

Food, risk and place: agency and negotiations of young people with food allergy

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Abstract Potentially life-threatening food allergies are increasing among children in the Western world. Informed by childhood studies, this article explores young people's management of food allergy risk and highlights their agency in relation to food, eating and place. Drawing on individual interviews with 10 young people who took part in a larger multi-method study of young people's experiences of food allergies, the findings demonstrate that the management of health risks means, to some extent, trying to control the uncontrollable. A reaction can occur at any time and to experience a severe reaction entails a temporarily loss of control. The strategies the young people develop to avoid allergic reactions can be understood both as responses to this uncertainty and as manifestations of their agency. Their risk experiences vary with place; at school and in other public places they face social as well as health risks. What we see is not agency as a voluntary choice but that young people with food allergies experience tensions between their own competence to manage different types of risks and their dependence on others to adjust to their needs. Thus, the relational aspects of young people's agency come to the fore.

Keywords: health risk, social risk, food allergy, young people, agency

Introduction

Against the background of a heightened risk awareness in children and their wellbeing in contemporary society (Lee *et al.* 2010), the case of child food allergies is of particular interest. The prevalence of food allergies is increasing; in the Western world up to 12% of children, depending on the definition, are affected (Burks *et al.* 2012). The most common food allergies among children are to milk, egg and nuts (Arias *et al.* 2009). Allergic reactions to food occur shortly after exposure, with symptoms varying from mild oral itching to the life-threatening reaction, anaphylaxis. As the avoidance of certain foods and the management of symptoms is the only treatment, food allergy requires constant risk management. Children with food allergy face the risk of encountering allergens, the dangerous food, in a variety of situations in everyday life and are therefore children at risk. Constant vigilance by the parents and the child is necessary, but there also needs to be communicated with others to ensure different social arenas are safe for the child. The meaning of this constant vigilance is still not fully understood and the purpose of this article is to explore children's management of risk in their everyday lives.

Previous research on food allergies has demonstrated that children as young as 7-years old are aware of the risks involved in a serious allergic reaction (Klinnert and Robinson 2008).

Further, the experience of anaphylaxis can lead to increased concern about their allergies and parents' protective practices (Herbert and Dahlqvist 2008). Severe allergic reactions also increase when children reach adolescence (Bock *et al.* 2001), which may be due to teenagers' willingness to take risks, as well as their faulty perceptions of risks (Klinnert and Robinson 2008). In addition to the health risk of an allergic reaction, young people can face a social risk in how others perceive them (DunnGalvin *et al.* 2009) and may take risks to fit in with their peers (Sampson *et al.* 2006).

Earlier research on children's experiences of risk in and outside their home has found that children's risky landscapes differ from their parents, and are more experiential and oriented to the here and now (Kelley *et al.* 1997, Murray 2009, Valentine 1997). Studies have also demonstrated how young people's lived experiences of places affect their risk perceptions (see, for example, Mitchell *et al.* 2001). Children and young people may also experience their allergies or other health issues differently, depending on the place and social context. For example, children with asthma may experience certain places as dangerous, or 'dirty' (Rudestam *et al.* 2004). Similarly, DunnGalvin *et al.* (2009) have demonstrated that children with food allergies begin to experience places as safe or unsafe when they reach school age.

Sociocultural theories of risk (Tulloch and Lupton 2003) highlight the importance of contextualising risk in everyday experiences of different social contexts and places (Henwood *et al.* 2008, Holloway and Valentine 2000). Risk is not seen as something given but as a dynamic phenomenon, which individuals interpret by developing strategies to manage risk in the local contexts where they spend time. When they interact with each other and the physical environment, they also interpret and (re)construct risk – they are doing risk.

In the research tradition of childhood studies, children and young people are seen as active social agents who are not only shaped by the processes, milieus and social relations around them, but also shape them. Indeed, the health and wellbeing of young people is both subject to adult control and also influenced by their own choices (Christensen and James 2008, Mayall 2002). However, children's agency is not unconstrained, but inflected with power. In contrast to liberal models, the point of departure in this article is a social model of agency that recognises the social embeddedness of agency and children's differences (Valentine 2011). Power and agency have also been important themes in research on children and food. Power may be negotiated in eating practices and there is 'the tension between controlling children on the one hand, whilst acknowledging their growing autonomy on the other' (Punch *et al.* 2011a: 2). Drawing on the term *foodscape* to describe places where children encounter food and eating during the day, Brembeck (2009: 141) shows that some of these local contexts offer children a 'free zone for experimentation', away from adults' direct supervision. Power and children's agency is of particular interest in relation to allergies, since an allergy entails additional restrictions for children. Yet, like other health research, allergy research has mainly focused on adult rather than child informants (James *et al.* 2011) and there is a dearth of studies exploring young people's perspectives of the challenges they face when eating in a variety of social contexts.

Young people's lived experiences of food allergies are shaped within wider discourses around childhood, such as childhood vulnerability, age and responsibility (James and James 2012) and societal consumption and eating ideals. Consumption choices such as food and smoking have been shown to be important as identity markers, expressing either similarity or difference from others (see for example, Denscombe 2001, Wills *et al.* 2009). Restricted food options may therefore have consequences for the young person's understanding of the self. Of importance are also local negotiations and agreements about how to manage food allergy risk in different social arenas (Rous and Hunt 2004). These norms may be reflected in institutional

arrangements and cultural practices of adults and children. Young people with food allergies are therefore both positioned by others and position others within interaction processes in different contexts and peer groups where the tensions between conformity and individuality have to be managed (Valentine 2000).

The aim of this article is to explore young people's management of food allergy risks in relation to food, eating and place. Specifically, it focuses on young people's accounts of agency and negotiations in the avoidance of health risk as well as social risk: how they avoid risky food, cope with allergic reactions and manage social risk related to interaction with others, together with their expectations of the future.

Method

The findings presented in this article are derived from individual interviews with 10 young people with food allergies, six girls and four boys aged 11–17 years. These interviews were part of a larger multi-methodological study in 2012 and 2013 of young people's own experiences of food allergies, which also included focus groups and visual research methods. Six participants were recruited from a patients' organisation for people with asthma and allergies and four from a children's hospital. The participants were informed about the study by the staff and the researcher then contacted those who had expressed an interest in participating. All the participants had been prescribed an adrenaline auto-injector to be administered immediately in case of a severe allergic reaction (Simons 2010). They had various food allergies and were either allergic to a single food or to various foods (see Table 1).

The study was approved by the Ethics Committee at Karolinska Institute and informed consent was obtained from the participants and their parents.

The interviewees' accounts are constructed from their conversations with a researcher (Kvale and Brinkmann 2009) and in the present study the researcher told the participants that little is known about how young people themselves view life with a food allergy. She emphasised that the information about their experiences would be very valuable and encouraged them to speak about things they considered important. To elicit their own reflections, the participants were first asked about what came to mind upon hearing the term food allergy. A topic guide was used which included open-ended questions about how their allergy was discovered and subsequent events, the everyday management of their allergy at home, school

Table 1 *Interview participants' details and allergies*

<i>Participants (pseudonyms) and age (years)</i>	<i>Allergies</i>
Adrian (13)	Nuts, peanut, almonds
Alva (15)	Milk protein, peas
Clara (13)	Peanuts
David (14)	Milk protein, eggs
Isabella (11)	Milk protein
Joel (14)	Nuts, peanuts, apple and pear peel
Joanna (16)	Milk protein, egg, nuts, fruit, vegetables
Molly (15)	Nuts, peanuts, sesame seed
Sophia (15)	Nuts, peanuts, legumes, stone fruits, seeds
Vincent (17)	Nuts, peanuts, fish, eggs

and other places, others' attitudes to their allergy and how they perceived their future life. The participants were interviewed at home or at a summer camp for children with allergies and asthma; the interviews lasted between 25 minutes and an hour and were digitally recorded and transcribed. Their accounts differed in terms of detail, but all interviewees were willing to share their experiences and some of them took the opportunity to express issues they considered important.

Data were analysed thematically (Braun and Clarke 2006), focusing on the young people's perspective on the meanings of food allergy risks. Two major themes were identified: the management of, on the one hand, the health risk and on the other hand, the social risk across different settings. The analysis focused on how these themes were linked to each other, as well as their implications for the young people's agency.

Management of health risks

Health risks and shared responsibility in different places

The management of health risks in different social contexts and places involves dependence on others. Despite constant vigilance, the participants described the impossible task that total risk avoidance presents, as the measures that others take to ensure that food is safe never appear fully trustworthy. Public places appear particularly precarious, while the home is depicted as a safe zone where family members adjust to the young person's needs. Parents ensure that the young person with an allergy can eat the same food as the rest of the family. The home is often free from the foods they are allergic to, as Adrian says:

At Mum's we never ever have anything with nuts in it, well traces of nuts can, my little brother can have sweets sometimes, but never anything with nuts in it. At Dad's it's probably a bit more, well, with nuts, we have biscuits with nougat in and that but I'd rather they weren't there when I'm at home, but I feel, when Mum and Dad cook I feel almost completely safe. There are few things ... well, especially with mum, I knew she'd never like risk anything. (Adrian)

In the above account Adrian indicates that, even if the home is regarded as a safe zone one has to be alert there too; a challenge that increases in public places. Here, Alva describes the experience of the constant threat of an allergic reaction:

Alva: Imagine if I eat something, just imagine, it could happen at any time, it's really frightening.
 M-LS: So that's what you think.
 Alva: If those who prepare food in different places don't know what they're doing, then it's really risky and I wonder whether I should eat that sandwich or not. Have they used the right sort of butter? If not, I'll be really, really ill.

Like Alva, others also mention that the health risk is severe or life-threatening, hence consuming certain foods involves great risk. As Alva's account illustrates, food allergy risk management involves issues of trust or mistrust of the vigilance and understanding of others — family, friends and a wider circle of actors, such as school staff, restaurant chefs, food and airline companies. Even though not all the participants in this study who are allergic to peanuts know if they react to airborne allergens, knowing that it is possible to have an allergic reaction just from breathing in small particles of peanuts influences their experiences of the

risk involved. Several of them mention that they are worried when they travel by aeroplane. Other public places, such as buses or institutions like school, may also be regarded as unsafe. For example, Sophia says that she thinks it is 'a bit scary' when people around her consume sweets with nuts. Like several of the other participants she feels comfortable asking her friends to be careful when she is around, but in other situations, the participants say they may just leave the place.

Ultimately, the participants say they feel responsible for making their own assessment of different places and the safety of the food served. For example, Molly explains that she always carefully examines the school lunch: 'You have to be really careful to check, just to be sure, even though you know the school isn't allowed to serve nuts'. The level of responsibility one is able to assume varies with age, according to some participants' accounts. Molly says that when she was younger and allergic to egg she was served lasagne at school. Luckily, the teachers discovered the mistake before she had consumed too much, as Molly says:

They really panicked and started phoning mum every 20 minutes to tell her what had happened and also, like, say if I was starting to react, but I hadn't had very much so nothing happened but all the same they were still, like, they handled it very well. (Molly)

This dialogue between Molly's teachers and her mother about the incident at school illustrates that the management of food allergy risk is 'shared, spread over more than one body/self' (Tulloch and Lupton 2003: 20). Accordingly, food allergy management emerges as a 'social project' involving several actors: the child and others. This also means that the 'risk management is carried out *through* social interaction' (Stjerna *et al.* 2014: 138) and the relationship between risk and trust are in different ways intertwined in the young people's stories. For example, Joanna stresses that she 'is fed up' with people confusing her potentially life-threatening milk protein allergy with lactose intolerance and she usually avoids eating out. Here, Joanna talks about her summer holiday and how her mum is involved in buying a pizza for her:

We usually do it this way that I don't go with mum when she's going to order. Mum and my little sister go together while I stay in the caravan because, well, if I come with them I can become really unsure, it's better if I just say to mum that I trust you, I trust you to sort this out together with the kitchen staff. (Joanna)

The shared aspect of managing a food allergy risk emerges as an issue of who can be trusted and which places can be regarded as safe and unsafe. Being able to judge this and to control the dangers by, for example, extra vigilance during the school lunch and leaving an unsafe place is part of young people's allergy management and competence. Risks are not always easy to assess, however.

Trying to control the uncontrollable

As we have seen, allergy management has to be carried out in different social contexts and it impacts on young people's everyday life and how they anticipate their future. Reflecting on her future life with allergy, Isabella says she can never be totally safe, but only increasingly better at managing her allergy:

Isabella: When I was little it was mum and dad who knew everything, without them I was helpless, but now I feel that I can look after myself, I know that I can't eat certain things and I know what I can and cannot eat, so I hope, yes, I

think it will be fairly easy, I mean when I move into a home of my own, I'll have everything milk free in any case and that feels really good.

M-LS: Mm.

Isabella: But of course it will affect my life, I'll never really be able to go to real parties, like I'll never be able to drink alcohol or, well, do a lot of things, because then you can lose control and eat whatever and become really ill, not know what you're doing, that'll never happen in my life, because I can't, it mustn't happen and it makes me think, how will it be if I want to go partying with my friends?

While allergy management at home may become easier, managing Isabella's allergy in some social contexts and situations may become more problematic. She must never lose control, because then her life may be endangered, illustrating the powerful restrictions to her life her allergy dictate and the responsibility she needs to assume. She repeats several times that she 'has to be very mature for her age' or else 'it will not work'. Similarly, Joel explains that he has to remember to inform 'new people' about his allergy and to always bring his adrenaline injectors, which he keeps in his school bag:

You see, we have those lockers [in school]. Imagine if I'm lying like unconscious and they have to take the key out of my pocket and open the locker and everything, that like takes time, maybe they don't know how. But I don't think it'll be like that, it's just that it can happen. (Joel)

Joel's account illustrates that the feeling of loss of control, being very vulnerable and relying on others to know what to do is particularly pertinent if there is an allergic reaction. At the same time he also gives examples of how he tries to regain control and, like some of the other participants in this study, he has instructed his friends what to do if he has an allergic reaction. Some of the participants have had severe reactions and describes it as a frightening experience:

People have to help me and like phone somebody or stick the syringe into my leg, but I don't understand what's happened until afterwards, while it's going on it's just a matter of surviving or something, of breathing. (Alva)

Here, the loss of control, the dependence on others and the experience that one's life is threatened emerge as aspects of the experience of a severe allergic reaction. This is also in line with previous research, which demonstrates that fear of death is 'particularly associated with not being able to breathe' (DunnGalvin *et al.* 2009: 562). Even if they have never experienced a severe reaction, the knowledge that it might happen seems to permeate the lives of the participants in this study. This agrees with the studies by DunnGalvin *et al.* (2009) and Fenton *et al.* (2011), in which the life or death aspect is a central theme. Here, Joanna talks about her fear of having a severe reaction:

I'm like terrified because it's bound to happen sometime. I don't think I can live my life without ever getting a allergic reaction, because I'm bound to get one, that's what I believe. Like, I'm almost certain that I will and it feels like every day could be that day in some way. (Joanna)

The management of risk associated with food allergy is presented as trying to control the uncontrollable and the existential aspects of allergy management comes to the fore. Allergy

risk emerges as being highly unpredictable, as a risk that may occur at any time. At the same time young people take measures to control the risk, such as informing their friends what to do in case of an allergic reaction. To these young people a severe reaction also means an experience that temporarily results in loss of control: this is part of their life and it is essential to trust others to deal with such situations. Thus, the threat of a severe reaction seems to have an impact on the young peoples' agency and influence over their own lives, demonstrating a tension between own sense of responsibility and their dependence on others: which is the shared aspect of allergy management.

Management of social risks in different places

At school

In institutions such as schools the needs of the allergic individual must be balanced with the needs of the many (see for example, Punch *et al.* 2011b). The child's allergy must be managed, while at the same time all children should be treated as equally as possible. Usually, others understand and respect the allergy of participants in this study, although some may forget (both adults and peers) and may have to be reminded. But the young people also provide examples of when people ignore their allergy or even question if they 'really are allergic'. Alva, who has a contact allergy to milk protein and 'may develop eczema and turn red and spotty' if someone touches her with milk on their hands, describes an incident at school: 'then there was a time when I was like in fifth grade there was someone who tried to pour milk over me because they didn't believe me'. Previous research has shown that teenagers with a food allergy experienced 'a lack of understanding of the seriousness of food allergy among classmates' (Monks *et al.* 2010: 1539). This same study revealed that the young people also had friends whom they had informed about their allergy and who supported them (see also Fenton *et al.* 2011), which is in line with the results of this study. The present study also demonstrates that, even though there are examples of occasions when those who are not allergic are forgotten in school, there seems to be a general awareness of the allergy:

Because they [teachers] know that there are pupils who have nut allergy, so they always remind us if we are going on an excursion or the like and at the beginning it is always like: 'Right, who's allergic?' So in the end everyone finds out that you are allergic and it's actually quite nice that everybody knows about it, it's not even as if I'm the only one with nut allergy in my class, there are two more. (Molly)

However, awareness does not rule out all uncertainty:

When we were going to have a sleepover [as part of a class excursion] I thought quite a lot about it, what if someone forgot or didn't remember. (Joel)

During the school day children's lives are highly regulated, both temporally and spatially. However, the lunch time period is less structured and may give room for children to display more agency, where children organise themselves while eating and relaxing and form peer groups during lunch breaks (Valentine 2000). Research has shown that, from the perspective of children, it is the social rather than nutritional aspects that are their priority with regard to school meals. Daniel and Gustafsson (2010) found that what children disliked most were things that they perceived as an intrusion on their interactions with friends, such as seating

arrangements. In the present study, the participants provided accounts of situations when they felt 'odd' or were unable to fully participate in the same way as their peers. David¹ has to follow a certain lunch-time routine every day at school, which affects his access to social life at school:

I have to go straight to the kitchen and get my food. My friends they don't have to eat the school lunch if they don't like what's on the menu, but I have to go there because they have fixed it just for me, so for this reason sometimes I have to sit by myself. (David)

Alva cannot have her lunch at a special table for those who are allergic to food, since others may 'spill stuff or take the wrong spoon', and thus she must fetch her food from the school kitchen, which makes her feel 'odd'. Earlier, she had to sit at a special table reserved for her, but now she chooses seats more freely; someone just has to 'wipe the table' before she sits down. She says that she is 'lucky to have friends who sit with her at lunch time'. They understand her allergy and 'choose to drink water for her sake'.

How the home economics classes are organised also influences the school day for those pupils who are allergic. For example, Joanna says that sometimes they bake in class and it works fine because they only use 'her' butter and flour. To be treated fairly and equally is important. Isabella says she thinks it is unfair that during outdoor days the other pupils are served 'tasty pasties with minced meat and an ice cream in a cone' and she is served an ice lolly:

So if I think it's wrong, they say: 'Yes, but you were offered an ice cream as well, weren't you?' but I reply that 'Just because, yes but if we, well what if I put it like this: if somebody's in a wheelchair and everybody's sitting round a lovely table, is it right that the one in the wheelchair should have to sit at another table because the wheelchair won't fit under that table? That isn't really right either, it's the same thing'. (Isabella)

Isabella explains that she has learned to 'make a stand' and that she knows 'her rights'. So the social consequences of safety arrangements have an influence on the young people's wellbeing at school.

Public places

Public places pose a number of particular challenges. During breaks at school the pupils may have access to places that are less supervised by adults:

My school is very close to a food store so we are allowed to go shopping there during long breaks, sometimes I do and I go with my friends and they buy these pastries, sugar buns from the bread counter, things like donuts and Danish pastries and I can't: it feels like a limitation. (David)

Brembeck (2009) argues that in smooth foodscapes such as the nearby shop and playground, it is the 'relative invisibility of the childish foodscape to authorities, such as teachers and health experts that becomes an important factor supporting children's agency' (p. 141). As evident in the above example, however, an allergy to certain foods may prevent participation in the more hedonistic and pleasurable aspects of food and eating that peers engage in. Brembeck *et al.* (2013) found, in a study where children were encouraged to explore their foodscapes, that sugary and fatty tastes made them 'exhilarated and happy', at the same time as they were well aware of the dominant discourses of healthy and unhealthy eating. Rather than the issue

of healthy versus unhealthy eating, the risk of an allergic reaction is the stronger theme in the present study. In the above account, it is not the health risk of mistakenly eating something the young person is allergic to that is in focus, but not having the opportunity to share the same experience as many of your peers – also evident in the following excerpt:

Then my friends eat chocolate sometimes and they say they think it's really tasty, but of course I don't know, it's frustrating not to know what it tastes like. (Alva)

In line with Alva's reasoning, some of the participants say that they do not like it when others focus on the things that they as individuals with a food allergy cannot do: 'So you can't eat sweets and you can't eat those things and they just become like really annoying: "Oh you poor thing!"' (Adrian). Similarly, Joanna says she wishes she could think of something to say just to silence people when they focus on the things she cannot eat. It appears that when others draw attention to their limited consumption opportunities this just makes the situation harder to bear and even positions them as different. An unplanned visit to a friend's house might mean that the food allergic individual is not able to participate in the family dinner. Therefore, Alva always brings noodles in her bag. This way, she and her friend can eat the same food 'because I don't like eating different food, I want to eat the same as the others'. Evidently, food and eating are fundamentally about togetherness and connecting to people (see for example, Caplan 1997).

The participants' fairly limited possibilities for being able to eat food served in public places is perceived as 'restricting and boring'. For example, they always eat the same safe products or go to the same restaurants, such as McDonald's. While teenagers are generally thought to prefer fast food, Wills *et al.* (2009) found that a central aspect of middle-class teenagers' identity-forming work was to avoid fast food. In this study, McDonald's, which has an allergy policy, becomes a symbol of not being able to choose to eat what and where you want:

It kind of works with the apple pie and the cinnamon bun at McDonald's but like how much fun is that all the time? (Joanna)

Concern is also expressed about how others will have to adjust to participants' restricted consumption opportunities. For example, Adrian says that in the future, when he is older and going to have lunch, it might not 'sound so fun' to go to McDonald's. Similarly, Joanna says:

Just think if someone doesn't want to be with me because I can't like go for a latte or whatever it might be, you know, things like that, just simple things, that are simply part of life for many people but can never be that for me. (Jonna)

When the content of a product that has previously been regarded as safe changes, the options are further reduced for the individual who has a food allergy:

So then I think like, 'Hey why don't we go for an ice cream?', but no, that's not an option because the only one I can eat now is an ice lolly. They have stopped making all the others. Before I used to be able to eat nearly half of the ice creams, but now they just keep disappearing and then you are not free, you are trapped in a little box. (Isabella)

The strength of the metaphor —'to be trapped in a box' — illustrates the challenge experienced by participants in not participating in some of the normal, everyday things in life, like enjoying an ice-cream, having lunch or a coffee. Young people with food allergies have to

manage their limited consumption opportunities, as well as their peers' responses to their restricted food options.

Discussion

This article contributes to the emerging body of work exploring young people and food by illustrating the complexities of risk management in this early phase of life when the individual is faced with, an external and (often) invisible threat, which has to be managed on a daily basis within different social contexts, as well as in relation to the eating ideals of today. How they perceive food allergy risks *and* their lived experience of different social contexts and places influences their understanding of self as young people with food allergy and as food consumers.

Age, accountability and everyday risk management

The awareness that an allergic reaction may be severe or life-threatening together with the difficulty of total risk avoidance, creates uncertainty and is an everyday threat to these young people. The analysis demonstrates the high risk-awareness of participants in this study: there are accounts of responsibility and maturity and a lack of accounts of risk-taking practices. This may be an effect of the methodology of the individual interviews and participants not wanting to tell an adult interviewer about such behaviour,² but the results of this study support the analysis of Gallagher *et al.* (2012) which found that anaphylaxis in adolescents was not necessarily seen as the result of 'irresponsible' teenage practices, such as alcohol use. They found that the 'stereotypes of teenagers as reckless appear inaccurate and over-generalised' (p. 396) and that it is, rather, the task of avoiding food allergy risk that appears as challenging.

How the participants in this study construct themselves as young people with a food allergy is related to how they understand age. Looking back, they regard themselves as having become more able to manage their food allergy with age. But there is also the idea that to manage their condition they have to be 'very mature'. As in their transition to adult life, they have to take more responsibility for themselves in some respects than would have been expected *for their age*. Importantly, this quest for responsibility is in contrast to the idea of teenagers as being willing to take risks and transgress boundaries and may reflect the fact that life with a food allergy at a young age involves the experience of differentness with regards to expectations of a normal teenage life, because they are forced to manage the health risks related to their condition.

As we have seen, managing a food allergy means, to some extent, trying to control the uncontrollable. A reaction can occur at any time and to experience a severe reaction entails temporary loss of control and feelings of vulnerability, placing limits on agency. At the same time, the strategies the young people develop to avoid an allergic reaction can be understood as responses to this uncertainty as well as as manifestations of their agency.

The relational aspects of agency

A strong theme in this study is the dependence of these young people on others to manage their allergy risk. In the risk literature, an individualistic risk perspective which conceptualises the human actor as rational and atomised is generally accepted, yet like Tulloch and Lupton

(2003) who found that several of the adult interviewees put forward the notion of risk as being something that is shared, managing a food allergy risk emerges in the present study as a shared process: the participants describe having to learn how to manage their food allergy risk and take personal responsibility, while they are also dependent on others' understanding and vigilance to manage the risks.

Further, in addition to managing the allergy risk itself, young people with food allergies have to manage social risk and, in line with the findings of DunnGalvin *et al.* (2009), the participants' risk experiences vary between different social contexts and places. The analysis reveals that the participants are positioned differently in different places. Drawing on a social model of disability, as described by Pitchforth *et al.* (2011) the disability emerges in the encounter with the outer world, in social, cultural or physical barriers (Oliver and Barnes 2010). For example, the school's responses to the participants' allergy affect their access to social life and participation in school life. From their perspective, some practices at school seem to be more inclusive than others, such as when everybody uses 'their products' in home economic classes, or more excluding, such as when safety arrangements at times prohibit them from eating lunch with their friends. In this process, however, young people are not just docile bodies but also actively challenge norms around eating practices and, for example, question the equivalence of their food to non-allergic pupils' food.

Our way of eating implies a meaning-making process which involves a classification of an 'us' (who eat in the same way) and 'others' (who eat differently than us) (Fischler 1988). Not being singled out as other seems to be an important part of the young people's understanding of themselves as food consumers in this study. At the same time, they are happy when others understand their allergies, suggesting their self-understanding is also about being respected as being different, as well as being included in different social contexts and places that involve eating. Indeed, this study shows how the teenagers ally themselves with friends who understand their allergy and are willing to adjust to their needs.

The importance of place and young people's agency managing food allergy risk

Places that are relatively free from adult supervision, where children without allergies have the opportunity to experiment with their agency in relation to food (Brembeck 2009), may be regarded as unsafe for those with a food allergy. Consequently, public places and a range of commercial establishments such as restaurants, local food shops and cafeterias are not as accessible to young people with a food allergy as to others. In particular, they are not able to choose what and where they would like to eat. Young people's limited ability to engage in food consumption can be seen as an example of the 'commodification of childhood and youth' (Valentine 2000: 258). Valentine argues that young people are confronted with the same media and economic actors and are expected to make the same consumption choices as adults. More generally, young people are therefore at risk of making the wrong consumption or identity choices compared to their peers. Brembeck *et al.* (2013) also found that children's foodscapes were highly commercialised and that brands and commercial messages were part of their worlds. These children were well aware that food stores used strategies to make people buy more food, but they also imagined people enjoying themselves in activities in consumer landscapes, such as shopping in food stores. This article demonstrates that the pressure that might be entailed from our consumer society – that we should all strive to make the right food choices, but also happily engage in consumption – might be increased if one is restricted by a food allergy.

The young people's accounts show that different food allergies in themselves seem to provide different conditions in communication and negotiations with others. If the allergy and its consequences are well-known it may be easier to gain an understanding from others, compared to if the allergy is less known. As Rous and Hunt (2004) state, today peanuts have become

'emblematic of the wider issue of allergies' (2004: 825). In this study, it is clear that a nut allergy is rather expected and normalised at school. However, a milk protein allergy seems to raise more questions among others, according to the participants. While school is supposed to be a nut-free zone, milk is served at lunch time. The participants in this study, a heterogeneous group, therefore face different challenges in their allergy management. Yet the analysis shows a consistent and complex pattern of adjustment regarding the young people's allergy management in their everyday life.

Parents provide a safe home environment for the child. This is not to say that the child is passive, but that others to a great extent adjust to the young person's needs at home. At school young people's adjustment patterns are more complex. The young person has to deal with health risks as well as social risks and may experience exclusion in some situations. At the same time, the participants give examples of how others adjust to their needs and how they themselves try to exert an influence on their situation. According to these young people, the food offered at public places is mostly not adjusted to their needs. Moreover, even if they inform others about their allergy it is difficult to know whether they can rely on having food served that actually *is* safe for them, constraining their agency in public places. Social risks are rather prominent, given that the young people with a food allergy, for example, cannot experiment with food to the same extent as their peers or freely choose what and where they would like to eat. Altogether, their possibilities of exerting agency in different places and situations has implications for their social identity.

To conclude, this article demonstrates the social embeddedness of agency: how young people's management of health risks associated with a food allergy takes place in social interaction with others and how different social contexts and places pose particular challenges. What we see is not agency as a voluntary or authentic choice, but rather, that young people with a food allergy are managing a complicated balancing act between their own competence to manage different types of risks and their dependence on other's understanding and competence. This suggests that young people's agency is indeed of a relational character and is distributed between themselves and the social networks and institutions of which they are a part.

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Notes

- 1 This example comes from a focus group interview in which David took part.
- 2 To reach out to more risk-prone individuals a different recruitment strategy might have been necessary.

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