prior to the posing of the actual question. It was at the point that they mentioned these practices that I would ask the interviewees to elaborate.

**Data Analysis**

Analysis of the interviews involved transcription and a process through which I identified common themes and ideas throughout all of the interviews. As was mentioned in chapter one, I decided to divide the interviewees into two groups. One group were primarily allergic to peanuts/nuts and some other foodstuffs including milk and various fruits, and the other group were primarily allergic to wheat, gluten, soya, dairy and a number of other fruits. Pseudonyms were allocated to each of the interviewees. In contrast to Nettleton et al.’s (2010) differentiation and division between those they deemed to have food intolerances in contrast to food allergies, my research was not aimed at identifying the ‘correctness’ or validity of the participants’ definitions of their condition as ‘allergic’ according to medical practitioners’ definitions for example, but was rather concerned with understanding *how and through what processes and informational conduits* individuals acquire information and knowledge about one’s allergic condition.

As such, the themes I was primarily interested in identifying and exploring were those having to do with knowledge construction and negotiation. I was interested in understanding how knowledge of allergy is acquired and through what conduits, mediators, technologies, etc. this knowledge is acquired. I was primarily interested in identifying what influence medical practitioners and scientific information, for example, have on ones’ definition and experience of food allergy. As I discovered, there were numerous additional actors and agents that mediate the process of knowledge acquisition as it relates to allergy. As I mentioned in chapters two and
three, individuals understandings of their conditions are mediated not only or simply by actors such as medical doctors who are understood as having unified and static frameworks of understanding, but also by practitioners who simultaneously draw on various discursive resources.

Ultimately, I was also interested in how one’s understanding of the conditions varies or changes over time. It became evident that individuals experience and do not experience their condition in similar ways at different points in their lives due to for example, parental influence/guidance of those who were children when they were diagnosed with and/or discovered they had food allergies and the acquisition of embodied experience over time that highlights or makes apparent the contingency and/or falsity of initial diagnoses.

Secondly, I was interested in understanding how allergy is negotiated at the everyday level and via practices of consumption. In relation to the literature reviewed in chapter two, I was interested in understanding what emotions/sensations (e.g. pleasure, fear, etc.) are involved in the everyday experience of food allergy. I was especially interested in understanding if the experience of food allergy is embodied and what the consequences of those particular embodied experiences are for individuals’ self-knowledge of their condition. As was mentioned during the review of the literature, I was particularly interested in further understanding individuals’ negotiation of risk in everyday practice.

A number of the scholarly works discussed in chapter one provided me with a sociological vocabulary with which to articulate and understand some of the aforementioned ideas. However, a number of the interviewees’ narratives did not find resonance(s) in the concepts outlined in the literature. I could not, for example, explain using the concepts discussed
in the literature the fact that a number of the interviewees discovered that they were or were not allergic to a particular food through a coincidence or unintentionally. Additionally, my emphasis in the review on the embodied/experiential element of knowledge acquisition about allergy was obviously less applicable in some of the interviewees’ cases. For example, one the interviewees experienced one or two allergic reactions during the course of her lifetime, and therefore relied heavily on the advice of her allergist to understand the parameters of her condition and for advice on the management of her condition.

Additionally, it is clear that my sample is not large enough or representative of any particular population in order to generalize about some of the aforementioned themes. However, as I mentioned in the introduction, the purpose of my research was to sketch a theoretical framework for understanding allergy and to complement this theoretical framework with the ruminations/narratives of individuals who experience food allergy. The participants in my research frequently expressed their relief that ‘someone’ was doing some research on food allergy. It was clear that a number of the interviewees felt as though this was an important opportunity to share an experience and communicate their thoughts and feelings about this particular issue via a communicative platform like the interview. As I mentioned in chapter five, the degree to which individuals who experience food allergy felt stigmatized and/or abnormal as a result of their condition, should not be underestimated. One particular interviewee referred to the process of becoming allergic as akin to coming out of the allergy closet.

During the interviews, it was clear that the interviewees had some preconceived ideas about what were appropriate language/responses for a sociologically-based interview. It was clear that a number of the interviewees frequently used terminology like stigma and repressed, for example. It was clear also that a few of the interviewees, as students of the university
community, were likely familiar with sociological/psychological terminology/concepts. Therefore, it is evident that some of the participants were trying to express their feelings/ideas via a common theoretical language. The interviewees reliance on these terminologies and conceptual frameworks does not however undermine the trustworthiness or credibility of the data, but simply demonstrates that in the context of a research interview, both interviewer and interviewee simultaneously participate in a process of knowledge construction (Kvale & Brinkmann 2009). Therefore, it was necessary in these particular situations to be attuned to and reflexive about my understandings of these particular terminologies and proceed to ask further questions about the constitution of and contexts in and through which the interviewees experienced feelings of and like stigma. It was clear that the participants were quite eager to discuss and passionate during their discussions of the ways in which their experiences of food allergy had emerged and changed over time as it related to various social, cultural, political and generational circumstances.

Whilst the interviewees made references to their various cultural/ethnic backgrounds, it was clear that the majority of the interviewees were likely from middle-class or privileged socio-economic backgrounds (see Appendix). Therefore, this might suggest that the majority of the interviewees had privileged access to information/knowledge of and about food allergy, as well as to the social, cultural and economic resources to manage their condition. As the majority of the interviewees were attending and/or had attended universities, it is clear that these particular experiences potentially provided the individuals with privileged access to information about food allergy and also critical and analytical discourses through which they were able to articulate and be reflexive about their conditions. For the purposes of further study on the everyday experience of food allergy, it would therefore be appropriate to acquire a larger, diverse and representative
sample of individuals in order to understand the potentially varied experience of food allergy across various socio-economic groups.

**Conclusion**

One of the theoretical currents running through my methodological approach, as reflected in the literatures I have discussed throughout the chapters, is that knowledge of conditions like food allergy cannot be assumed *a priori* to be more homogenous than and/or inferior to other actors/institutions knowledges of and about conditions like food allergy. In order to understand the richness and heterogeneity of individuals’ self-knowledge of food allergy one must continue to engage in empirical research that explores the emergent processes through which individuals become allergic.
Chapter 4

How Individuals Make Sense of Food Allergy: Negotiating Expert Knowledge and Embodied Practice

Introduction

As demonstrated in chapter one, there are a number of actors and agents that comprise the allergy zone. The contested ideological space of the allergy zone consists of various medical, scientific and alternative practitioners who attempt to specify and organize the territory of the imagined space. The zone is constituted by several such groups who make claims about the legitimacy of various testing methods, simultaneously enhancing and demarcating their disciplinary or professional boundaries and in the case of medical and clinical groups, seeking to form a better understanding of the needs of patients with allergies in the hope of improving service quality. For example, concerted efforts are made by medical practitioners via surveys like SCAALAR, to differentiate that which constitutes real and perceived food allergies. As such, according to the medical literatures and research, a real food allergy is confirmed via specific diagnostic tests. The problem of food allergy is fundamentally political in the sense that it is used by politicians and governments who demand more resources for those who suffer from allergy and furthermore mirrors according to Nettleton et al. (2009) those controversies associated with climate change, obesity and food scares due to the amorphousness of the problem and the subsequent difficulty encountered in terms of managing the problem.

The other actors and agents that also participate in the domain of the allergy zone have received considerably less scholarly attention. Whilst there is evidence as indicated by Nettleton et al. (2009) that the parameters of the allergy zone are contested and shifting at the meso-level,
the following chapter seeks to understand the ways in which knowledge of and about food allergy is negotiated, contested and made sense of at the level of everyday experience.

In the first instance I will emphasize the social processes through which individuals become and are becoming food allergic. This process is on-going and mediated and involves the consultation of a number of discursive resources and entities. Following the Foucauldian and post-Foucauldian (Rose 2007, Cohen 2009) concepts discussed in chapter two, I will explore the discursive resources upon which individuals draw in order to understand the emergence and parameters of their conditions. The interviewees participate in and employ the discourse of risk presumably disseminated by a number of medical and alternative practitioners. As was suggested in chapter one, the interviewees’ theories about the causes of food allergy are derived from a number of different disciplines and are filtered through a range of actors and via a number of different informational conduits. For the purposes of clarity, I have organized the interviewees’ responses into two groupings throughout the entire chapter. One group of interviewees is primarily allergic to peanuts, nuts among a few other related foods. The other group of interviewees is primarily allergic to wheat, gluten, milk and soya among a number of other related foods and chemicals.

In addition, building upon Yearley’s (2005) social studies of science framework for understanding the ways in which publics understand science, the following chapter will demonstrate that far from engaging in straightforward participation in medical and alternative practitioners’ or experts discourse, individuals rely heavily on their bodies and processes of experimentation with their bodies to test the knowledge they have acquired. In some cases the information acquired that contradicts expert diagnoses is coincidental with the consumption of
food in everyday life. However, it is often the case that individuals actively and intentionally experiment with foodstuffs in attempting to come to terms with the parameters of their condition.

Lastly, I will demonstrate that the interviewees are not only engaging with and negotiating the discourse and practice of doctors and alternative practitioners, but are also simultaneously negotiating a variety of sciences. Almost all of the interviewees referred to the hygiene hypothesis and the influence of various vaccination programs and the environment on the development of food allergies (e.g. the use of pesticides and chemicals in Western societies) on the acquisition of food allergies. However, these theses were regarded with some degree of ambivalence. All of the interviewees referred to the genetic transmission or hereditary nature of their allergic conditions. A number of the interviewees, especially those who were allergic to wheat, soya and gluten, regarded diet and lifestyle as implicated in the acquisition of food allergies. This understanding of food allergy causality clearly has implications for the degree to which individuals feel responsible for the management of their condition and also perhaps for the degree to which they feel as though they are at risk for developing or acquiring food allergies. The circulation and dissemination of this theory of allergy causality also has consequences for the lived experiences of those who perhaps do not subscribe to this particular discourse which will be further discussed in chapter five.

In summary, this chapter, in drawing attention to the multitude of actors and agents that participate in the allergy zone, beyond those professional and state actors mentioned earlier, will highlight the reflexive and active filtration of expert knowledge in embodied practice, through the consultation of medical/alternative practitioners, friends and acquaintances and also through the use of technological apparatus.
**Becoming Allergic**

As I have suggested so far the process of acquiring knowledge about allergy and about oneself as food allergic, is an on-going and mediated series of experiences – it is a process of becoming in that sense. As will be discussed in the following section, in the process of describing how one comes to know they are allergic to particular foods, most of the interviewees describe specific, chronologically ordered events through which they established they were allergic to particular foods. However, the status of one’s allergy and the parameters of one’s allergic condition remain partial and contested even at the level of individual experience. Knowledge of and about allergy is mediated through the body and various technological apparatus and is built up, revised and re-negotiated throughout the course of individuals’ lives and daily practices.

The process of becoming allergic to peanuts and nuts begins with the articulation of a significant allergic experience as a child. In the cases of those that say they are allergic to nuts and peanuts, among other foods, self-knowledge of their condition and the process of coming to identify oneself as food allergic, is mediated not only by their parents’ accounts of their allergies and the events that occurred before and after their reactions, but is further mediated in its construction by allergists who perform skin or scratch tests. Physicians and parents are thus what Leder (1990) would refer to as *hermeneuticians*. The physician for example, “…reads the surface of the body for what it has to say about corporeal depths” (Leder 1990: 50). In other words, depth is made to surface.

The following examples illustrate how individuals’ self-knowledge of their allergies is mediated significantly by parents’ stories. Alex, Szandra, Michael and Beth suggest that they
found out they were allergic to food as infants and small children. Some of the interviewees could vaguely recall the sensuous and affective experiences during their initial allergic reactions, but primarily relied on and re-told the stories articulated by their parents as evidence of their allergic statuses. According to Alex, “I was a baby when they found out. I was helping my mom make a peanut butter sandwich. I broke out in hives and they (Alex’s parents) said ‘that’s not normal’ and took me to the hospital. I don’t remember because I was a baby”. Szandra had a similar story and suggested that she found out she had a peanut allergy when she was very young, while in the company of her parents:

I was very young, but the way I’ve been told I just that my Mom had been noticing that I was reacting to different foods…one day knowingly gave me some cereal that she was aware had peanuts in it and I immediately reacted to it and at that point she called the doctor and I was scheduled for an allergy test.

Michael similarly established when he was a child that he had allergies to nuts, dairy and fish. Michael suggested he found out he had allergies, “…all at once and all from when I was really young”. His allergy was triggered as an infant in the hospital at which he was born.

…actually apparently when I was born, it was like a snowstorm…the nurse had been working like thirty hours and gave me milk, and that’s apparently what made my allergies go crazy, and I was like really sick and then from there on I’ve been allergic to everything.

Beth found out she was allergic to nuts, peanuts, mangos and avocados as a child: “Um, I was pretty young, I think I was maybe like two or three, and I actually had an allergic reaction, but it was minor, because it was like a first exposure”. Beth went on to say that her mother had
left a dish of mixed nuts on a table in their home and presumably she had eaten some of the nuts on the table. Beth suggested that she remembered having hives, trouble breathing and eventually being sick to her stomach as a result of consuming the nuts.

In the accounts of initial experiences of allergic reactions, it is evident that each individual had a significant experience as a child with allergic symptoms and it is also evident that the stories told about those experiences are mediated and partially constituted by their parents’ accounts of the events. The individuals’ parents were frequently and almost always involved in determining the subsequent actions taken. The process of acquiring knowledge about allergies and also about one’s allergic status was articulated by the aforementioned interviewees as proceeding in a rather straightforward manner. In Alex’s case, as with a number of the other interviewees who said they were allergic to nuts and/or peanuts, he was taken by his parents to a hospital after the initial reaction, and subsequently was taken to an allergist as an older child. Alex was further convinced that he had an allergy to peanuts because: “In grade seven or eight, they did a skin test with all the pricks on my arm. The peanut bubble was the biggest out of the four or five other ones (allergens)”.

Beth’s initial reaction to nuts was also followed-up by an immediate visit to the hospital and a process through which she was tested for allergies: “In the process of getting tested, I was trying things that they weren’t entirely sure about and I would break out into hives. He (allergist) was testing for not only nuts, but other foods too, just in case”.

As mentioned, Szandra also visited a practitioner who did tests for allergies after her initial reaction: “They did a whole bunch of tests, and I remember that it was, the second they did
the peanut one it was without a question I reacted to it, my entire arm just swelled up. It was a pretty severe allergy; they immediately knew it was because of that”.

Michael, who suggested that he was allergic to nuts, dairy and fish, also recalled a time when he, “…had those allergy scratch tests things”. Due to the fact that he had his initial reaction to milk in the hospital as a newborn, he suggested that it was relatively obvious or evident that he was allergic, prior to the confirmation he received via the allergy tests.

In contrast to the individuals interviewed who suggested they were allergic to peanuts and/or nuts among some other foods, individuals with allergies to wheat, soya, gluten and milk, describe somewhat different experiences through which they acquire self-knowledge about their conditions and come to identify themselves as food allergic. In most of the cases with individuals who suggested they would consider themselves allergic to wheat and/or gluten, the processes through which they came to define themselves as allergic to particular foods spanned longer lengths of time, in contrast to those to define themselves as allergic to peanuts/nuts. In addition, there is a strong emphasis in the following narratives on a process of becoming allergic. The definition of certain bodily sensations and upset as constituting allergy occurred in hindsight. For example, Alice suggested that it was only after going through a number of traumatic life experiences, that she established the fact that she had food allergies. Alice suggested that she was allergic to wheat and soya:

I found out about them around the same time. What had happened was in 2006…lost the pregnancies. In 2007…lost the pregnancy. I almost died from the blood loss. …by January, I felt just as bad as I did in September when I had the miscarriage. I ended up randomly making a friend who happened to be a
registered holistic nutritionist. And so she kind of watched me slowly get sicker
and sicker…and then finally one day she was like, are you ready to listen to what
I have to say…she was like you’ve got some food allergies, that is why you’re not
getting better.

Similarly, Kathy discovered she was allergic to a number of foods after having spent the
majority of her life consuming them. Kathy was allergic to wheat, spelt, kamut, rye, barley, corn,
milk, peanuts, lentils, chickpeas and a number of different vegetables and fruits. She went to a
general practitioner as a child for allergy testing for things like dust and cats due to the fact that
she was “…sniffing all the time”. The doctor tested Kathy for allergies to foods via skin tests,
but he suggested that she not worry about the foods because those supposed reactions had
nothing to do with the dust and cat allergies. Kathy indicated:

…I actually went on eating those foods for another fifteen years or so. And my
health began to deteriorate. It wasn’t until I was in my late twenties, I ended up
with a naturopath who said I think we should do some allergy testing, and he
came up with all those same things, plus some more.

Ultimately, Kathy confirmed the fact that she had allergies in the process of
making connections and establishing causal links between what she had been eating and
the feelings of bodily discomfort she would subsequently feel, after she sought allergy
testing from alternative practitioners. Kathy suggested that, “…at the beginning my
symptoms just seemed like a kind of like an annoyance and it wasn’t until I hit my late
twenties that I was in pain a lot of the time in my gut and really tired all of the time”.
In addition, another interviewee suggested that her experiences over a few years were indicative of an allergy to gluten, but the definition of her experiences as constituting an allergy was also established in hindsight and over a longer period of time. Camilla described a particularly traumatic series of events through which she came to understand that she had an allergy to gluten:

It kind of started in grade twelve, is when I got really sick. I lost like maybe twenty to thirty pounds. But then it kind of got better, but I was still always still sick. I always had a cold or the flu or some form of infection… since I’ve stopped eating wheat I haven’t been sick once…It came to the point where they thought I had cancer, I was so sick. I wasn’t eating, I couldn’t eat, I wasn’t gaining weight, I was always continuously sick with something. So, after my professor suggested that (she might have Celiac Disease), I went home…I was going to La Salle (clinic) and I would always see a different doctor every single time…they would all come to the same conclusion, but nothing would be progressing.

According to the aforementioned interviewees, they were experiencing allergic reactions and symptoms over the course of their lives and at various points in time, but their experiences were not considered allergies until they sought the advice and testing of a number of different practitioners including, allergists, naturopaths, holistic nutritionists, general medical practitioners and also via the input and advice of acquaintances, friends and family. In Camilla’s case it was subsequently determined by her general medical practitioner via various blood tests that she did in fact have Celiac Disease. Camilla frequently used the terms celiac disease and gluten allergy interchangeably throughout the interview.
Diana also described a period of time during which she experienced feelings of bodily upset that she did not identify initially as an allergy. Diana discovered that she had an allergy to milk when she was approximately thirteen or fourteen. She described her feelings prior to visiting her general medical practitioner as being annoying. She experienced upset stomachs, bloating and observed rashes on her body. She described her experiences as very uncomfortable. She suggested she went to a family doctor having become fed up with the uncomfortable bodily sensations:

It was actually a family doctor and then I actually went to her again like two years ago, and she, I guess she told me to get like a blood test and whatever and all that. It confirmed I had some sort of intolerance. They didn’t say specifically what it was. I was also really bloated and stuff so they did an X-ray, and they said it had something to do with my allergy, but there was nothing much they could do about it.

In Diana’s account of the process through which she established she had an allergy to milk, she suggested that she was rather “paranoid” in going to see her doctor. Diana suggested that when she went to her doctor she wanted to get tested for everything because she was concerned her discomorts could also be the result of the consumption of other foods, in addition to milk:

Diana: Also, wheat products bother me as well, but its never been really tested.

But I know whenever I do eat it… I was going to inquire about that as well.

Interviewer: So, the celiac test didn’t come back positive?

Diana: No, it was just, I guess it was more in my mind I guess.
All of the interviewees, whether they suggested they were allergic to nuts, peanuts, wheat etc., engage in an ongoing rather than determinate process of determining what exactly they are allergic to and what the bodily indicators and reactions are indicative of allergies, in that process. The process of becoming allergic and the process of knowledge acquisition of and about allergy are mediated at different points throughout the interviewees’ lives. Those who were allergic to peanuts/nuts relied heavily on parents’ stories and accounts of events to provide evidence of the fact that they were in fact allergic to a particular food. Similar to the parents’ narratives about their allergic children in Gunnarsson and Hyden’s (2009) research, the stories of the various participants were different in structure, but had similar features. For example, in most cases the interviewees could recall uncomfortable and in some cases traumatic experiences, which in hindsight they would describe as allergic reactions to a particular food. The process of coming to identify oneself as allergic involves the experience of a number of uncomfortable and painful sensations and sometimes visible changes in the body’s appearance, as well as the experience of a number of affective states. Those with peanut/nut allergies also describe a chronologically ordered series of events during which, having experienced an initial reaction, were subsequently tested by general medical practitioners and allergists for allergies via skin tests. According to those interviewees who primarily suggested they were allergic to wheat, gluten, soya and dairy, the process of coming to identify oneself as food allergic spanned longer lengths of the individuals’ lives.

As was articulated by a number of respondents, this process was marked by a back-and-forth exchange of tacit knowledge between and among acquaintances, as well as rather lengthy engagements with medical professionals and allergists. For example, in addition to her consultation and discussion with her professor, whose partner was allergic to gluten, and through...
whom she decided to consult a medical doctor, Camilla frequently discussed instances during which she would exchange information with acquaintances about what kind of alcohols were okay to consume. She expressed some uncertainty about what types of alcohol were derived from wheat. In addition, as will be discussed further in chapter five, Alex consulted four other people in his family who had food allergies when he had questions or concerns about his allergy to nuts. His family members were reliant on one another, especially as it related to the exchange of information about what foodstuffs were okay to consume. Kathy also relied on the members of a group to which she belonged for information about management and potential causes of food allergies. The group exchanged information through books and word-of-mouth about ways to stave off the acquisition of food allergies.

It is obvious therefore, drawing on Macgill’s (cited in Lupton 1999) notion of the risk position, individuals’ understandings of their conditions and the process of becoming allergic are mediated by experiences over the course of their lifetimes and also via various other social milieu. Information and knowledge about food allergy is acquired frequently during encounters and conversations in everyday life with a number of different actors.

In some cases, individuals articulated a lack of confidence in the validity of the diagnoses of medical experts, and subsequently consulted a number of alternative practitioners and sources. The process of acquiring knowledge about allergy and the process of coming to identify oneself as allergic was at the outset for both those who were allergic to nuts and those who were allergic to soya, wheat etc., a process of negotiation. Individuals’ experiences were framed by the discourses of particular experts as well as parents and acquaintances, but also filtered through the body in everyday practice. This would appear to support Yearley’s (2005) assertion that individuals rely on their bodies to negotiate the parameters of expert definition and assessment.
In the following section I will discuss processes of (de)stabilization through which individuals describe a number of confirmatory experiences, upon which individuals validate their claims to being allergic, but also describe processes through which more allergies are acquired, some allergies go away and through which questions generally arise about the truth or validity of initial diagnoses.

**(De)stabilization**

It becomes clear, having listened to the interviewees relay their experiences of allergy, especially with what they would identify as allergic reactions, that there is an on-going negotiation of information provided by particular experts, which is then filtered through the body or the visceral and in some cases through technological apparatus such as a pendulum. The negotiations of information and discourse through these media, contribute to the stabilization and/or destabilization of one’s accumulated knowledge of allergy as well as one’s identification as food allergic.

To a large extent, each interviewee, in their articulations of food allergy, relied to some extent on the discourse and information dispensed by experts such as medical professionals and/or allergists to validate their claims to an allergic status. As was mentioned earlier, for example, Alex described an incident as a child whereby he was helping his parent make a peanut butter sandwich and broke out in hives. Having subsequently been tested by an allergist, Alex described a number of instances in and through which it was confirmed that he was in fact allergic to peanuts:

There have been accidental times when I would eat it. I ate a peanut butter cookie at my friends’ house. They had cookies on the table and I ate one, so I went home
and threw it up and I was crying. I ate a candy-coated peanut by mistake, spat that out, and they gave me Benadryl.

Szandra also described a series of tests done by an allergist after she experienced her initial reactions: “…at that point she (mother) called the doctor and I was scheduled for an allergy test… They did a whole bunch of tests and I remember that it was, the second they did the peanut one it was without a question I reacted to it, my entire arm just swelled up. It was a pretty severe allergy”.

Beth was the only interviewee who indicated she had not experienced any allergic reactions after the initial confirmations by her allergists that she was in fact allergic to peanuts and nuts. Beth’s knowledge of her condition was acquired primarily through her allergist and for the most part, unquestioningly accepted his terms for management. She suggested that while she did not tend to see her allergist as frequently any more:

…up until grade eleven or twelve, I used to go see him pretty frequently. But the last time I went to do that, he said that we have to stop doing the skin test because the more that I’m exposed to it, the worse it’s getting… I’m not allowed to do the skin test anymore.

Beth went on to describe a period of time when she was younger, during which she and her parents were not sure if it were possible to react to ‘airborne’ allergens. In this instance, similar to other times when Beth had questions about her allergies, she consulted her allergist:

I actually went to see my allergist again…he was actually doing research on the fact that an airborne reaction isn’t really possible. So that, coupled with the
airlines kind of changing their policies, he just felt safe and we went through with it (travelling via airplane).

Those who were allergic to wheat, gluten, soya and dairy among other foods also relied to a large extent on the advice and testing of experts and alternative practitioners to make sense of their experiences and validate their claims to an allergic status. Kathy, for example, indicated that she had various types of testing via alternative medical practitioners to confirm the presence of her allergies to food. She described her experiences with those foods she was allergic to over the course of her life as suffering. Evidence confirming the presence of her allergies included experiences of “bad gas”, bloating and insomnia. In Kathy’s case, she had what she referred to as “conventional allergy testing” by a doctor, but found that he did not identify allergies to foods. She suggested that she had “different, alternative medical things” and suggested that through these practitioners, the results suggested that she was in fact allergic to a number of foods.

Alice engaged in an elimination diet on the advice of her friend who was a holistic nutritionist. When asked if she had symptoms of allergy prior to her elimination diet, Alice suggested that, “I did, but I didn’t recognize them until after…looking back on it, I’m like, oh, every time I had ever eaten tofu, I always felt bloated and I didn’t feel good after. I never attributed it to the soya… I just wasn’t paying attention”. During the re-introduction of food after her elimination diet, Alice indicated that it was clear she had allergies because, “I had like one piece of bread and I looked eight months pregnant…I was like so swollen, so bloated, so I knew that wheat was out and then when I ate soya I threw it right back up”.
Alice knew she was allergic to wheat and soya because she described consistent similar reactions having consumed wheat or soya during which she felt like “dirt”. Alice described an event during which she endured and “worked through” an allergic reaction:

…something that was supposed to be wheat-free, soya-free was mislabelled…I ate the stir fry and probably within like twenty minutes I just felt wonky, like creepy crawly, almost like you get the flu, and then I started to bloat, and then I just got really emotionally upset, I don’t know if it was the food or because the fact that I knew I was about to feel like dirt for however long…

On the advice of a colleague and friend Alice was able to stave off a bad reaction. She started moving around and she suggested these actions made her feel better.

In the process of coming to understand themselves as food allergic and in attempting to make sense of a number of uncomfortable and troubling bodily sensations, the interviewees frequently referred to the tests as administered by allergists, doctors and alternative practitioners as evidence confirming their allergic statuses. Each of the interviewees also experienced subsequent reactions which confirmed the presence of their allergies to particular foods, as defined by a number of practitioners.

It is possible therefore, as mentioned at the outset of this chapter, that individuals who identify as food allergic, acquire information about food allergy through experts and authorities of different kinds as well as through alternative medical discourse. These different bodies of knowledge frame individuals’ understandings and experiences of their conditions. Allergists and alternative medical practitioners define that which is constitutive of an allergic reaction and proscribe strategies for management of the condition, including proscribing strategies for the
avoidance of risky situations and foodstuffs. In some ways, therefore, as was mentioned in chapter one, it is entirely possible that through the discourses of allergists and other medical practitioners, individuals come to conceive of themselves according to these logics or rationalities. As discussed in chapter one, it is clear that the bodies of those who define themselves as allergic to food are to some extent exposed to the medical gaze (Netleton: 2006) and incidences of medical screening and testing. As was mentioned at the outset of this chapter, it is possible, through the interviewees’ exposure to the medical gaze that medical practices are further legitimized and furthermore rendered powerful practices of social control, through which standards of normality and abnormality are continuously (re)established and through which individuals come to understand themselves in relation to the discourses of risk.

While it is clear that individuals who identify as food allergic rely to some extent on the information disseminated by doctors and other practitioners in attempting to make sense of their experiences, it is also clear that individuals continue to negotiate the information received through various sources via everyday embodied practice. Individuals develop their own embodied and tacit knowledge about that which constitutes an allergy and also frequently engage in processes of experimentation to determine what exactly they are allergic to. The aforementioned theories overemphasize the degree to which allergic subjects passively accept medical and alternative information. In the following section I will describe a number of situated, everyday experiences through which individuals make sense of their allergic condition.

The following section will complement Yearley’s (2005) assertions that individuals do not passively accept scientific information and engage in embodied practices of negotiation through which trust in experts is continually renegotiated in everyday practice. According to Yearley (2005), subjects have a perceptual privilege through which they can come to reject the
bases of scientific claims. I suggest that while individuals do in fact have perceptual privilege through which they can reject the parameters of doctors’ diagnoses of allergy, individuals experience what Leder (1990) would refer to as a recessive body or the limits of the ability to sense what is going on in and through the body. Individuals simultaneously refer to the power of the visceral to alter their orientations towards the parameters of allergies as established and defined from without, but also describe the limits of this sense or perception.

(Traumatic) Memories of Allergy

A number of the interviewees, similar to the parents’ narratives in Gunnarsson and Hyden’s (2009) research, described particularly dramatic and traumatic memories of events or times during which they experienced what they would define as allergic reactions. The events were frequently described in detail and involved the articulation of particular changes in the body’s appearance as well as the experience of sensations and altered affective states. The purpose of the following discussion of particular significant and dramatic events is to emphasize the fact that the body is a power medium through which individuals experience allergy and through which their orientations to the physical and social world change. For example, Alex described a recent episode during which he had an allergic reaction:

When I was in Mexico, I had sauce on my tacos and that must have had some kind of peanut in it, because my cheeks swelled up. I began to notice that my mouth was very itchy and started feeling swollen. I became very preoccupied with not what was going on around me, but what was going on within me. I was very careful to notice of my breathing was different. I lost all focus of the conversation.
I was just so focused on my cheeks swelling up. I went to the bathroom… I could see my cheeks swelling up.

Alex also described instances during which he would, “…get a little sensation and think ‘oh, was that peanuts?’”.

Szandra also described a similar instance during which it was clear to her that she was having an allergic reaction, although given the uncertainty about what she had eaten prior to the allergic reaction, she was uncertain about the cause of it:

I had a very serious reaction and to this day I don’t know exactly what it was. I was very close to going into anaphylactic shock, I was barely breathing. It just started with sneezing and watery eyes, if it’s peanuts normally the thing is I know it’s in my mouth before I ingest it, I just get super itchy.

Szandra suggested that during her reaction she was ‘stressed out’ and also concerned there was a possibility her heart would stop “continuing”. Michael also described an instance during which he had a rather severe and traumatic allergic reaction:

I had like a sorbet and they said that there wasn’t milk in it, but I think there was milk in it, and then what happens is it starts to get hard to swallow, and I could feel my throat closing, and then what I did that no doctor has told me to do, is make myself throw up like a supermodel…and from there I was okay, but I went to the hospital.

Michael suggested that he had more frequent reactions during which he would experience swelling of his face and hives. Alex, Szandra and Michael described in detail their experiences of
allergic reactions as involving various sensations, including itchiness and in Szandra’s and Michael’s case, difficulty breathing.

Changes in bodily and affective states were indications of allergic reactions and in these cases confirmed the diagnoses of the various practitioners that the aforementioned individuals had encountered. However, embodied experiences of and with allergy resulted in the questioning of initial diagnoses and in some cases further experimentation with foods that individuals felt as though they may or may not have been allergic to.

For example, due to the fact Szandra had likely experienced reactions and particular sensations as a result of consuming peanuts, she was convinced that her “bad reaction” was not the result of consuming peanuts and must have been a reaction to something else. Through a comparison of her everyday experiences with and of reactions to peanuts, Szandra established that she was likely allergic to tofu and lentils because she experienced, “…a sort of tightness in my throat”, having consumed these foods. In describing her experiences with peanuts she indicated:

…if it’s peanuts normally the initial thing is I know it’s in my mouth before I ingest it, so I can normally just spit it out because my tongue reacts, I get super itchy. That has helped me in the past, especially when I was younger, just biting into things without thinking, and I’m able to just before get it, so that’s not really the end of the world. …I only started having a reaction once I had ingested, and that’s what makes me think it wasn’t peanuts, because that’s something that I react to right away, so it had to have been something else in the food.
She suggested that she would get bumps on her mouth and would generally feel uncomfortable during the times she consumed legumes, tofu and lentils. In addition to suggesting she had established that she was likely allergic to the additional aforementioned foods, she suggested that she did not need a “full allergy test” to confirm the presence of these allergies: “I don’t need that test to really tell me what I can and can’t have…the severity (of the allergy) isn’t keeping me away from these foods, it’s the actual reaction at all”.

Alex also referred to his embodied experiences with and of allergic reactions to suggest that he was uncertain about the information provided by his allergist who suggested he was “anaphylactic”: “If I eat it, I’m told my throat might swell up. I’ve never had that happen. When I have ingested peanuts, my mouth will get very itchy. My mouth will feel itchy and will get all tingly”. Alex consistently referred to the fact that he had been “taught” he was anaphylactic, but had not actually experienced what he would refer to as an anaphylactic reaction. Alex also suggested that he would frequently “use” his body and the senses of the body and the sense of the bodies of others to test foods he was not sure he could eat:

I’ll try just a tiny bit of it first. If it’s something new that I’ve never eaten before,
I’ll smell it, which my friends find kind of weird. I’ll smell it, and if I can’t smell it, then I’ll try a little bit of it. I’ll taste a little bit of it. I’ll sometimes ask other people to taste it to tell me what they think.

Michael, like Alex, experienced a rather severe reaction to dairy, or at least what he assumed was a reaction to some kind of dairy product as an adolescent. Michael suggested that he figured out, under the supervision of his allergist, that he was in fact no longer allergic to egg: “I used to regularly go to allergists, because my allergies changed, like I used to be allergic to
eggs, and now I’m not. And then, yeah, because sometimes you grow out of allergies too, so they would test me for things, and yeah…” Michael went on to describe the process through which he found out he was no longer allergic to egg:

It was one of those allergy tests they did, this actually wasn’t a skin test, it was like elaborate, I came there three Fridays with my Mom, and two of them they give you a placebo, and one of them they give you egg, and you don’t know which one and I didn’t react and that’s how they knew.

Through the supervision of Michael’s bodily states, the allergists concluded that he was no longer allergic to eggs. Interestingly though, Michael suggested that although he is currently aware that he can eat eggs, he generally doesn’t find eggs particularly appealing. Michael suggested that he doesn’t “go out of his way” to eat eggs. It is possible that Michael is averse in some way to egg because his body remembers his prior experiences with egg, established over a lifetime of avoidance.

It was through Michael’s embodied experiences with what he defined as allergy that he confirmed the fact that not only was he allergic to dairy, nuts and fish, but also confirmed the fact that the homeopathic remedies his mother sought out as a treatment did not work or eradicate his allergies:

I mean, there’s probably something to it, but she bought in right away… so we went to this naturopath who was like very sure of himself. And at some point we were both convinced that his treatment was going to cure my allergies… It was this guy in the province named Dr. Mango, and he was like battling the medical association, but his treatment was like drops that give you like a bit of it… in a non-allergenic way.
Michael suggested that the treatments he had undergone with the naturopathic doctor and the homeopathic doctor did not work due to the fact that he continued experiencing allergic reactions:

Interviewer: So, nothing changed in the skin test?

Michael: In the skin test, or in my allergies I don’t think…

Interviewer: Because you still experienced allergic reactions?

Michael: I’d say so, yeah. I still would get hives sometimes, or like I’d start to feel sick, or like my lip would blow up…

Michael’s embodied experiences confirmed the fact that not only was he still severely allergic to dairy, fish and nuts, but also led him to believe that naturopathic and homeopathic practitioners “trick” people into believing their treatments will cure allergies. He suggested that his mom was easily tricked into believing in the usefulness of such treatments and suggested that she easily “bought” into the ideas espoused by the alternative practitioners.

The interviewees who suggested they were allergic to wheat, soya and dairy among other foods, also referred to a process through which, after having established they were in fact allergic to these foods, would further experiment with food. Their body’s affective and physical responses would determine whether they were allergic to specific foods. Alice described the process she engages in determining which foods are okay to eat and also which foods cause allergic reactions:

So, its been a process of like, this brand works for me, this brand doesn’t, and I find out because I feel like dirt after I eat this one, this one I get tired, I get cloudy
in my head, and all that kind of symptomatology, which I attributed with the flu-like symptoms, but yeah all of those things, and so its been a big trial and error.

As was mentioned earlier, Alice described a rather traumatic period in her life having experienced two miscarriages. She suggested that she was seeing numerous practitioners after her miscarriages due to the fact that she was depressed and generally felt sick. On one occasion, she visited her general medical practitioner and informed him of all the different practitioners she had been seeing and also outlined what allergies she had:

I basically said I’ve been seeing a naturopath, a nutritionist, a chiropractor, an RMT and from all this, these are the things we learned. So the next time I saw him (general medical practitioner)…my therapist said this is where I’m at, my nutritionist said this is where I’m at, so that he could put it in my medical file, so I told him, but he was just kinda like, ‘Oh, did you get blood tests?’ I was like, didn’t need to get blood tests. My body totally let me know.

Trying different foods, and assessing her body’s responses and her affective responses, is a fundamental part of determining whether she is allergic to different products. Alice suggests that she does not necessarily trust the labelling of products as gluten-free and indicates she generally goes through a process of determining whether she can consume it: “Because they say it’s gluten-free, they say it doesn’t have soya in it, but until I actually try it and feel it in my body, I won’t know for certain…”.

Alice thus frequently engages in the process of consuming foods to which she might potentially be allergic in order to assess her affective and sensuous responses to them, due to the fact she does not trust the labelling of foods as gluten and/or soya free. In addition to relying on
her body to ‘tell’ her what she was allergic to, Alice sought out the advice of a number of different practitioners in the process of trying to make sense of her painful bodily sensations and affective states.

Kathy, another interviewee who had an allergy to wheat in addition to a number of other foods, suggested that she had not had much “luck” with the medical professionals she encountered throughout her lifetime. She sought out alternative medical practitioners due to the fact that her doctor did not have much to offer by way of remedying her bodily upsets and affects. She indicated:

I haven’t had a lot of luck with the medical profession, I tend to go more to alternative health providers. I remember one doctor that I had in my twenties, I kept saying I’m so tired, there’s something wrong with me, and she just said to eat more bananas, but I’m allergic to bananas? Most general practitioners just don’t really talk about nutrition or food much at all, I’ve found.

*Perceptual Privilege and the Absent Body*

As discussed earlier, according to Yearley (2005) the credibility of experts is in some way always being negotiated and evaluated. The aforementioned interviewees’ narratives would suggest that this is especially the case in the process of becoming allergic to particular foods. Individuals whilst being exposed to the discourses and management strategies espoused by various practitioners, consistently defer to and use their bodies to experiment with foodstuffs to determine whether they are allergic. Yearley (2005) refers to studies by Wynne (1995), who suggested that individuals “on the ground” or in everyday life encounter the “messiness” of day-to-day science. Farmers were able to note through their embodied experiences that the assertions
by experts that all livestock were contaminated because of radioactive contamination during the fall-out from the Ukraine, were not necessarily true due to the messy and uncertain operation of measuring contamination. The fact of contamination was challenged and the mystique and authority that surrounded expert opinion was re-negotiated.

With regards to the experience of food allergy, the interviewees occupy a privileged embodied position through which they come to question and reject expert knowledge based on the information yielded via their bodies in everyday practice. The rejection of expert diagnoses is often intentional, in that individuals use their bodies to experiment with foods to determine whether they are allergic to particular foods and also to determine the parameters of their conditions. Individuals consistently articulated the fact that they were confident in their bodies to communicate what they were allergic to and often rejected the need for expert or formal testing procedures. Information about everyday experiences with allergy is often transmitted to general medical practitioners as well as to other actors. This complements Yearley’s (2005) assertion that “public understanding of science is not one-way traffic” (Yearley 2005:124). According to Yearley (2005), “patients groups who have insiders’ knowledge of disease or disorder have contributed to understanding how to manage their condition, particularly how to manage it in light of the varied and unpredictable demands of everyday family life” (Yearley 2005:124). For example, Beth returned to her allergist to determine whether or not it was possible to react to airborne allergens given the fact this had not yet occurred. Her allergist subsequently informed her that it was in fact not possible. It is not clear whether patients’ experiences or lack of experiences with airborne induced reactions prompted his studies. However, it is clear that in Alice’s case, when she returned to her general medical practitioner to suggest that she found out she had allergies to food through other practitioners, she was treated with contempt. Her
perception was that her general medical practitioner completely disregarded her assertions that she had food allergies, due to the fact she had not received medically recognized and legitimized testing procedures.

Kathy however described a rather positive experience with a “mainstream” allergist. She suggested that he did some “unusual” things for a medical doctor:

…if he wants to give me something, he has me test it with my pendulum. I almost fell off the table when he first mentioned it because I thought…this is really unusual for a medical doctor to even acknowledge that is a possible way of looking at things.

The previous examples are situations that highlight the back-and-forth transmission and filtration of information between and among patients and ‘experts’. These assertions complement Yearley’s (2005) assertions that, “lay publics can be active participants in the generation of new knowledge and the overthrow of old scientific beliefs” (Yearley 2005:124).

Whilst it is clear that individuals occupy a privileged embodied position through which they can and do test and reject expert definitions of their conditions, individuals also articulate frustration with their senses, especially during those experiences of food allergy that are evidently particularly traumatic and dramatic.

According to Leder (1990), processes within the body constitute a hidden depth. Given that allergic reactions generally occur after having consumed foodstuffs, it is most frequently the case that food generally transitions through consumption into the realm of the unseen. Leder (1990) suggests that that which enters the interoceptive field, is lost to the exteroceptive senses. Furthermore, there is a limited vocabulary for describing that which is occurring in our internal
organs and it would seem as though there is a generality expressed about most of the sensations experienced and messages perceived. Leder (1990) suggests that this is one of the main difficulties physicians encounter when trying to make diagnoses. The spatiotemporal gaps or ambiguity associated with one’s experiences of one’s internal organs and the processes that go on within and through them, render the making of causal relations difficult. This was clearly the case for a number of interviewees who indicated that having eaten particular foods, they were unsure about what had actually caused their subsequent reaction. Individuals were unsure about the contents of food, and as discussed earlier would make judgments in hindsight about what had caused the reactions based on their bodies’ responses to the food. This problem was clearly articulated by those who suggested they were allergic to wheat, soya and gluten among other things. These interviewees suggested it was difficult to establish causality with regards to what was causing their allergic reactions due to the fact they would experience symptoms quite a while after they had consumed the food. In relying on the body to tell the interviewees about their allergic reactions, some individuals also suggested it was difficult to know whether changes in their affective states were the result of consuming a particular food or were the result of the anticipation of the impending allergic reaction.

Therefore, the perceptual privilege to which Yearley (2005) refers can quickly and easily become a source of uncertainty, to which individuals respond with a host of (re)actions. In some cases, individuals do not consult experts immediately or at all and continue to rely on their bodies to transmit information via the coincidence of everyday experience with food and also via intentional experimentation with potential allergy-inducing foodstuffs. Something which should not be underestimated in the process of experimentation, however, is the extent to which
individuals rely on technologies and/or medicines to intervene in the process of determining the parameters of their conditions.

Presumably on the advice of the alternative practitioners she encountered, Kathy uses a pendulum to determine if she is allergic to a particular food:

I also use, I learned a long time ago, this is weird and you may have run into it, I’ve learned how to use a pendulum, so that I can test things myself. Okay, so your body has an electro magnetic system, and so if you ingest or for testing purposes just hold something against your body that interferes with your body’s electro magnetic system, you can pick that up with a pendulum, which is just a metal kind of weight on a chain, and in my case if something is okay, it makes a clockwise circle, I just hold it… I’m holding the food against my thymus area…it just goes positive, or if it goes negative it makes an anti-clockwise circle. So that is one way that I have been able to have some control, I don’t really know if it’s totally accurate, because I think quite possibly, if there’s something I really, really wanted to eat, that my desire to eat it might override what the body would, I’m not sure…

The pendulum in Kathy’s account gives her some autonomy and control in the process of determining what she is allergic to. Kathy describes a process through which her body communicates with or affects the swing of the pendulum. Kathy relies on the pendulum to tell her if she is allergic to particular foods because her allergic reactions tend to occur “some hours” after the consumption of the food: “…it doesn’t happen immediately for one thing, so it’s generally some hours later, which does make it more difficult to make a correlation…which is
why the testing is helpful”. While the use of the pendulum gives Kathy some autonomy and control, she also suggests that her affective states can and likely have influenced the outcome of the tests she performs.

In addition, as discussed earlier, the interviewees rely to some extent on medicines such as ‘Benadryl’ and ‘new’ medical technologies such as Epinephrine or Epi-Pens as well as the aforementioned pendulum to stave off allergic symptoms and reactions. It is suffice to suggest at this point that the aforementioned agents or technologies reflect and embody political and social interests and values. The pendulum for example, embodies and generates new ideas about that which constitutes food allergy.

**Negotiating the Science of Food Allergy**

As mentioned in chapter one, in her study of parents’ narratives of their young children’s/infants allergies Lauritzen (2004) draws on the sociology of chronic illness to understand the ways in which individuals who experience allergies and also those who are related to those who have allergies, bring meaning to and understand their conditions. Lauritzen’s (2004) conclusions about the “general” knowledge about allergy articulated by parents of those children who have allergies, is also evident in the interviewees’ narratives about the causes of food allergies. Lauritzen (2004) identifies three aspects of shared or general knowledge about allergy causality referred to by the parents in her study: the physical environment, the life-style of the family and allergic conditions as inherited.

Similarly, all of the interviewees articulated some theories of causality as it related to food allergy. For example, Michael referred to a, “…Purell kind of culture…” individuals live in, in Western societies as responsible for the presence of food allergies: “…I feel like the reason allergies are more and more prevalent in more developed, urbanized society is that we’ve flushed
out all the sort of bacteria and it has made our immunities go lower… we’re just weak, almost…
It would have been better if I had more dirt and germs as a kid”.

Szandra suggested that it was possible individuals in the West had allergies due to a particular vaccination program. Szandra’s theory about causality as it related to food allergy was derived from her education in psychology. She referred to the cause of allergy as being similar to the cause of, “…any sort of disability, disorder, any sort of serious psychiatric problem”. According to Szandra, food allergies emerge due to “gene-environment” interaction: “Just a genetic basis on its own, I don’t personally think is enough. It’s really a matter of predisposition, and whether it’s prenatal exposure… I had an underlying disposition, it was set off as a foetus.” Szandra referred to her “peanut allergy gene” as being “set off” while she was a foetus. Having professed her support for and intellectual faith in the gene-environment interaction model, Szandra went on to say she was aware there were a number of theories about why individuals have food allergies. She said it was likely that the food allergy gene would continue to circulate in the western demographic: “Since there is that genetic component, I’m sure that’s why it has continued to be an issue here… unless there is intermarriage… maybe it will become more prevalent in Eastern (countries)”.

Similar to Szandra’s discussion about allergy causality, Alex identified a multitude of potential causes:

I can’t help but think, because the way my family is, that there’s some component that’s hereditary. I also know that environment can have an effect on turning on some genes and turning off some genes. They’ve done studies in mice, where if the parents were fed a
certain thing, that changed the likelihood that their offspring would be obese. So it’s kind of a combination of nature and nurture.

Like Szandra and Michael, Alex referred specifically to the exposure of individuals in contemporary North American society and culture to particular pesticides and chemicals, as responsible for the incidence of food allergy. Towards the end of Alex’s interview, he mused about the possibility that the incidence of food allergy in “commonwealth” countries was related to the citizens’ shared ancestry: “I wonder if it has anything to do with ancestry? Because, we’ve all mostly descended from Britain. I wondered if South America would be different versus East Asian or Africa?”.

Beth mentioned briefly that it was a possibility allergies were caused by, “… the preservatives that they put in food now”. However, she was seemingly more confident in asserting that it was a possibility the acquisition of food allergies had some kind of genetic basis: “… Also, there is a history of autoimmune disease in my family. My older sister has lupus and I have a nephew who has type one diabetes… I’m wondering if it has something to do with autoimmune disorders…””. Beth said that in the process of talking to her sister about their conditions, they established not only the possibility the cause of their conditions might be the result of genetic transmission via heredity, but also explored the possibility that they inherited the condition from an, “…ancestor way back…”, that had a food allergy.

Camilla, who was allergic to wheat, suggested it was likely she had acquired her allergic condition from her, “…mom’s side of the family…My dad doesn’t have allergies, my mom’s allergic to a lot of things. She’s allergic to peanuts, shellfish, gluten…”. Camilla also referred to, “strict wheat diets” as a cause of the prevalence of the condition: “I guess there is like freakish
weird amount of children in Italy who have gluten allergies. I feel like it’s because they’re on such a strict wheat diet”. Alice, like Camilla, who was allergic to wheat and soya, indicated that allergies to food develop over time due to certain dietary practices: “… another facet is system overload. I think if people are always eating the same foods all the time, their body uses up the enzymes it has to digest that food… Everything in the world of form is finite. When you run out of enzymes, then you can’t break down the food, the body attacks it and wham-mo, you’ve got the symptoms of a food allergy”. Similar to Kathy, who professed her belief in the efficacy of rotational diets in attempting to stave off the acquisition of food allergies, Alice also referred to consumption of the same foods over time as responsible for the acquisition of allergies to particular foods.

Like the negotiations mentioned earlier as it relates to the truth or validity of medical/alternative practitioners’ diagnoses of allergic conditions, the interviewees are also simultaneously negotiating scientific and alternative practitioners’ discourse about the causes of food allergies. Similar to Lauritzen’s (2004) assertion that parental understandings of allergic conditions can be understood as the construction of a dialogue with medical categories and explanations and also that lay explanations involve the integration of ideas about environmental and life-style factors, the interviewees’ understandings of their conditions have been mediated and informed by a number of different actors including parents, medical doctors, allergists, naturopathic practitioners and holistic nutritionists’ ideas about the causes of food allergies. Whilst the interviewees tended to emphasize the hereditary nature of their conditions, some implicate health and dietary regimes in the acquisition of food allergies. Alice, for example, referred to her discussion with her holistic nutritionist who suggested that “fat” or obese people are the visual representation or manifestation of food allergy. Additionally, Kathy emphasized
the fact that not only was she “slimmer” than her siblings who did not have food allergies, but also acknowledged the possibility that she would outlive them because of her “healthy lifestyle”.

**Conclusion**

As argued at the outset of this chapter, food allergy is a political zone in and through which various professional and political actors stake claims with regards to that which constitutes ‘real’ food allergy and outline appropriate management strategies. These meso-level negotiations have consequences for not only those professional groups whose voices are silenced and/or marginalized, but also for the individuals who negotiate food allergy in everyday practice. The interviewees’ narratives of and about becoming allergic demonstrate that the mediation of information about allergy has consequences for the ways in which it is experienced and defined. However, the information received and transmitted via doctors and other practitioners is filtered through embodied practice. In this way, individuals occupy what Yearley (2005) referred to as a position of perceptual privilege. The embodied positionality provides individuals who identify as food allergic with the opportunity to intentionally or coincidentally reject or destabilize expert definitions of the parameters of their conditions. Confidence in expert disciplines and their diagnoses are also simultaneously negotiated via embodied practice and cannot be separated out from individual negotiations of the truth or falsity of conditions like allergy. The aforementioned perceptual privilege, however, can turn on itself: the unseen-ness of the visceral and the temporal gaps between consumption and the experience of altered bodily and affective states renders it difficult for the individual to make causal connections and therefore make sense of their experiences. At this point and throughout the duration of their lifetimes, individuals with allergies also rely to an extent on new medical technologies and medicines such as Epinephrine and Benadryl to stave off allergic reactions. Individuals also rely on other technologies and
practices such as the use of the pendulum and making oneself sick to stave off potential bad reactions.

Not only are the interviewees negotiating the truth or falsity of their conditions according to medical doctors and alternative practitioners, but are also simultaneously negotiating the science of food allergy. In attempting to make sense of their conditions, the interviewees draw on knowledge accumulated from a number of different scientific disciplines. Similar to Lauritzen’s (2004) conclusions about parents’ understandings of their children’s allergic conditions, it is clear that ‘lay’ persons are informed of a range of possible causes of food allergy reflecting advice provided by health care professionals, the media and friends and family. The use of the internet especially, including medical articles/journals accessed via the internet, should not be underestimated with regard to the extent to which it informs self-knowledge of food allergy.

Rose’s (2007) notion of the ‘informational vector’ is useful here, capturing the multiple positionalities individuals who identify as food allergic occupy. Whilst it is entirely possible, as mentioned at the outset of this chapter, that individuals are inundated with ideas about that which constitutes food allergy and the allergic body, it is also clear that these imaginings are filtered through embodied practice, experimentation and consultation with friends and alternative practitioners, which contradict expert logic and rationality. Those interviewees who were primarily allergic to peanuts/nuts, whilst negotiating the parameters of their condition via embodied practice, suggest it is clear there are environmental/genetic determinants of their condition. The truths of these scientific, medical, as well as incidences of allergic reactions, are usually made sense of in hindsight by the aforementioned interviewees, who draw simultaneously on the information yielded from multiple actors and actants and embodied experiences to make sense of their condition. The group of individuals who were primarily
allergic to wheat, gluten and soya referred to diet and lifestyle as the primary cause of food allergies, in addition to the potential for genetic influence and/or causality. This understanding of the causes of their condition as likely espoused by alternative and holistic practitioners clearly has implications for the degree to which they feel individually responsible for the management of their condition, as well as potentially at risk for the acquisition/development of food allergies. Public and alternative practitioners’ discourse about diet and lifestyle as implicated in the acquisition of food allergies also has implications and consequences for those who do not subscribe to this particular set of ideas. Those who subscribe to ideas about the permanence of their condition, within perhaps some shifting parameters with regards to severity, are likely to find the aforementioned discourse as it exists in the public/private realms troubling.
Chapter 5

Deconstructing Risk and Contemplating Pleasure: Accounts of the Everyday Experience of Food Allergy

Introduction

To complement the previous chapter’s emphasis on the discursive and embodied resources employed and negotiated by the participants in the process of becoming food allergic, the following chapter, consistent with the sociology of consumption’s emphasis on the mundane and everyday practices of living, will examine the lived and everyday experience of those people with food allergies. Through discussions of some mundane everyday activities such as grocery shopping and eating out, the following chapter will explore the interviewees’ negotiation of corporately-defined risks as displayed on food ingredient labels, as well as the potential risks inherent in the process of eating out at restaurants, other people’s homes and by oneself. The purpose of the following chapter is twofold: First, I will demonstrate that expertly defined risks are subject to deconstruction and negotiation at a number of levels and for a number of different reasons. In this chapter I will focus on discussions of the pleasure derived from consumption that emerge in the interviewees’ narratives. The impetus to experience pleasure and participate in pleasurable consumption practices is often cited as the reason for ignoring or forgoing potential risky or uncertain situations. Second, I will demonstrate that far from being passive subjects, individuals who experience food allergies are reflexive about the ways in which one’s social, cultural and politico-economic positioning influences their experiences of food allergies. Food allergies are experienced and performed through these social groupings and cultural forces, which have real consequences for the way allergy is defined and experienced and also on the lives of those who experience them.
Negotiating Risk

In what follows, as well as in the subsequent section on the experience of eating out, one can observe the practice of “edgework” or risk-taking and consumption. Lyng (2005) refers to the practice of voluntary risk-taking as edgework, as seen in various practices through which individuals negotiate the lines or boundaries between life and death. The purpose of exploring the practice of edgework is to begin to understand comprehensively how “life-threatening” experiences acquire a “seductively appealing” character in the contemporary social context. The practice of voluntary risk-taking is, according to Lyng (2005), common across diverse groups and suggests that the psychic influences are traceable to social and cultural forces deeply embedded in the “modern” way of life. The empirical study cited in Lyng’s (2005) collection on drugs and the consumption of risk in late modernity is useful for beginning to understand consumption in food allergy. Reith (2005) suggests that consumers in late modernity (i.e. drug takers/users), are caught in “a unique historical juncture, between modernity’s legacy of asceticism and self-control and late modernity’s increasing emphasis on hedonism and personal gratification” (Reith 2005: 234). Reith suggests that the drug users and consumers in her study are subject to the normative regulation of the “rational-medical” discourse and are liable to a diagnosis of pathology, but are also surrounded by the temptations of consumer capitalism. She suggests that consumers feel the “urge to break free and give in to emotion and desire” (Reith 2005: 234). What is useful here for the purposes of understanding the everyday experience of food allergy is the “dualism of consumption” or “tight rope” individuals must walk in the practice of consumption. The desires of the interviewees and the desires of significant others in a number of contexts were influential in determining which foods the individuals would choose to eat. Like the drug takers in Reith’s (2005) study, individuals with food allergies demonstrate
conflicting pressures on consumers. The drug-takers in Reith’s (2005) study are one example of numerous cultural and social contexts in contemporary society through which individuals simultaneously negotiate medical discourse and risk, as well as the impetus to pleasure and gratification. Tulloch and Lupton’s (2002) study of individuals’ consumption of genetically modified foodstuffs is another example discussed in chapter one about the negotiation and deconstruction of scientifically-defined risks as they appear in popular media and via other informational conduits. Building upon chapter two’s general assertion that individuals with food allergies destabilize expert definitions of their conditions through embodied practice and experimentation with various foodstuffs, the following section will make reference to Yearley’s (2005) assertion that risk assessment by ‘experts’ is subject to critical deconstruction at a number of junctures. As such, conventional risk-assessment is mired in what Yearley (2005) refers to as ignorance. Matters of ignorance lie outside of the disciplinary paradigms and are therefore excluded from day-to-day assessment. As such, risk-assessment practices typically depend on unexamined and/or untested hypotheses about social practices that are central to risk-producing activities (Yearley 2005:137). Individuals, as mentioned in chapter two, occupy a perceptually privileged or grounded position, which often results in the development of risk knowledges which contradict the premises of expert risk assessments. For example, according to Yearley (2005), individuals his study were not so much concerned about the probability of being infected by a particular virus, but were concerned about the everyday practices of military authorities who were guarding the virus in a remote facility.

The second section on the rather everyday experience of eating out and engaging in events that involve the consumption of food, while drawing attention to the themes of risk and pleasure as discussed in the first section, will mainly focus on presenting evidence which
suggests most individuals who experience allergies emphasize the importance of engaging in experiences that involve consumption. In some cases, their perceived inability to engage appropriately or normatively in these practices results in a number of subsequent actions. Some of the interviewees would remove and or isolate themselves from the contexts of food consumption. A number of the interviewees experienced eating out as problematic due to the culturally and socially defined perception that eating out should be a relatively straightforward and unproblematic sequence of events. Their allergies necessitated to some degree, the interruption of the aforementioned sequence of events. However, the experience of eating out was also a context in and through which mutual sympathy was engendered (Warde & Martens: 2000) about conditions like allergy and also through which information was transmitted between and among people with similar conditions about food allergy.

Reflexivity in Practice

Tulloch and Lupton (2002) critique Beck’s world risk society theory and suggest that he underplays the salience of gender, age, class and ethnicity and also suggest that the theory is not based on sufficient empirical evidence. Tulloch and Lupton’s (2002) critique finds resonance with the narratives of those who negotiate food allergy in practice. Not only are the interviewees negotiating medically and scientifically defined risks in practice, the impetus and imperative to pleasure via consumption and cultural scripts that emphasize the importance of conflict-free interaction around consumption, but are also simultaneously negotiating and performing the demands of masculinity and femininity. Similar to Tulloch and Lupton’s (2002) suggestion that their interviewees were rather reflexive about the ways in which their social positioning influenced the degree to which they experienced or did not experience the risks associated with the consumption of GM foods, the interviewees’ who negotiate food allergy in practice were
reflexive about the ways in which their social, cultural and politico-economic positionality influenced the ways in which they experienced their conditions. As will be discussed in more detail throughout the chapter, the interviewees referred specifically to political climates and/or contexts through which they felt as though awareness of and knowledge about food allergy is cultivated. They also referred to various social groups as especially influential in affecting the degree to which they experienced their condition as socially problematic. A number of the interviewees had experiences in different countries through which they identified the fact that food allergy was non-existent or not experienced in the same way in these particular cultural contexts. The interviewees also consistently referred to an alleged surge in private concerns with issues of liability as it relates to the preparation and service of food in restaurants as influencing the increased awareness and knowledge of food allergy.

The everyday experience of food allergy therefore can be understood as practices of consumption, through which individuals negotiate the structural principles of a given society (e.g. medical/scientific/alternative practitioners’ discourse and the demands of consumer culture, gender norms etc.), whilst also taking an active and reflexive role in the process, which in turn has consequences for the ways in which allergy is conceived of in a variety of public/private domains. Sassatelli’s (2007) theory of consumption as practice draws on the work of Michel de Certeau, among others, who suggested that objects, like texts, are not necessarily imbued with “constrictive power”. The consumer interprets and assembles commodities in an ever changing bricolage. Consumption practices are viewed as creative acts, irreducible to, but not entirely outside of the structural principles of a given culture. Consumption therefore is represented as, “a series of improvisational acts undertaken by social actors who have to move through a variety of worlds systematized by collective routines and imaginaries” (Sassatelli 2007:107).
The practice and contexts of consumption examined via the lens of those who experience food allergies are ideal therefore to examine the ways in which individuals negotiate the discourses of risk and as discussed in chapter one, desire and also social and cultural scripts and/or expectations.

Deconstructing Institutionally Defined Risks

As mentioned in chapter four the process of coming to identify oneself as food allergic is an on-going process through which individuals (de)stabilize the definitions of their conditions espoused by medical and alternative practitioners and rely on their bodies to communicate the parameters of their condition. In addition to relying on the advice of doctors, allergists and alternative practitioners, individuals rely to some extent on food labelling to provide them with information about what they can and cannot consume. The interviewees’ discussions of the everyday practice of grocery shopping reveals that whilst relying on food labels for information individuals also rely on previous experiences and experimentation with particular foodstuffs in order to determine what is okay and/or not suitable to consume. However, once again the process of information or knowledge acquisition about the parameters of their condition is not a straightforward process and the experience of food allergy in and through the practice of grocery shopping is problematic both psychically and socially for the interviewees as they attempt to marry their desire for pleasure in consumption with the requirements of avoidance of particular foodstuffs and their awareness of potential adverse bodily reactions.

In the process of determining what is okay to eat, a number of the individuals interviewed relied to some extent on food labelling in the process of purchasing and/or consuming foodstuffs. As was mentioned in chapter two, Alex relies on a number of bodily senses as well as food
ingredient labels to determine what he can and cannot eat. According to Alex, “…if it (food label) says this does have peanuts, then I will for sure not eat it. I tend to ignore the trace amounts (labels) because otherwise I’d be depriving myself of a lot of the good foods like chocolate bars and ice creams”. The aforementioned quotation is representative of a number of additional interviewees’ articulations not only about the rather nuanced process of determining the likelihood of a particular food containing an allergen, but also with regards to the assertion that if one were to pay heed to this kind of labelling, one would not be able to engage in the pleasure of consuming particular foods.

Alex goes on to suggest that he is also not likely to pay heed to these warnings, due to the fact he had not yet experienced anything “drastic” in the process of consuming peanuts:

…I believe that companies do it to cover their own butts, and they’re putting it there even though it probably hasn’t. …I’ve had those small encounters with peanuts that haven’t resulted in anything drastic. It was a little bit itchy, but wasn’t that bad. I know trace amounts aren’t going to kill me, and that’s just from my experience.

Whilst suggesting that he would eat most things that indicated the product may or might have “traces” of peanuts in it, he also suggested that there were particular items he would not eat, due to the products’ close connection with other peanut-containing products:

…there’s also one percent of the time where I psyche myself out. M and M’s I don’t like to eat because there is very clearly the peanut M and M’s. Even though they’re just chocolate and the label says they’re made in the same place, for whatever reason I’ve decided they’re not as safe as other
chocolates. I think it’s a little bit irrational…there’s that stigma against M and M’s that I’ve put on them.

Alex’s experiences in the process of determining that which is okay to eat at the grocery store are reflexive such that he often simultaneously negotiates the label, the need for and/or discourses of pleasure, embodied experiences and a rationale which is not well-articulated whereby Alex “psyches himself out”. The visible and tangible evidence presented before him, which indicates that there is a possibility of “contamination” on some occasions will deter him from consuming a particular food.

Szandra, while still inclined on some occasions to test food that she is unsure about, suggests that she is more cautious about food now, due to the “scare” during which she suggested that she almost endured anaphylactic shock. Szandra buys things that she is familiar with and suggests that she has garnered information about what foods are okay to eat via reading labels and testing food. However, like Alex, Szandra expresses ambivalence about food labels:

If it (the label) says peanuts…they have these labels for liability purposes, and although it can be true…there is a difference between equipment that manufactures…I take that more seriously than this may contain traces of nuts…there’s a lot of things I have been eating my entire life with that label and I’ve never experienced any sort of problem.

Like Alex, Szandra makes decisions about certain foods based on knowledge about other the foods particular brands manufacture: “Let’s say it’s a company I know that manufactures lots of things with peanuts, I’ll think twice about it”. It is clear that both of the aforementioned
interviewees negotiate the information provided for them via food labels, through testing the food and also making judgments about the likelihood of a particular food containing allergens based on their knowledge of the other foods manufactured by particular companies.

Michael also suggested that he would make “judgment calls” in attempting to determine while shopping at a grocery store what was okay to eat. Michael is allergic to all nuts, dairy and fish. Michael suggests that he is fairly predictable or routine in the process of shopping for food as he tends to purchase things that he is familiar with and has eaten before:

I’ve been eating what I eat for a long time now, so I’m pretty routine at the grocery store… it’s kind of a judgment call. I get the sense that they’re just throwing that (‘warning’ label) on to be safe… When it’s may contain, I feel like they just threw that on.

Michael, Szandra and Alex make judgments about whether food distribution companies have placed warning labels on food for the purposes of protecting themselves to avoid being liable for allergic reactions that might be induced via their products. Michael, for example, had been eating a particular food, to which he had become accustomed, that subsequently acquired a warning label; he did not heed the warning.

Furthermore, according to Michael, not only do food distribution companies simply put warning or indicator labels on foods to be safe in terms of liability, but there is also some confusion with regards to what exactly all of the labels mean. According to Michael there is a lack of standardization with regards to food labelling especially as it relates to indication of whether or not the product contains or does not contain a
particular allergen: “…the may contain traces of peanuts, does contain peanuts, made in a facility with peanuts, which is just super weird that they don’t have a standard thing, like everything says something different”.

Diana, who is allergic to milk and “milk products”, articulates a similar concern or preoccupation with the potential pleasure that can be derived from consuming the foods to which she is allergic:

Interviewer: Would you buy cheese, for example, and eat it?

Diana: Yes, I would still, I know I’m not really supposed to, but I kind of cheat in that way… It’s more that I just can’t resist… and then after I kind of deal with the consequences… It’s difficult to completely stay away from it.

Diana went on to discuss her awareness of the fact that the pleasure derived from consuming the foods to which she is allergic is only temporary, after which she would cope with the reaction: “Initially, I kind of just really enjoy it, because I know it’s not going to last, and then I start feeling sick and all that”.

The process of reading food labels to determine what is okay to consume is a practice in which all the interviewees engaged. Some of the interviewees practiced strict avoidance of foods to which they were aware might have allergens in them. For most of the interviewees the practice of reading food labels and the ensuing choice to consume and/or not consume a particular food is mediated by past embodied experiences and familiarity with and of the food. The interviewees felt quite ambivalent about the truths of food labelling, mostly due to the fact they felt as though the warning labels or indicators were there for liability purposes. The consumption of some
foods therefore, with certain labels, was more risky than the consumption of food with different indicators. Some interviewees were more concerned about the possibility that their food was manufactured on equipment that may have come into contact with a potential allergen, in contrast to the suggestion that the product may actually contain a particular allergen. The interviewees also suggested that if they were to adhere to the indicators on foodstuffs and/or avoid the food to which they were allergic altogether, they would be deprived of the potential pleasures associated with consuming particular foods. In some cases, in the process of grocery shopping, interviewees were willing to forego the pain of a potential future reaction, for the satisfaction and sensual pleasure felt during the consumption of foods like chocolate and ice cream.

For those individuals who were primarily allergic to gluten and soya, the process of grocery shopping involved checking food labels. Camilla indicated that she has difficulty determining what she can eat because she was not sure about what constituted wheat: “Usually it’s hard though because like, I really don’t even know. It’s hard to really understand what barley and rye are. But for the most part I look for wheat”. Camilla emphasized the ease with which she was able to over time alter her diet such that it did not include gluten/wheat containing products. Initially she found it difficult to not eat foods she used to be able to enjoy eating, like pastries and cake. She suggested that she made a concerted effort at grocery stores for example, to avoid things that had wheat in them and/or might have come into contact with wheat. Camilla suggested that she would spend hours in grocery stores reading food labels such that she could avoid consuming something with wheat in it. Whilst she suggested that this practice was quite inconvenient and time-consuming, one of her main concerns was with the fact that searching out and finding gluten/wheat-free products tended to be difficult and also that gluten-free products
tended to be more expensive than non-gluten-free products: “I use rice pasta that I buy at the
grocery store. It’s also really difficult because everything is more expensive. I can buy gluten-
free bagels at the grocery store, but it is going to be seven or eight dollars a bag. My grocery bill
is usually substantially higher than most peoples’. So, it’s hard… it’s definitely manageable”.

Camilla went on to suggest that she was particularly “lucky” because her peers had cars
such that she was able to go to the grocery stores that had the foodstuffs she required: “…so it’s
like trying to find friends to take me (to the grocery store). I’m fortunate I have a lot of friends
who do have cars and are willing… It’s hard to access all of this stuff… If I want to go to a
gluten-free bakery, Fran’s Bakery is way out…”

Kathy, also allergic to wheat among a number of other foods, said that she spent quite a
lot of time reading food labels: “I’m careful about what I buy obviously. I read labels a lot…
there’s not a lot of prepared stuff I can eat.” As mentioned in chapter four, she also used her
pendulum to test food in certain instances: “I look at the label first, but in that instance where
you know it does say may contain, then that’s a little iffy. I can’t tell just by the label, so then I
might use that (pendulum).”

Kathy went on to say she felt “weird” in the grocery store in the process of testing
foodstuffs with her pendulum and would often resort to purchasing the food that had the
potential to cause an allergic reaction anyway and subsequently test it in her own home: “Now I
don’t always want to do that in the store, because it’s a little weird. If it’s not too expensive I buy
it anyway and test it at home”.
Alice, allergic to wheat and soya, articulated similar concerns to those of Camilla. Alice indicated that she would not put anything in her shopping/grocery cart before having read the label on the food she was interested in purchasing:

I don’t put anything in my cart I haven’t read the label for. I find once you figure it out, it’s not so bad. You know which foods you can trust and you know what you can’t. When it’s the beginning, when you don’t know, I found it was really hard, and it was really stressful.

As mentioned in chapter two, Alice goes through extensive processes of experimentation to determine which foods are okay to consume. Alice said that she also had difficulty finding stores that would sell foods she could eat: “…and for the longest time I had to go to a special bakery to get my bread, they’re not open all the time and they close for a month every year, so it was like now I need a freezer, so I can freeze the bread…”

In the process of reading labels, Alice has determined that there are specific instances when it is more likely that a product will have wheat in it: “…if I buy oatmeal, I tend to buy organic and tend to invest in the wheat-free. If it says ‘may have come’, processed in a facility that does wheat, may have wheat in it, I’ll go with the oatmeal that doesn’t because I know that there’s a higher likelihood that there’s going to be more wheat in something like oats because it’s sort of wheat-ish. Whereas, if it’s something like a chocolate bar, and it says maybe have traces of nuts and this and that, I’m like whatever, it’s a chocolate bar, the main ingredient isn’t wheat, or wheat-derived at all, it’s a totally different thing…”

In the process of buying food for consumption, individuals make judgments or assessments about the likelihood of a particular food containing the food to which they are
allergic. The validity of the information presented on food labels is often rejected as ‘false’ or suspicious on the basis that food distribution companies simply want to protect themselves from being liable for individuals’ potential allergic reactions. The information presented on food labels is often also rejected on the basis of previous embodied experience with those particular foods. Complementary to Yearley’s (2005) assertion that publics use their own knowledges to assess the credibility of expert claims, the interviewees rely on their knowledge of practices that occur in the process of food manufacture and production. For example, some of the interviewees indicated that they might be more likely to ignore a label that says “may contain wheat/peanuts” as opposed to a label that says, “manufactured on the same equipment that processes wheat/peanut”. This is complementary to Yearley’s (2005) assertion that members of the public know about practicalities of plant management through friends and relatives and are therefore concerned about the behaviour of people in the factories. In this case, the interviewees were primarily concerned about the fact that the “equipment” or technology may have contaminated their foodstuffs.

In addition to localized knowledge that the interview participants may have accumulated over the course of their lives in relation to processes of food manufacture and production, it is also possible that these individuals’ practices of consumption have been influenced by calls on behalf of advertisers and marketers for example to participate in reflexive awareness of the consequences of one’s relatively localized consumption practices. The individuals’ awareness and interrogation of food labels might be understood not only as a consequence of the discourse of management as espoused by doctors and allergists and due to past embodied experiences with particular products, but might also be situated against the backdrop of culturally specific calls for “globalized” and reflexive awareness of “distant others” along supply chains (Adams &
As mentioned in chapter two, reflexivity about the supposed consequences of globalization including the standardization of food production across the world, is required and is the supposed basis of movements such as the Slow Food (Sassatelli & Davolio 2010) and Fair-Trade (Adams & Raisborough: 2008) movements. It should therefore not be underestimated the influence the visibility of these movements and their concerns have had on the everyday experience of food allergy especially as it relates to the negotiation of institutionally defined risks.

One of the main themes discussed by the interviewees during the practice of grocery shopping, was an emphasis on not only the pleasure derived from consuming particular foodstuffs, but also the pleasure of engaging in experiences which involved the consumption of particular foods. It is in and through these experiences that individuals with food allergies confront normative expectations in particular contexts and make decisions about what to consume and what kinds of practices to engage in.

**Negotiating Risk and Pleasure in Consumption**

The following section will discuss the interviewees’ experience of eating out with friends and family. This section will demonstrate that individuals negotiate medical discourse and strategies for management as well as the desire to engage in particular experiences of consumption with other people.

The practice of eating out or eating in the company of others is something which all of the interviewees addressed. The practice of choosing what to consume involves as mentioned above, the reading of food labels and the consultation of other sources in determining that which is okay to eat (e.g. food labels). The practice of determining that which is okay to eat also occurs
in the company of others for all of the interviewees. In this context, as well as in the rather private context of grocery shopping, individuals negotiate the risks that are perceived to exist within particular environments and social spaces and also negotiate cultural scripts such as those that emphasize pleasure in and through the experience of consumption and social norms that emphasize that which is acceptable and normal in the process of engaging in consumption with others. The social context within which consumption takes places presents a number of problems for the interviewees, which will be discussed below. The interviewees emphasize the importance of engaging in ‘experiences’ involving the consumption of food with family, friends, acquaintances and colleagues.

A number of the interviewees, when asked about their experiences having eaten at places outside of their own kitchen and/or home, emphasized the importance of being able to engage in pleasurable social experiences with friends, family, acquaintances and colleagues. Szandra suggested that in the process of going to eat at a restaurant with significant others, she informs the waiter that she is allergic to peanuts. Szandra indicated that she was not willing to let her allergy prevent her from engaging in any kind of social engagement involving food with her family and/or friends:

It’s something that I see as an inconvenience at this point. I’m not going to let it stand in the way of me going out and having dinner with my friends or going out for a nice meal. I mean, there are certain restaurants I would avoid going to altogether. If I can strategically choose, where I can go and what I can order and what I’m supposed to say, and the way I deliver the message…I think all are things that will make a difference in the end if I go about it in the right way.
Similar to Szandra, Alex emphasized the importance of engaging in “new” experiences with friends, family and girlfriends. He suggested that in the process of eating out with friends, they would tend to be overly concerned with the fact that he had an allergy and would frequently stop eating peanuts altogether in his presence. Alex suggested that his family in contrast, had learned the parameters of his condition via their experience with him, and were therefore less cautious while in his presence with the food he was allergic to.

Alex suggested that his girlfriend would sometimes pressure him to go to particular restaurants that he knew could potentially result in encounters with peanuts: “My girlfriend, who has never really seen me have an allergic reaction, doesn’t really think it’s as serious as it might be. She’ll be like, ‘oh, let’s go to this Cambodian place’. I’m like, ‘ah, can we go somewhere else?’ and she’ll be like, ‘what’s the problem? Just ask them (the servers, waiters/waitresses, etc.)”.

Alex emphasized the fact that this did not make his family or girlfriend insensitive to his allergy, but their disregard for his concerns was legitimate or okay because it was understandable that they wanted to engage in new and exciting experiences with him. The situation was similar to the experiences he had with friends in the process of going out to eat: “I’m very wary of Thai, Cambodian, Vietnamese, I avoid those restaurants. If my friends make suggestions I’ll say, ‘Can we try something else?’, if they’re pretty set on it, I’ll still go with them, but I’ll usually make a comment about those types of foods”.

Alex’s behaviour in situations during which he felt rather uncomfortable about the potential of having to eat in a place in which it was more likely he could have an allergic reaction, was mitigated by his recognition or understanding of the importance of engaging in
different experiences with his friends and family. His empathy towards his family’s wants might be further understood as understandable with reference to his personal experiences throughout his lifetime. Alex lived and vacationed in for varying periods of time, the Philippines, Mexico and Thailand. His desires to live in and experience these countries and cultures, overrode in some sense his concerns about his allergy to peanuts. He suggested that the aforementioned countries were places in which not much was generally known about food allergies, and said that he was a “rarity” in Mexico. It is clear that Alex’s narrative resonates with the literature mentioned previously in the sense that he is willing to ignore the potential risks inherent in his experiences in other countries and at “foreign” restaurants, for the pleasure derived from travelling and eating, but also because he identifies and empathizes with the same desires and wants of others to engage in similar practices.

Camilla indicated that she also consumed foodstuffs she was “not supposed to”. It is clear in a number of the instances described that the imperative to consume particular foodstuffs was an important part of the experience to which she was a part: “For example, I went for sushi on Wednesday night and I ate stuff I shouldn’t have eaten and I had a lot of soya sauce. There’s wheat in soya sauce, so it’s kind of hidden in everything. But yesterday I was like really sick, like I couldn’t get out of bed… I did get out of bed because I had to. I just felt really crappy”. It is clear that the consumption of sushi for example, necessitates the consumption of foodstuffs that can and did cause Camilla to have an allergic reaction the following day. While it was not made explicit, it was implied that this was a worthy experience such that Camilla was willing to forgo the future possibility that she would have a reaction for the pleasure derived from engaging in the consumption of this particular foodstuff.
Alice echoes Alex’s assertion that the practice of eating is supposed to be ‘fun’. She said that if she were to be constantly concerned about the potential of having an allergic reaction in her processes of experimentation, that eating would not longer be enjoyable: “I used to (be concerned about potential reactions), but I’ve let that go. Because then eating is no fun. And yet, as soon as there’s any sort of symptomatology that makes me think food allergy… Banished to the land of not eating you!”

All of the interviewees’ narratives are complementary to Reith’s (2005) discussion of drug consumers, in that individuals negotiate their desires to engage in experiences and pleasurable activities, whilst also negotiating medical discourse and alternative practitioners’ discourse that frequently emphasizes the practice of avoidance as appropriate in dealing with the condition of food allergy. However, not all of the interviewees respond in a similar fashion. As will be discussed below, some of the interviewees isolate themselves in the process of consuming particular foods, while other people often partake in particular activities and often ignore the potential risks that may exist in particular social contexts.

Macgill’s (cited in Lupton 1999) concept of the risk position is also useful here such that it captures the location and positionality at and through which individuals must negotiate their desires, the demands of consumer culture and the discourses of a number of other actors. Not only are individuals contending with notions of risk and desire, but they are also negotiating the fundamentally social experience of consumption in a number of contexts (Urry 1995: 131). According to Urry (1995), the practice of consumption is premised on the ability to consume particular commodities in the company of other people. Nettleton et al. (2010) also refer to the strong moral forces in Anglo-Saxon society that are premised on the ability of individuals to eat a wide variety of foods. The aforementioned narratives are perhaps also indicative of the trend to
which Thrift (2005) refers: “…consumers are expected to make more and more extravagant investments in the act of consumption itself through collecting, subscribing, experiencing and in general participating in all manner of collective acts of sense making” (Thrift 2005: 7). Therefore it becomes clear that the experience of food allergy and practices of consumption, are not asocial and frequently involve reflexive engagement with medical and alternative practitioners’ discourse, as well as cultural scripts that emphasize the importance of letting go and participating in particular experiences. For those with allergies, the imperative to consume and/or engage in these experiences is mired with problems at a number of different levels. Additionally, following from Thrift (2005), it is worthwhile to acknowledge the practices of social movements (Sassatelli & Davolio 2010, Leitch 2006, Adams & Raisborough 2008) as well as advertisers and marketers, who call forth consumers to act responsibly via practices of consumption in potentially influencing the everyday experience of those who have food allergies. The information provided by these movements might be understood as cultural scripts or resources upon which individuals with food allergies draw in the process of making decisions about what to consume or avoid.

**Stigma and Isolation**

While many of the interviewees negotiate or demonstrate conflicting demands on the consumer, as well as their desires to engage in pleasurable activities with friends and family for example, the decisions made about what to do in particular contexts frequently resulted in feelings of awkwardness, uncomfortableness and general concerns about the ways in which others were perceiving their consumption practices. A number of the interviewees used the word ‘stigma’ to describe the ways in which they experienced their condition and concerns about isolation from others, due to their inability or unwillingness to participate in particular practices, were also articulated. Whilst experiencing social situations involving the consumption of food as
frequently problematic, the likelihood of this varied in a number of cases, according to a number of different factors. In some instances, the practice of eating out and conversing with others, provided forums for the exchange of information about allergy and for the cultivation of understanding about one’s condition. The cultivation of understanding about one’s condition via the forums of restaurants and in other people’s homes, is complementary to Warde and Martens (2000) assertion that the process of eating out engenders *mutual sympathy* through which individuals acquire a better understanding of one another and is also a rich source of conviviality and cooperation. The practice of eating out, according to a number of the interviewees, also revealed additional channels and/or mediators through which information was acquired of and about allergy.

Michael, is allergic to dairy, nuts and fish, said that he would frequently completely avoid going to eat out at restaurants:

…most of social life is over food kind of… I haven’t learned how to live as an adult with allergies. I could usually eat stuff at restaurants if I tried… and make a big effort, but sometimes I’ll get sick maybe like throw up, get hives or get sick, so it seems not worth it. So a lot of times I just either don’t go, because it’s just annoying, or don’t eat anything, which makes it awkward for people.

Michael goes on to describe the process through which he removes himself from social situations involving the consumption of food: “I’ll sort of check out, I’ll be like, ‘I’ll meet you guys after’, or I’ll have to feed myself, so I will go home just separately, so I’ll go home and cook for myself and then meet up”.
Michael said that he generally felt uncomfortable and awkward in situations in which he would be eating around other people. Michael said that he was not comfortable with making other people feel as though he had to be “accommodated” and would therefore avoid eating out and/or eat things like, “coffee…fries or salad”. Michael generally felt uncomfortable because his perception was that other people also felt uncomfortable by his eating practices:

…stuff with girls is really awkward, because girls will feel super fat if they’re eating a meal, and I’m eating like, coffee. It’s just awkward for everyone… so it makes people feel awkward, and then it’s just generally really bad because I will have to eat, I’ll have to be going home and eating or cooking something.

Michael generally felt isolated not only in the sense that he had to go home after meals to eat, but also during school events at which he would have to separate himself from the larger group, in order to eat the food he had prepared separately: “I’m constantly just isolating myself to go eat”.

Kathy, allergic to wheat, dairy and some fruits and vegetables, said that her allergies had also resulted in rather awkward situations whilst eating out and in other people’s homes: “It’s impacted by social life, in that, people are scared to invite me over for dinner, I have people at my house, but then they often don’t reciprocate. After you have someone over multiple times, you kind of get discouraged”. Kathy spoke more about the experience of eating in other people’s homes. For example, she referred to her experience eating at her in-law’s home:

If my mother in-law has cooked something, and I’m not really sure, but I can sense that she’s going to be offended if I don’t eat, I might eat it anyway and then suffer later.
Although, she does try. She had made that choice and substituted something that I could eat. So that was nice.

Kathy said that due to the fact her mother-in-law was very strict and routine with regards to the food she cooked for dinner, she found it difficult or impossible to intervene and make suggestions about potential substitutes, such that she could enjoy the experience of eating at her in-laws’ home. “Potluck” dinners were also described as requiring forethought, such that she might be able to participate in the practice of eating: “I just quietly go to my bag and dump out my little container onto my plate, and it was fine. I mean it was a social event and at least I had something to eat. But I mean that just happens all the time”.

Like Michael, Kathy also experienced events at her work as rather problematic. Her work necessitated frequent travel and due to this she frequently had to pre-prepare meals, such that she would be able to eat during her travels: “It means I’m carrying more luggage, and I have to plan ahead and I do find that makes it more stressful than just being able to get on a bus or train and eat what’s there”.

Camilla, whilst probably less likely than the other interviewees to isolate herself in the process of eating out, experienced other kinds of problems in the process of eating out with acquaintances and/or friends: “Sometimes I find it embarrassing. I don’t want people to think I’m not eating carbs… that I’m on a diet. I hate that kind of stigma”. As described in chapter four, Camilla experienced a rather traumatic period of time during which she became very emotionally upset having discovered that she could no longer eat wheat, however she also suggested that it was relatively easy to find substitutes for the food she used to eat: “I love food and it’s one of my favourite things. I do some baking sometimes at home too. My mom’s really
good for that too. She’ll make me brownies when I go home”. Camilla suggested that the process of eating at home and baking became relatively easy, due to her ability to find substitutes for wheat, although also suggested that eating out in restaurants and travelling was problematic in the sense that people would frequently think she was on a ‘diet’ and also in the sense that she was anticipating the need to ‘prepare’ before travel.

Beth, allergic to nuts, similarly suggested that in the process of eating with others, people would question her about her reason for denying particular foods: “I just turn down dessert, especially if I don’t know what’s in it, or if someone else has made it… they’re like, ‘oh, why are you on a diet?’ Sometimes people get really persistent, but sometimes I just don’t feel comfortable”.

Alice, in contrast to some of the other interviewees, seemed rather confident in the fact that it was okay to reject particular foods in the presence of others and did not necessarily feel any need to accommodate the perceived wants of others in the process of eating out: “Sometimes it’s hard, because people will be like let’s go eat here… and I’ll be like oh, catch you guys next time then… kind of feel like shit, but a the same time, I’m not going to get sick”. Alice, like Kathy, experienced more problems in the context of eating with family. She described the process of telling her parents that she could no longer eat wheat and soya as rather “challenging”: “My mom was like, but you’ve always eaten wheat?... you’re just being picky. The mom and the mom in-law took it really personally. I have somehow personally offended their abilities as cooks. I’m pretty verbose, pretty articulate, it didn’t matter, they didn’t get it”.

Alice also however articulated the fact she was aware the process of eating out was an experience for other people: “Because usually I’m not there by myself, it’s usually part of an
experience with other people, so I try to maintain that consideration that they’re there to have an experience as well”. While suggesting that she was rather “verbose” in the context of family dinners with regards to communicating the parameters of her condition, she suggested that she would take into consideration while eating out with other people, the fact that they were there for a pleasurable and uninterrupted experience.

All of the aforementioned interviewees expressed concerns about the process of eating out in different contexts (e.g. at restaurants, while travelling, in other people’s homes, etc.), and articulate the flawed aspects of their consumption practices. Some of the interviewees said their family members did not understand their condition and were not willing to compromise their baking/cooking rituals or habits. Most of the interviewees suggested that they felt uncomfortable disturbing the process of eating out, especially in the context of the restaurant. The interviewees described the process of communicating to others about their allergies as being rather “quiet” or “silent” in the sense that they did not want to disturb and/or impose on others during their eating experience. The interviewees responded in a number of different ways that included, isolating oneself in order to consume food, eating food anyway in order to avoid confrontation and offending others’ abilities and subsequently getting sick and/or having allergic reactions and avoiding collective consumption practices altogether.

As mentioned at the outset of this section, it is clear that while individuals who experience food allergies contend with expectations and norms in and through consumption practices, their narratives also reveal the processes through which mutual sympathy and understanding is engendered in these contexts.
For example, Alice suggested that while she initially had difficulty with her family in terms of getting them to understand her allergy to wheat and soya, she did not encounter as much resistance to the existence of her condition with her friends and acquaintances: “I hang out with other yoga folk, most of them tend to be really nice, really friendly, really open-minded, so there’s actually a lot of understanding and a lot of compassion and a lot of really interesting, cool discussion about it (food allergies)”.

Alice also indicated that it was actually easier to eat out at a restaurant then at a family member’s house because this meant that other people were not held responsible for remembering or having to recognize the existence of one’s food allergies: “So, by eating out, we go somewhere where we know everyone can eat, and then everybody eats what works for them”. Alice also suggested that it was only through her close encounters with her husband during the consumption of particular foods, that he was able to learn and accept the fact that she was in fact allergic to wheat and soya.

As mentioned earlier, Alex suggested that it was through the process of eating with his family over time that they had learned the parameters of his condition. He also said that it was through collective events with his family that he would exchange information with family members who also had food allergies:

“Within my extended family… I have a peanut allergy, my uncle has an all nut allergy. There are three or four people in my immediate family that have peanut allergies. We are not all connected by blood. We’ll have a big family reunion and there will be four or five of us with nut allergies. My uncle will ask me, “Alex,
have you tried this chocolate before?” I’m like, “yeah, I’ve had it”. Then he will eat it. There’s like this trust, if Alex’s eating it, then I can eat it.

It is also likely that Szandra’s friends’ witnessing the severe allergic reaction she experienced whilst on holidays contributed to their knowledge of the condition and the impetus to avoid bringing peanut-containing products into their common space: “My entire house is fully aware of it. We don’t have peanut butter in the house. Sometimes they’ll buy treats. I have to say everyone has been pretty cautious about it, and they’re aware”.

The interviewees understand that eating out and the collective consumption of food should be enjoyable and pleasurable for all who are involved. They are pleasurable in the sense that they should occur without interruption and void of conflict. A number of the interviewees struggled with their desires to engage in these experiences and also to ensure that the other people in attendance were not ‘put off’ or disturbed by the requirements of their allergies. As indicated by Warde and Martens (2000), the practice of eating out is also a venue or forum in and through which mutual understanding about other people is engendered. It is clear that in the case of those individuals mentioned above, that understanding of conditions like food allergy is engendered through practices of eating out in restaurants, at events and while at other people’s homes. It is also clear that in and through contexts of consumption, information is transmitted about the condition of food allergy. For example, according to Alex it was through his interaction with other family members, that they were able to determine additional foods which were okay to consume.
It should not be underestimated, as indicated in the interviewees’ responses, the degree to which individuals with allergies are concerned about stigma and isolation. This becomes relatively clear in Michael’s response towards the end of his interview:

I have to be very survival conscious at all times. I have a friend, he’s always going on different road trips to places and just… doing whatever… and we share a personality type in most ways, but because I have to be conscious of sustaining myself, I can’t live this cool guy, free life I want to. I have to be relatively grounded to a kitchen and a grocery store… in terms of my way of life, it’s kind of like… a lack of freedom… I would so be more adventurous.

**Introspection and Food Allergy**

In response to questions about whether there had been any changes observed over time in the ways food allergies were regarded or treated in any domain, most of the interviewees referred to a general increased societal awareness and knowledge of food allergies. In contrast to the media’s coverage of allergy discussed in the introduction that primarily focuses on the debate around the alleged increase in the prevalence of food allergy, the individuals interviewed were not particularly concerned with the aforementioned issue. As discussed in the introduction, most popular media accounts of subjects who experience food allergy, as well as those presented in sociological literatures on individuals who experience and negotiate risks, are not attuned to the degree to which discourses of risk are subject to critical deconstruction at a number of junctures in the practice of consumption. The experience of risk varies in each case and is dependent on culturally and socially defined expectations about consumption practices. It should not be underestimated, as mentioned by Tulloch and Lupton (2002) in their study, the degree to which
the interviewees were reflexive about the ways in which their social, cultural and politico-economic positionalities influenced the ways in which they were experiencing their food allergies in contemporary and past contexts. Michael, for example, felt that more people seemed to be aware of the phenomena of allergies. He referred vaguely to some changes he had noted in relation to the increased availability of allergen free foods, but ultimately suggested that the increased awareness of the phenomena of food allergies could be attributed to its status as an “invisible disability”. Michael referred to a demand in society that emphasizes the importance of acknowledging individuals’ identities and also that individuals be treated “specially”. Food allergy therefore had been re-appropriated by society such that it was deemed a special part of one’s identity. Michael also spoke of the phenomena of food allergy as becoming politicized in the sense that his mother for example, advocated for him as a child: “…I think as time goes on, people more and more feel like they have a right and their kid has a right”.

Whilst identifying a social and political context that accommodates for and emphasizes individual identity, Michael consistently emphasized the fact that he was unwilling to be “pushy” or have people accommodate him in particular social situations with regards to his food allergies. As mentioned earlier, while articulating the fact that food allergy constituted an invisible disability through which some “pioneers” could advocate for their rights, he was unwilling and avoided appealing to this kind of “special needs” discourse in practice.

Michael referred to himself as particularly “repressed” about his allergy and not very “introspective”. However, as was mentioned previously, Michael felt particularly “weak” because of his allergy, not only because he could not live the cool guy lifestyle, but also because he had to rely on other people for the purposes of consuming food. Michael highlighted the value of his food allergy in that he suggested it forced him to learn how to trust other people.
It is evident, therefore, that in the practice of consumption in various contexts Michael was not only negotiating cultural scripts that emphasize the importance of conflict-free interaction around consumption and medically and corporately defined risks, but was likely also simultaneously negotiating and performing the demands of masculinity. Michael’s suggestion that contemporary society responds to and demands vocalized advocacy, as well as the negotiation of the aforementioned cultural scripts and social norms, often resulted in uncertainty about what action to take with regards to consumption and participation in social events. As a result, he would isolate himself to cook and eat, and avoid going to social events altogether.

Szandra also referred vaguely to a generalized increased awareness of the phenomena of food allergies, and suggested that peanut allergies in particular seemed to be increasingly common. She asserted, however, that the main reason people were becoming more aware of food allergies was due to “liability” issues and concerns. She referred to specific restaurants and said that if it were the case that they did not take note of food allergies, “…it’s a serious lawsuit on their hands”. It was the liability conscious mentality of particular companies and in particular contexts, that according to Szandra, allowed her to experience her condition while eating out, as relatively unproblematic. Szandra also emphasized the role of her personality in influencing the degree to which she may or may not experience her condition as problematic in the context of consumption. She referred to herself as a “bully”, in the sense that she would make sure people were aware of the fact that she was allergic to peanuts. Lastly, Szandra identified a context of mutual understanding through which individuals exchanged information about their experience with and of food allergies. According to Szandra, it was the word-of-mouth process through which individuals were becoming more aware of the phenomena of food allergy. She said that it
was likely most people know someone who has a food allergy, and were therefore more likely to care about and acknowledge the demands of her condition.

Szandra suggested it was clear there were differences in the prevalence of food allergies in Western as opposed to Eastern countries. Michael made references to the time he had spent in Africa, during which it became obvious to him that people did not understand what food allergies were in the same way that he did. Alex, who had lived in the Philippines for twelve years and had the opportunity to vacation in South America, believed there was less awareness of and knowledge about food allergies in countries “overseas” because there were less people in these particular countries who had food allergies.

A theme that emerges not only out of the participants’ discussions, but also as a result of the epidemiological data presented in chapter one, is a lack of data available about the prevalence of food allergies in the global south. It is clear that surveys on allergy and food allergy and also about the experiences of these conditions are confined to countries of the “global metropole” (Connell: 2011). The absence of data from these regions has consequences for the participants’ understandings of their conditions, as primarily experienced by citizens of Western countries, and also for sociological studies that attempt to locate the culturally and socially influenced and negotiated experiences of conditions like food allergy.

Like Szandra, Alex suggested that the increased awareness of and knowledge about food allergies was the result of “legal cases” whereby individuals died of allergic reactions to peanuts. He referred to these events as “big things” and also the subsequent media attention directed as these particular significant events. Whilst suggesting that awareness and knowledge of the condition had spread significantly in Western societies like Canada, Alex also suggested that he
understood the prevalence of food allergy to have increased substantially over time. Alex, like Michael and Szandra, not only negotiates the risks outlined on food labels and cultural scripts emphasizing the importance of engaging in various experiences that involve consumption with family and friends, but also emphasizes the value of the liability conscious mentality and/or approach of various institutions and companies, in the sense that he is less likely to experience his condition as socially problematic. Like Michael however, Alex experienced a radical change in his life course due to his peanut allergy:

I was applying to join the Canadian forces and they turned me down because of my peanut allergy. They said because of my peanut allergy and the severity of it, because it’s Anaphylactic, I don’t meet the basic medical standards and they didn’t allow me to service.

Alex did not end up pursuing desensitization therapy as recommended by the Canadian Forces, and went on to pursue another career. The negotiation of food allergy in practice therefore is clearly negotiated through norms of masculinity as is made clear via Michael’s reference to the cool guy, “free lifestyle” he was unable to live and achieve and also through Alex’s story about his rejection from the Canadian Forces.

Beth suggested that it was clear people in general were becoming more aware of and “mindful” of food allergies. Similar to Szandra, Beth suggested this was likely due to the fact that individuals’ knowledge of other people and/or family members who have food allergies, and are therefore more likely to be aware of its prevalence and requirements in everyday life. Like Alex, she suggested that people were continually reminded of food allergy through the availability of peanut-free products. Beth also referred to a “political correctness” that people
were enacting, especially in restaurants, in acknowledging or accommodating someone who had a food allergy. As mentioned previously in Michael’s analyses, according to Beth, food allergies have acquired a status similar to that of a physical disability whereby in the Canadian context specifically, establishments such as restaurants are required to accommodate food allergic individuals. Like Michael, however, whilst identifying a rather tolerant and/or accepting political/social context, Beth suggested that she did not feel comfortable talking about her food allergy in certain social contexts for fear that she would interfere with the experiences of others and also to avoid rather confrontational discussions about whether she was on a diet.

As mentioned in chapter four, the interviewees developed theories based on the integration of various sciences about food allergy causality. Kathy and Alice were especially reflexive and articulate, likely due to their socio-cultural positioning and the fact they were older than the other interviewees, about the ways in which particular social practices and environments influence the biological and psychological experiences and effects of food allergy. Kathy, allergic to gluten, soya and a number of fruits, vegetables, and chemicals, had some elaborate theories about why she had developed food allergies. Kathy’s primary assertion was that her “system” had been weakened by a series of events that took place over the course of her life. Kathy suggested that due to the fact she was “colicky” as an infant, she was more prone to developing food allergies:

…my father who was almost fifty when he got married… had really been enjoying her wonderful cooking (her mother)… and suddenly there was this baby and he was still expecting a lot of attention, so she was quite stressed. So, she gave up and started feeding me milk (instead of breastfeeding), and then I got colicky.
Ultimately, Kathy’s experience as an infant and the demands of her mother by her father to fulfill socially and culturally defined gender roles, were all contributors to the development of food allergies throughout her lifetime. Kathy suggested that the conflict she experienced in relation to her food allergies, especially during familial events, was the result not of the demands of her condition (e.g. the requirement that her family prepare allergen-free dishes), but due to her concerns about the role of the environment and presumably also the role of her mother and father in “causing” her allergies: “… she (her sister) gets kind of impatient with me about not so much the food, but about my concern about the environment and what is in products… She says I don’t want to worry about that, I just want to live my life, and she thinks I’m being really negative”.

Alice, like Kathy, experienced what she described as “resistance” by her family to her food allergies in the contexts of consumption. It was only through her subsequent encounters with her family over time, that they realized her altered diet that accommodated for the foods she was allergic to, was making a “difference”. Alice also suggested like the other interviewees, that it was clear people were beginning to understand food allergy. For example, in restaurants, she said that it was clear the staff were “versed” in the requirements of a number of different food sensitivities and allergies. Alice said that due to the fact she frequently associated with “yoga people”, especially while consuming food, she did not experience her condition as especially problematic. The people she associated with tended to be very accepting and understanding of her condition, as they also experienced similar conditions, sensitivities and allergies. Alice, like Kathy, developed theories and ideas about the role of sociality and anti-social behaviour as an explanation for a generalized increased awareness of and about food allergies: “I think that people are either becoming or noticing that they’re more sensitive. And, like all things, sensitivity is on a spectrum: the most highly sensitive people might be autistic, the least sensitive
people… well, maybe psycho, socio-paths would fit into that category?”. According to Alice, one’s ability to become aware of one’s allergies/intolerances is dependent to some degree on one’s awareness of and integration with the external “social” environment.

**Conclusion**

As I described in chapter one and two, the discourse of risk has permeated social scientific and historical analysis of food allergy, as well as representations of food allergy in popular media and medical/scientific literatures. Lauritzen (2004), for example, in her study of parents’ illness narratives of their children’s allergic conditions, refers vaguely to the tones of ‘uncertainty’ in parents’ narratives about their children’s allergies as indicative of, “…risk discourses permeating contemporary society” (Lauritzen 2004: 1308). Jackson (2006) in his review of the history of allergy as metaphor and disease, suggests that, “…historians and social scientists have also exposed the manner in which the ‘culture of risk management’ provided agencies with a powerful means of moralizing and regulating certain forms of supposedly dangerous individual and group behaviour (Jackson 2006: 153). It is in and through the risk society that according to risk society/governmentality theorists, that people live precariously in circumstances of environmental uncertainty.

However, these theories and representations are limited in their explanatory potential for the everyday lives of those individuals who experience food allergy as demonstrated via the above interview excerpts. The discourse of risk as it relates to food allergy is subject to critical deconstruction at a number of different points of contact including while shopping at the grocery store and while eating out with friends. The (de)construction of these risks occurs as a result of past and embodied experiences that have not necessarily confirmed the validity of the risk
assessment, knowledge of manufacture processes, as well as the impetus to experience pleasure and engage in pleasurable experiences with food, family and friends.

Not only are the risks associated with the experience of food allergy subject to deconstruction at a number of different points, but the interviewees demonstrated they were reflexive about the ways in which their condition and the associated risks were experienced differentially depending on their social, cultural and politico-economic positionality. Alice’s reference to her experiences with her “yoga friends” as well as Michael’s reference to the politicized context through which he experienced his food allergy, are evidence perhaps of insecurity and/or a lack thereof emerging out of the processes of consumption. The risks encountered via food allergy are not seemingly particularly psychologically troubling. The interviewees perceive themselves as flawed consumers and are demonstrably not concerned with those issues presented in popular accounts of food allergy in society.

The above interview excerpts have shown how individuals, in mundane practices such as grocery shopping, make situated decisions and judgments about the likelihood of a particular food containing the allergen to which they are allergic. These situated decisions involve the negotiation of personal and embodied previous experiences with particular foods, knowledge of the mechanics of food production processes and the discourse of medical and alternative practitioners’ which dictate the requirements for management of conditions like food allergy as well as the discourse emerging from movements such as the Slow Food and Fair-Trade movements that often demand, require and assume “extended reflexivity” (Adams & Raisborough 2008: 1169) about one’s consumption practices. The interviewees frequently consume products they understand might cause potential allergic reactions because of the sensual pleasure that is derived from consuming particular foods and in some cases in order to determine
if a particular food is safe or okay to continue consuming. This practice constitutes what Lyng (2005) would refer to as edgework or voluntary risk-taking and is similar to the contexts Reith (2005) refers to in which drug consumers negotiate the rational-medical discourse and the urge or desire to break free.

The interview excerpts have complemented a series of literatures on the negotiation of risk and science via consumption. As mentioned in the literature review and via the interview excerpts, social and cultural positionalities within a number of different domains including contemporary consumer culture have consequences for the ways in which allergy is experienced and performed. The emphasis on pleasure derived from consumption and the importance of conflict-free interaction in consumption, have real social and psychic consequences for the interviewees. The interviewees made a number of different decisions in response to their perceptions of others wants and needs, in the hopes that in some cases those individuals would not be offended or insulted. Some of the interviewees would isolate themselves and eat alone, forgo the risks associated with particular situations and engage in consumption practices with family, friends and acquaintances.

It should not be underestimated the degree to which the interviewees felt isolated, stigmatized and ultimately immobile due to their practices and condition, as not only were there efforts made to remedy their flawed consumption practices, which had real consequences for their relationships with family members, but there were also radical alterations made to career goals and life trajectories.
Chapter 6

Conclusion: Implications and Contributions

Qualitative sociological research on food allergy and intolerance has been relatively sparse. In this exploratory study, I have sketched a theoretical framework to understand the everyday experience of food allergy in society. In the remainder of this concluding chapter, I will discuss the contributions my research has made to substantive fields of study in the discipline of Sociology, including: the sociologies of health and illness, social studies of risk, consumption and social studies of science and technology.

Through the case study of the experience of food allergy, I have sought to open up the study of the condition of food allergy to the possibilities that other theoretical frameworks may afford, namely those of consumption studies and the public understanding of science. In contrast to labelling the phenomena *a priori* as an illness, disability or impairment, I have emphasized that the experience of food allergy is one of consumption, through which one can examine three interrelated processes or conditions: risk, reflexivity and embodiment. As will be discussed in more detail, theories of consumption/science as practice and negotiation and theories of embodiment, emphasize the reflexivity of the individual in their experience of food allergy, whilst also highlighting the perceptual privilege and/or limits the condition of embodiment offers. Food allergy therefore, is understood as something which is relatively contested in its definition and in terms of management at the everyday level. In conclusion, I suggest that while these frameworks provide one with the sociological vernacular to begin to understand the experience of food allergy, they are limited in their explanatory potential, primarily due to their
inability to account for the lack of political/ethical motivations of consumers and coincidental, experimental and pleasurable processes that are a fundamental part of becoming food allergic.

Throughout the above chapters I have highlighted, employing a number of interview excerpts, the process of information/knowledge acquisition as it relates to food allergy. I was primarily concerned with exploring the negotiation of risk, as it is circulated via the institutions of medicine and science. Numerous social scientists have explored the experience of other conditions that might be considered similar to the experience of food allergy in that individuals with diabetes (Broom & Whittaker 2004), cholesterol conditions (Lambert & Rose 1996) and food intolerance and allergies (Nettleton et al. 2010, Lauritzen 2004) for example, negotiate discourses of risk as espoused by medical practitioners and the food industry. As discussed in the introduction and literature review, some theorists (Nettleton 2006) discuss the emergence of surveillance medicine through which the body is increasingly subject to the medical gaze or medicalization and is therefore subject to increased incidences of medical testing and screening. The process of medicalization therefore, renders medicine a powerful institution of social control such that the parameters of normality and abnormality are dictated by specific individuals and institutions in society. Post-Foucauldian scholars such as Rose (1999) claim that the discourse of risk is simply another technique of contemporary governance through which individuals come to understand themselves as requiring particular forms of intervention.

However, these studies tend to either refer vaguely to the possibility that discourses of risk and uncertainty are manifest in the psyches of individuals who experience food allergies or suggest that public policy as it relates to the regulation and management of food allergy in schools, is an extension of neo-liberal policies aimed at the intervention into and regulation of the lives and consumption practices of children. Through qualitatively-based exploration, I have
sought to understand the applicability of these sociological frameworks for understanding the everyday experience of food allergy.

It is evident in the stories told by the individuals interviewed, that at some point during and throughout the course of their lives in experiencing food allergy, they encounter the medical gaze and the discourse of risk in its myriad forms (e.g. through skin testing, doctors’ and allergists’ recommendations for management, etc., via food labels and via scientific theories of and about food allergy causality). However, a theme emerged via the interviews suggests that perhaps theories of governmentality as they relate to the discourse of risk overestimates the degree to which individuals are subject to these discourses as they are disseminated via medical practitioners. Much of the information acquired about food allergy and causality is acquired via holistic nutritionists and numerous alternative practitioners. As was mentioned at the end of chapter four, the practitioners’ discourse and readings of the body has potential consequences for the ways in which people come to understand their food allergies and the degree to which they felt individually responsible for the management of their condition. The allergic condition was allegedly intertwined with and dependent on the participants’ levels of good or bad physical and mental health. Additionally, the interviewees tended to emphasize the word-of-mouth process through which they acquired information about their conditions. Tacit knowledge about food allergy was exchanged and circulated between and among friends, family, acquaintances and colleagues.

Ultimately, in contrast to Foucauldian and post-Foucauldian emphases on the central role of the state and associated institutions such as medicine in directing the form and flow of the discourse of risk, it is clear there are a number of additional agents involved in the process of knowledge and information acquisition about food allergy, which potentially has consequences
for the ways in which allergy is defined and understood. What also becomes evident through the participants’ narratives is the combination of discursive resources between and among different entities. For the purposes of further study it would be interesting to explore the extent to which medical doctors integrate alternative techniques in their everyday practices and investigate the consequences this synthesis may have for the lived experience of conditions like food allergy.

Whilst not underestimating the consequences that medical practitioners’ discourse of risk has for the everyday experience of those who are food allergic, I suggest these theorists emphasize to a lesser extent the process through which individuals negotiate and are not passive recipients of information.

As was emphasized in the conclusion of chapter four, it is evident that the negotiation of allergic risk information and knowledge of one’s condition is mediated via a number of different actors and agents and is a condition therefore that is continuously being negotiated at the everyday level. Therefore, in order to frame and understand the ways in which individuals with food allergies were active and reflexive in the process of knowledge acquisition and negotiation, I drew on a number of scholarly literatures in order to understand the process through which individuals negotiate and reflect on themselves and their practices.

In the process of directing awareness to the self for the purposes of making situated decisions about what to consume or avoid or what risks to accept as true or false, individuals who experience food allergy engage with a variety of structural, cultural and discursive influences. Lyng (2005) for example, demonstrates that individuals are not necessarily risk-averse and frequently engage in voluntary risk-taking or edgework in their everyday lives. As
Reith (2005) suggested, this is perhaps indicative of the tightrope individuals must walk in and through the practice of consumption.

Scholarly literature and theories of consumption and social studies of sciences as practice has provided a framework for understanding those who experience food allergy as engaged in the deconstruction and negotiation of the parameters and meanings of their conditions. Theorists of consumption (Sassatelli 2007, Leitch 2006, Tulloch & Lupton 2002) for example criticize the liberal-utilitarian and theories of mass cultures’ ontological assumptions to suggest that the consumer/subject cannot be understood as essentially utility-maximizing, hedonistic, rational, satisfaction-seeking and/or manipulated and coerced. Scholars such as Warde and Martens (2000) also suggest that the subject or consumer cannot merely be understood as engaged in practices of differentiation through which one displays one’s social status or class. Sassatelli’s (2007) theory of consumption as practice is particularly useful for understanding the everyday experience of food allergy as involving distinctly reflexive agents, constantly engaged in processes of appropriation and through which the structural principles of any given society are also consistently being woven into the practice of consumption.

Sassatelli’s (2007) theory also provides one with a framework for understanding the ways in which consumption or shopping enables consumers and producers to express clear political views and with clear political intentions. Far from constituting a straightforward act of consumption, the purchase and consumption of food is perhaps increasingly done so according to political and ethical commitments. Movements such as the Slow Food, Fair-Trade and the consumption/avoidance of genetically modified foodstuffs, are perhaps indicative of an increasingly reflexive process through which individuals engage with processes such as globalization and scientific information. Individuals with food allergies are perhaps enrolled in
the discourse of these particular movements/actors. This is potentially exemplified in the large quantity of products that are advertised on the bases that they are simultaneously healthy, allergen-free and organic. Further studies of food allergy/intolerance in consumption would require a framework of understanding that acknowledges a lack of political/ethical commitment to for example, preservation of the environment, anti-globalization, etc., whilst also be considered a legitimate form of alternative/reflexive consumption.

Science studies also provides one with a framework for understanding individuals’ negotiation and reflexive engagement with scientific information. Yearley (2005) discusses the ways in which lay individuals deconstruct risk as it is represented by scientific practitioners. He highlights the myriad ways in which science is deconstructed by other actors/institutions (e.g. through the court), as well as by and through itself. In this way, as is the case with studies of individuals’ consumption, one is encouraged to understand risk as something which is not consistently disseminated and project by various institutions over time, but to understand it as negotiated and deconstructed by individuals like those who experience food allergies.

Lastly, the experience of food allergy is evidently not only negotiated through the discursive entities and cultural influences identified above, but is also an embodied experience. In order to understand the ways in which individuals experience food allergy as embodied, I drew upon Yearley (2005), Leder (1990) and Merleau-Ponty (1948) who investigate and theorize the concept of embodiment, in order to understand the situated way in which people negotiate scientific information for example, and also engage in everyday practice broadly speaking. What becomes evident via the participants’ interviews, is that the deconstruction of scientific information/risk for example and reflexive consciousness is mediated through the body. For example, with regards to food labelling, individuals consistently ignore warnings about the
potential risks involved in consuming a particular food due to past embodied experiences with those particular products. The pursuit of sensual pleasure and desire for pleasurable experiences involving consumption are often bound up in the interviewees’ situated decision-making about what foods to consume and what kinds of social activities to engage in. Additionally, knowledge about the parameters of one’s allergic condition is derived via experimentation with and through the body. Perceptions are significant forces through which individuals experience food allergies and reactions. They are often highly emotional and traumatic events. Yearley (2005) suggests that the condition of embodiment constitutes perceptual privilege in that through this condition that the deconstruction of scientific beliefs is possible. It would be worthwhile for further research on the everyday experience of food allergy to examine the influence of emotionality and perception (including those of the viscera), on one’s reflexive consciousness and understanding of food allergy.

In conclusion, due to my reliance on primarily sociological vernacular and discursive resources, especially those of the social construction of knowledge and risk, it has become clear there are limitations with regards to the exploratory potential of these theoretical frameworks for understanding the everyday experience of food allergy. The theoretical resources have provided me with a vocabulary to understand the political and ethical motivations of certain groups as it relates to the consumption of particular foodstuffs for example. However, it is clear that theoretical frameworks are needed that acknowledge an absence of political/ethical motivation in consumption.

The individuals’ narratives also demonstrate awareness and reflexivity about the ways in which their social/political/historical/cultural positionalities influence their experiences of the condition. For the purposes of further study it would be worthwhile to investigate the ways in
which the sociology of one’s risk positionality is performed daily and throughout the lives of individuals who experience conditions like food allergy and examine the implications this form of knowledge has for the definitions and experiences of health and illness.

It is clear that further and more in-depth studies on food allergy/intolerance in society require the use of diverse and multi-disciplinary knowledges about the condition to understand the ways in which individuals with food allergies participate in public discourse and in various social/cultural domains. As I have mentioned elsewhere, it is clear that food allergy and its relationships and similarities to other health and illness related issues such as diabetes, asthma and depression are becoming increasingly important public and political issues as they appear on media and policy platforms. For the purposes of future studies, as mentioned in chapter one, it would be worthwhile to understand not only the ways in which biopolitical actors and agencies enroll individuals into their studies of conditions like food allergy, but also to understand the ways in which individuals participate and negotiate public discourses around food allergy and intolerance, which clearly has consequences for the ways in which it is defined and experienced.
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February 13, 2011

Ms. Stephanie Noma
Master's Student
Department of Sociology
Queen's University
Kingston, ON K7L 3N6

Dear Ms. Noma:

GREB Ref #: GSOE-081-11
Title: "Understanding a 'Modern Plague': Exploring the Everyday Consumption and Negotiation of Food Allergy in Society"

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "Understanding a 'Modern Plague': Exploring the Everyday Consumption and Negotiation of Food Allergy in Society" for ethical compliance with the Tri-Council Guidelines (TCPS) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (article D.1.6) and Senate Terms of Reference (article G), your project has been cleared for one year. At the end of each year, the GREB will re-evaluate your project to determine if no, what changes have occurred or will occur in the next year.

You are reminded of your obligation to advise the GREB, with a copy to your Chair, any adverse events that occur during the one year period (details available on webpage http://www.queensu.ca/grebesearch/Ethics/AdverseEvents.html). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the research or participants or situation that requires a substantial change in approach (or participation(s)). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes in study procedures or implementations of new aspects to the study procedures on the Ethics Change Form that can be found at http://www.queensu.ca/grebesearch/Ethics/GREB Forms.html - Research Ethics Change Form. These changes must be made to the Ethics Coordinator, Gail Ireland, in the Office of Research Services or via IRB@queensu.ca prior to implementation. Ms. Ireland will review your request for protocol changes to the appropriate GREB reviewers and for the GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Yours sincerely,

Joan Stevenson, Ph.D.
Professor and Chair
General Research Ethics Board

c/o Dr. Martin Bruce, Faculty Supervisor
Dr. Steve Bown, Chair, LRI RH
Ann Henderson, Dept. Admin.

JS/SGI
Food Allergies Project: Thematic Interview Guide

Stephanie Nairn

Interviews were semi-structured around the following thematic clusters:

Section One: Gathering of preliminary information

- What food are you allergic to?
- When did you find out you had an allergy?
- Have you ever had an ‘allergic reaction’ and if so, did you receive any medical attention and/or some kind of other attention for your reaction?

Section Two: Encounters in the everyday experience of food allergy

- What kinds of activities are involved, on a daily basis, relating to your allergy? (i.e. in the grocery store, while eating out, at school, etc.)
- Do you see a specialist for your allergy and/or do you belong to any allergy ‘groups’?

Section Three: The experience/perception of allergy over time

- During your life, have you noticed any significant changes in the way food allergy has been addressed/treated in any domain? (i.e. restaurants, stores, schools, etc.)
- Why do you these changes have occurred?

Section Four: Sources/exchange of information relating to food allergy

- What do you think ‘causes’ allergies?
- If you have questions about your allergy who/what do you usually consult and why?
- To whom and/or what do you generally tend to communicate to others about your allergy?
## Interview Participants

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<th>Name (pseudonym)</th>
<th>Age</th>
<th>Gender</th>
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<td>Alice</td>
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<td>Kathy</td>
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<td>Michael</td>
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