The Journal for Undergraduate Ethnography

Food allergies and Living with Risk: Navigating everyday life at university when at risk of anaphylaxis

Megan Haslam

University of Exeter—meghaslam@yahoo.co.uk

ABSTRACT

Life-threatening food allergies which put an individual at risk of anaphylaxis change the way that everyday life, and the spaces that constitute it, are experienced. Some research within geography has explored children's experiences of living with this risk, but few until now have explored the complexities of navigating life with a food allergy for young people at university. This research therefore seeks to address this gap by bringing to the fore the experiences of young people who have attended or currently attend university in the UK and live with a life-threatening food allergy. It reveals how their everyday lives and transition to university are made more complex by anaphylaxis risk. These ideas were explored via seven online in-depth, semi-structured interviews with current or recent university students who carry EpiPens and are at risk of anaphylaxis. Through a process of thematic coding, the spatial and relational dimensions of anaphylaxis risk were revealed within different university contexts. An exploration of the impacts of the COVID-19 pandemic on allergy management is also explored as a novel focus. The research calls for more attention to be paid to young people and students at risk of anaphylaxis and the mental health implications of living with allergies.

Keywords: anaphylaxis, food allergies, students, risk, space,

United Kingdom

Anaphylaxis, food allergies and geography

Allergies are the most prevalent chronic disease in Europe with several of them carrying the risk of death from anaphylactic shock (Allergy UK 2022). Anaphylaxis is defined as "an acute, usually rapidly developing, systemic allergic reaction and, among the various clinical forms of allergy, it is the most severe and potentially life-threatening" (Rossi, Lenti and Sabatino 2022, 5). Knowing when a person is at risk of anaphylaxis, however, is not always possible, given that this risk can present itself in various spaces and insert itself into everyday lives in unexpected ways (Gallagher et al. 2016). Those living with life-threatening allergies constantly reassess their surroundings and develop management strategies to help them live with this chronic condition. Geographical scholarship on risk has devoted attention to children and adolescents' everyday experiences of living with a life-threatening food allergy (Fenton, Elliot, and Clarke 2013; Gallagher et al. 2016). Gallagher et al. (2016) argue that anaphylaxis as a health risk can challenge traditional geographical understandings of risk. Despite presenting a unique and interesting case study in risk and risk management, there remains a dearth of geographical research in this area. This is particularly pertinent for young adults up to the age of 25 as current scholarship within geography has, so far, only focused on those between the ages of 8 and 19 (Fenton, Elliot, and Clarke 2013; Gallagher et al. 2016).

There has also been a lack of significant attention given to university students within geography despite calls within the discipline to prioritise student voices (Sykes 2017). It is for this reason that my research seeks to privilege the voices of students and 'older young people' in particular. I intend to explore how their everyday lives and geographies compare to those of the children and adolescents studied previously (Evans 2008). Having lived with a life-threatening peanut allergy since I was a young child, this research was sparked from my own experiences of living with the risk of anaphylaxis. Moving to university and away from my parents was particularly difficult for me as I was required to balance all the normal challenges of independent living *and* manage my allergy and anxiety at the same time. I knew I was not alone in my struggles, however, a fact which is clearly demonstrated by the participants who kindly shared their experiences of university life with me for this research. Alongside informing geographies of youth and risk, this work therefore also seeks to contribute to work on the geographies of students, adding to the body of knowledge regarding students' differing experiences of university life (Balfe 2007a; Balfe and Jackson 2007; Holton and Riley 2013; Sykes 2017).

It is important to note that, within this research project, I will be framing anaphylaxis in the same way as Gallagher and colleagues (2016) where participants do not *have* anaphylaxis but rather are *at risk* of anaphylaxis. As they explain, "anaphylaxis [is] a particular kind of event that associates itself with individual human bodies but is not intrinsic to them" and it is food allergies themselves that are the chronic condition experienced by the individual (Gallagher et al. 2016, 428).

Literature review

At first glance, it may seem puzzling that an article on food allergies would be considered geographical in nature. However, as demonstrated by Gallagher et al. (2016) in their paper "*Geography of Adolescent Anaphylaxis*," it is evident that geography has much to add to the study of this chronic health condition. By bringing attention to the spatial dimensions and relational nature of risk, alongside a focus on the body and experiences of everyday spaces, geographical scholarship has helped to demonstrate the complexities of living with the risk of anaphylaxis (Fenton, Elliot, and Clarke 2013; Gallagher et al. 2016).

The geographies of risk and anaphylaxis

Given the potentially grave consequences that can result from anaphylaxis, living with this risk and having to navigate the threat it poses can be a difficult task for those with allergies. The often-unpredictable nature of anaphylaxis can make everyday life and spaces stressful, and the creation of management strategies difficult as a result (Gallagher et al. 2016). Developing these strategies is no straightforward endeavour as anaphylaxis risk is ever-changing and often asserts itself into spaces in unexpected ways. Perceptions of and encounters with risk become contextually and spatiality contingent (Balfe 2007a; Fenton et al. 2010; Moyle and Coomber 2019; Stjerna 2015). In fact, Beck (1992) and Clayton, Crozier and Reay (2009) argue that risk and responses to it are always socially constructed and reproduced in relation to dynamic identities and spatial situations. Strategies to manage food allergies and their risks, therefore, often need to change to align with specific spatial and social contexts where risks to one's identity have to be balanced with physical health risks (Cardwell and Elliot 2019; Fenton et al. 2010; Morden, Jinks, and Ong 2012; Sykes 2017).

Allergy "risk materials" can be invisible and hard to avoid (Gallagher et al. 2016; Mandell et al. 2005). Although an anaphylactic shock itself is not usually a daily occurrence, the risk of anaphylaxis is still present in everyday spaces for those with allergies due to its nature as an ever-changing "invisible threat" (Fenton, Elliot, and Clarke 2013, 293; Gallagher et al. 2016). Everyday spaces, therefore, harbour the potential to become dangerous as a result, with previously safe and familiar places often needing to be reassessed for potential risks (Rous and Hunt 2004; Morden, Jinks, and Ong 2012; Stjerna et al. 2017). Anaphylaxis as a risk has the ability to "disrupt…conventional geographies of safety and danger" by generating what has been termed a "strange landscape of risk" that has to be navigated daily by individuals (Gallagher et al. 2016, 426). Part of what makes this risk landscape so complex is the inability to foresee encounters with allergens, particularly in public spaces where the individual has no control over the actions of others or their eating behaviours (Dean et al. 2015; Gallagher et al. 2016; Stjerna et al. 2017). This also demonstrates the relationality of risk and its social dimensions with the food-allergic individual often having to rely on the actions of others to reduce the risks posed to themselves (Fenton, Elliot, and Clarke 2013; Stjerna et al. 2017; Sykes 2017).

This is where anaphylaxis-inducing food allergies differ in terms of the risks they pose in comparison to other chronic conditions such as diabetes. Diabetes, for example, can often be made less 'risky' through actions and measures taken by the individual, such as the use of blood sugar testing kits (Balfe & Jackson 2007; Stjerna et al. 2017). The relational view of risk and recognition of the role of external actors is, however, particularly pertinent in relation to food allergies because of the ability of others to introduce food-related risks into social situations, alongside the risk posed by cross-contamination and unexpected allergen encounter (Dean et al. 2015; Stjerna et al. 2017). Navigating what have been termed "anaphylactic risk-scapes" is therefore no easy feat and involves a consideration of factors beyond just the individual at risk (Fenton, Elliot, and Clarke 2013, 281). In fact, one scholar has framed managing food allergies and the associated risks as a "social project," where there are both potential social impacts of taking (or not taking) particular allergy-related risks alongside a partial responsibility placed on others to aid in management (Stjerna 2015, 138).

Students, spatialities and the complexity of risk

Unlike Balfe's (2007a) work on diabetes, the demographic of university students has not yet been explored in relation to food allergies within geography, with current studies focusing only on those up to the age of 19 (Fenton, Elliot, and Clarke 2013; Gallagher et al. 2016). This research seeks to address this gap in the literature. University students' constantly changing environments and lack of spatial permanence makes for an interesting demographic to study in relation to anaphylaxis risk (Fenton, Elliot, and Clarke 2013; Stjerna 2015). Additionally, for food allergic individuals, the transition to university, and independence in general, has the potential to complicate previously learned risk-management strategies and generate new risks (Barker & Galambos 2007; Gallagher et al. 2012; Mandell et al. 2005). Fenton et al. (2013, 288) contend that secondary school environments pose significant threats to food-allergic students given “the inconsistency and unpredictability of semester systems, common eating spaces, unsupervised lunch areas, and the sheer volume of students”, elements which are arguably exemplified within a university environment.

Papers such as that by Ersig and Williams (2018), although not geographical in nature, demonstrate why students moving to and experiencing university are worthy of study in the realm of food allergies. This paper, however, lacks a “relational-spatial perspective” towards risk (Fenton, Elliot, and Clarke 2013, 282). This recognition of the social and spatial elements of risk is unique to geographical and social science research given that the healthcare literature is often characterised by a promotion of individual responsibility for health (Christensen & Mikkelsen 2008; Morden, Jinks, and Ong 2012). This promotion of ‘self-management’ for chronic conditions does not account for the dynamic and spatially contingent nature of risk or the role that other people can play (Stjerna 2015; Stjerna et al. 2017).

A common theme in the literature on chronic conditions such as food allergies, asthma, and diabetes has been that children and adolescents will often change their behaviour in order to “minimise the social ‘risk’ of being seen as abnormal or strange,” potentially exacerbating health risks (Morden, Jinks, and Ong 2012, 91; see also Cardwell & Elliott 2019; Fenton, Elliot, and Clarke 2013). The desire to be perceived as ‘normal’ was a recurring theme in the work of Balfe (2007a; 2007b) on university students with diabetes wherein students adapted their risk management behaviours in order to convey a particular kind of student identity. For example, while it was found that public spaces were deemed more ‘unsafe’ than private spaces in relation to both health and social risk, this was not a fixed dualism (Balfe 2007a). Studies on food allergic children and adolescents found that participants felt considerably safer within the ‘ordered space of home’ and less safe in more public spaces outside of parental supervision, such as in school (Fenton, Elliot, and Clarke 2013; Stjerna 2015). However, these feelings of safety were never fixed for food-allergic individuals because of the ability of spaces to become dangerous at any moment (Gallagher et al. 2016). Viewing the lived experiences of food allergies from a geographical standpoint therefore emphasises the “situated nature of individuals” practical orientations towards risk’ and the ambivalence that is inherent to living with the risk of anaphylaxis (Balfe 2007a, 244; see also Stjerna et al. 2017).

The need to study food allergic young people

Although a focus on children and their agency is necessary, as Gallagher et al. (2016) have demonstrated, it has been noted by some scholars that there has been a tendency to prioritise children over teenagers and young people up to the age of 25 (Evans 2008; Valentine 2003). Young people, like children, are important “social actors in their own right” and will inevitably have different lived experiences and spatialities to those of children and adults (Backett-Milburn et al. 2010, 305; see also Punch, McIntosh, and Emond 2010; Skelton 2017). Young people up to the age of 25 are “on the cusp of childhood and adulthood” and will often be navigating challenges that differ significantly from those faced by younger children who are likely to receive more parental support (Valentine 2003, 39; see also Stjerna et al. 2017).

In relation to food allergies specifically, it has been noted that the eating restrictions that a child experiences at a young age may change as they get older as they begin to rework these restrictions and perceptions of risk in different contexts outside of parental supervision (Fenton, Elliot, and Clarke 2013; Sykes 2017; Woolley et al. 2020). Despite this, the medical, sociological, and paediatrics literature is still widely child and parent-centred, often concerned with the impact on the wellbeing of the family and the parent or carer (Elghoudi & Narchi 2022; Dean et al. 2015; Quach & John 2018; Mandell et al. 2005). It is therefore necessary to seek the perspectives of young people in their own independent contexts as their interactions with various spaces and risk management strategies are likely to differ outside the bounds of parental supervision (Backett-Milburn et al. 2010; Sykes 2017).

Methodology

For my research, it was necessary and appropriate to make use of semi-structured interviews as a research method. The interviews took this format in order to allow for sufficient flexibility in the way the interview played out, based on what participants wanted to discuss and in their preferred order (Legard, Keegan, and Ward 2003; Peters 2017).

Recruitment of participants and ethical considerations

Participants needed to be either current university students or recent graduates who were also EpiPen carriers at risk of anaphylaxis from food allergens. All participants were between the ages of 19 and 25 and moved away from home for university and into halls of residence or university housing. The main method of recruitment came in the form of a digital poster which was posted within the private Facebook '18-25 Support Group' created by the charity Anaphylaxis UK. To increase the likelihood of gaining participants, physical posters were also displayed around the University of Exeter. A total of seven participants were gained in total, five via the Facebook support group; one via posters displayed around the university and one via direct contact through LinkedIn. Interviews ranged between 30 minutes to 1 hour 45 minutes, with the average length being 1 hour and 15 minutes.

Being a member of the allergy community myself proved to be beneficial in that it gave me access to channels such as private social media groups where I could access participants. It also, arguably, benefitted the participants as it gave them the opportunity to talk to someone who may share their experiences which also helped in enhancing rapport and building trust (Lucherini 2017). I do acknowledge my positionality as an "insider" nonetheless and recognise that the narrative that I tell, including my interview questions, is only partial and inevitably contains some form of bias (Mullings 1999, 349; see also Peters 2017). I made sure, however, that I did not make assumptions as to what the participants felt or what their life experiences may have been and therefore made it clear that not all questions may be applicable to their situation. I ensured that, to the best of my ability, participants were represented fairly and ethically in my research, ensuring that I was impartial and honest in my communication of their experiences of living with the risk of anaphylaxis, whether these be positive or negative.

Interview format

Given that the research was not based locally and that participants came from a variety of locations across the UK, it proved to be more time and cost efficient to conduct the interviews online. This format also allowed the participants to conduct the interview wherever they felt most comfortable, and in terms of ethics, could be considered beneficial in its ability to allow participants to terminate the interview and withdraw consent more easily than in a face-to-face interview (Dunn 2021).

Prior to conducting the interviews, I ensured that I took the time to formulate an "interview guide" which included a list of questions split into broader themes and sub-themes which I could then refer to flexibly depending on the flow of the interview and the level of detail provided by the participant (Dunn 2021, 152; see also Cloke et al. 2004). As suggested by Longhurst (2016), I left the discussion of more sensitive or potentially challenging topics to the latter half of the interview to ensure that the participant felt more comfortable in the interview setting by this point. I also reminded them that they were not obligated to discuss potentially sensitive topics, such as accounts of previous allergic reactions. I also made clear that having a peanut allergy myself made me aware that, at times, this can be a difficult topic to discuss, so they were welcome to take a break at any time if needed.

The analysis process

The analysis of the interviews took the form of a combination of "memoing," concept mapping and coding. The concept mapping took the form of digital mind maps which brought some of the material from the various transcripts together into "thematic sets" (Legard, Keegan, and Ward 2003, 229). The creation of these maps started the process of organisation of the data and allowed for links to be made between different participant's statements, alongside helping to highlight what might be worthy of further investigation (Cope 2021). Further organisation followed during the process of thematic coding and the generation of a coding structure and table (Cope 2021).

Table 1: Participant Information Table

Participant	**University**	**Current Stage of Study**	**Allergy Details**
Jasper	**University of Exeter** (Undergraduate)	3rd Year	Anaphylactic to **nuts, peanuts** Milder allergies to most **fruit**
Charlotte	**University of Manchester** (PhD) **Royal Holloway University of London** (Undergraduate/ master's)	PhD	Anaphylactic to **nuts, peanuts** Milder allergies to **milk, eggs**
Phoebe	**University of Southampton** (Undergraduate/ master's)	Master's	Anaphylactic to **peanuts**
Emma	**University College London** (Undergraduate)	2nd Year	Anaphylactic to **nuts, peanuts** Milder allergies to **fruit, coconut**
Sophia	**University of Nottingham** (Undergraduate/ master's)	Graduated	Anaphylactic to **nuts, peanuts** Milder allergies to **coconut**, **palm oil**
Owain	**University of Exeter** (Undergraduate)	Graduated	Anaphylactic to **peanuts, sesame** Milder allergies to **soy, coconut, natural flavourings**
Clara	**University of Oxford** (Undergraduate + Study Abroad)	Graduated	Anaphylactic to **eggs, milk** Milder allergies to **kiwi, sweet potato, banana**

Analytical chapters

A time of transition—moving to university

As discussed previously, food-allergic adolescents and children tend to contrast the safety of home spaces with more un-safe public spaces. This proved true for a number of participants in this research, whose transitions to university were made more difficult as they were required to move away from these safe spaces into more uncertain and potentially more dangerous ones. Several participants also noted that the people they lived with in these spaces also made a big difference as to how safe they felt:

> At home we have like my safe foods, and, like, my whole family will eat only foods that are safe for me, and it's always the same food... That's kind of what home is. It's my comfort (Phoebe).
>
> [University] was a new place with new people, you're in halls, I mean, I was in halls. I had been very comfortable with, you know, being with my family who understood allergies, who had them, who knew. You know, I understood that system, and then I was going into a place sharing a kitchen with people who might not understand that (Charlotte).

Both participants in these excerpts referenced home as being safe and certain — a place where they were supported by those around them who catered to their needs and did not put them at risk. Charlotte contrasted this with university halls of residence given the lack of control she had over the actions of other people in communal style living scenarios. These students may have no prior awareness or understanding of allergies, potentially putting her at greater risk of a reaction. The idea that university halls became places of "un-comfort" resonated with a number of participants who were interviewed, with the kitchen often proving to be the greatest challenge, as articulated by Clara:

> I had to have the vigilance in the kitchen because in my kitchen at home I know that even though there are eggs and milk at home a) it's not used as much, but also I know that if it is, my parents are completely- like, can wash and clean, and I know they will- like, the kitchen is a clean space, and so I think that was quite different [in uni].

Although the space was technically her own, the fact that it was shared with others meant that she did not experience the same feelings of safety than she would if it were just her, or her family, using the space. Emma referred to her halls of residence in first year as a "stressy" place which became a "nightmare" at times in regards to cleanliness. This often impacted her ability to safely prepare food without it being contaminated by potential allergens left by other people. Others contributed saying,

> I chose to do self-catering [halls]... but it did cause a lot of anxiety, I think, in the first two months of being like, 'Oh, my God! what happens if, you know, someone, through no fault of their own, has a peanut butter sandwich at 2am, and I then I come down to have breakfast and it's still there?! (Charlotte).
>
> Some of the other flatmates had left Nutella smeared on the tables and things like that which was very inconsiderate (Sophia).

Charlotte recognised that it was unlikely that the other students in her halls were intentionally trying to put her at risk, but they had not yet become accustomed to the requirements of her allergy so could still put her at risk. For Sophia, her flatmates consistently appeared not to take her allergies into consideration throughout her first year in halls.

Clara also contended that it was her flatmates that were often the ones putting her at risk. The degree to which she made use of the kitchen was determined by the level of consideration that the students she was sharing with showed towards her and her allergy:

> I cooked more in my final year than my second year because of who I was sharing kitchen with... the people I was with in the second year just used to leave the washing up in the sink a lot. And so, it means then like I need to wash up but—so it sounds really gross—but I

> actually did loads of washing up in my own room in my own sink.

The relational dimension of risk is clear in these examples as the people who occupied these living spaces alongside the allergic students often determined whether the space became risky. It is worth noting here that, although most participants chose self-catered, Owain chose catered halls in his first year and Clara had access to the catered facilities alongside a self-catered kitchen in her second and third year. For Clara, having the option of catered facilities provided her with the opportunity to get a meal outside of her often stressful, self-catered kitchen environment when she needed it. After first year, Charlotte, Phoebe, Emma and Sophia all decided to downsize the groups they lived with, choosing to live with closer friends in order to have more control over who could be bringing in potential risks:

> We moved to a house which I personally found a bit more manageable to be honest. It's less busy - less people coming and going… you just know it's safe … And I know the two people I've moved in with this year really well. And so, it's kind of a lot easier than halls, I'd say (Phoebe).

Making friends in university made participants feel safe and forming relationships with other students helped them to re-create the safe environment most of them had at home. These social networks brought some comfort and allowed the transition back to university every year easier; having these relationships also made participants feel more comfortable to make the necessary demands of people in order to keep themselves safe. Some noted that this was more difficult when starting out at university, especially due to the expectation from other students that at university, unlike secondary school, there were less rules governing what they could and could not do:

> You don't want to be like guys, okay, I'm going to stop you doing this, this and this but 'Welcome to university!' (Charlotte)

> People in general are like kind of less responsive to, like, other people telling them what to do at university… It's like, I'm at uni now, like I'm an adult like don't tell me what to do… So I found that, like, I couldn't really make demands of them. (Emma).

Both participants felt guilty impinging on other people's eating behaviours even if it was necessary for their own safety, particularly given the assumption that students should be free to do as they please under their new-found independence. However, controlling the actions of others within their vicinity is often a necessity for many allergic individuals.

Navigating everyday life at university when at risk of anaphylaxis

Unlike secondary school, university is much less structured and involves students managing and navigating encounters with different spaces on a daily basis, from residences and student houses to campus study spaces, lecture halls and libraries. In addition to finding particular living scenarios stressful, some participants also noted feeling uncomfortable and at risk in other spaces that were integral to university life. Sophia in particular noted that study spaces and lecture halls caused her to feel particularly uneasy due to the presence of crumbs and lack of restrictions on eating. The spatial structure and design of spaces such as lecture halls made them particularly troublesome as they do not always facilitate an easy exit in the event of a risk being present. As Gallagher et al. (2016, 431) explains, "anxiety thus becomes spatialised in particular ways." Certain places and spaces presented spatially particular risks and feelings of anxiety which demanded specific management strategies such as always sitting in "the end seats" — a choice that Sophia made in lectures so she could move easily if needed. These experiences contradict that of students in previous geographic research wherein campus was deemed a safe space which "create [d] a sense of invincibility against risk" (Sykes 2017, 172). This demonstrates the spatially disruptive nature of anaphylaxis and its ability to impact how spaces are experienced and contended with (Gallagher et al. 2016).

Other aspects that are arguably integral to university life were also disrupted by the experience of having a life-threatening allergy. The most commonly mentioned were university social events and nights out, which became more difficult, not possible, or sometimes even dangerous. This was especially the case for events that revolved around food which were frequent at university, such as “socials,” formal dinners, and end-of-year celebrations. Many participants missed out on key events because of the restrictions their allergy placed on them:

> I generally didn’t go on socials that required food… I’ve definitely missed out on Christmas meals and socials because they don’t go to restaurants that have allergy matrices and enough information to make me feel safe about it. Um, so definitely, missed out on that kind of stuff. (Phoebe).

> I’m not drinking alcohol and I can’t eat a lot of the different food options and, like, obviously if you go to one of the big ones there’s entertainment and stuff which is quite nice but really I’m just paying for an expensive party for my friends. (Clara).

As Clara explains, even if she did decide to go despite not being able to eat or drink, it never felt worth the money. Having an allergy in these contexts prevented the participants from being able to fully engage in the experiences that other students were able to, and sometimes even led to them having negative experiences. This proved true for other social events too, such as parties and meals out with friends, where the allergy related worries were so strong that what would normally be an enjoyable event became the opposite:

> Most people would view eating out as like a nice thing, like, we’ll go out with our friends and we’ll have a really chill time with some nice food and it will be all relaxing and stuff like that. But for me, it’s the complete opposite. It’s not a relaxing time, it’s like mental hyper-vigilance. (Owain).

> If, say we were doing like a game of some description, and people will also like eating chocolate and touching the cards or something… I would be a little bit conscious that is the kind of thing that would make me feel a little uneasy, just because I would then worry about if it’s something sticky, there is like that possibility of touch. (Clara).

> Everyone else was just kind of all sitting around and chatting and eating food, and I was like ‘I need to make this safe first.’ (Phoebe).

These excerpts demonstrate how these students experience particular spaces and events differently because of their allergy, as they are required to maintain a constant state of alertness which minimizes the positive aspects of the experience. They also demonstrate how allergy risk can assert itself into any situation at any time, even if the scenario is not a meal out or food oriented in itself, such as playing a game at a party, as is referenced in Clara’s excerpt.

The “unpredictable geography of severe allergies” becomes very evident here, as it is not always obvious when the individual might be put at risk or when food might be introduced into a situation (Gallagher et al. 2016, 22). An allergy also demands that a space is *made* to be safe by the individual at risk, which often has to come *before* an activity can be enjoyed as intended. These attempts to control and minimise the risk and make spaces safe ended up taking a toll on many participants’ health and ability to enjoy a normal life. Striking a balance between not letting the allergy govern their lives but not wanting to take too many risks proved difficult for a number of participants:

> Other things can make you safe like never going out for meals or never eating food somebody else has made or never eating but we can’t live like that and have a healthy balanced life so there’s always some level of a risk. (Sophia).

As Sophia explains here, the risk is always going to be present to some extent, no matter how many avoidance or management strategies are put in place. Whilst the risk can be minimised, it can never be totally removed. Given that, as Emma stated, “it could happen spontaneously”, it becomes increasingly difficult to know what activities to engage in and what should be avoided. The risk therefore requires that the allergic students construct their own ways of living with the risk which allows them to live a relatively normal life (Gallagher et al. 2016). This is evidently a complex task, however, as the risk is both spatially contingent and relational, changing and manifesting itself in different ways in different settings. Maintaining a certain level of vigilance at all times is necessary given the potentially severe consequences that can result from a reaction. This constant need for vigilance can become very tiring, both physically and mentally:

> This is exhausting, actually, like having to think about, just even like subconsciously always thinking about what is going on around me. What am I touching? Just having to like - constantly be really aware of like that kind of stuff. I think it is quite draining. (Emma).

Missing out on the 'university experience'

A number of participants also made reference to feeling like they were missing out on some of the 'traditions' that students engage in as part of the university culture, such getting a take away after a night out:

> There is that element of missing out especially when- just little things like people going to, like, Maccies after like a night out or something... A lot of like uni culture does revolve around food. And I feel like - like London as well is such a 'foodie' city — there's so much you can just, like, eat and experience. It is kind of like I feel like it's a shame that I can't participate in that. (Emma).

Although Emma refers to this as a "little thing", collectively, events revolved around food and drink are commonplace at university and make up a big part of the 'uni experience'. Having to miss out on an amalgamation of things because of an allergy had an impact on some of the participants' entire experience and understanding of what it meant to be a student. Food and food practices are also often a key part of many social interactions and encounters and can form the basis of new relationships, something that those with food allergies may miss out on (Fairbrother & Ellis 2016; Punch, McIntosh, and Emond 2010).

Many of the participants also chose not to drink because of their allergy and their desire to remain in full control of themselves and their surroundings. This is something that Balfe (2007a, 242) found in their research on students with diabetes wherein, although drinking alcohol may have helped the students to "identify with a normal 'student body", having this health condition added another layer of risk to engaging in alcohol consumption. The same can be said for allergies as Stjerna (2015) found that some adolescents under the age of 18 with food allergies worried about not being able to engage in alcohol-related activities when they got older. A total of four out of the seven participants in my research said they did not drink alcohol, with three of them avoiding it because of allergy-related concerns. A number of the participants who did drink, however, noted that they did not drink *much* because of a fear of not being able to look after themselves and make sound decisions in regard to their allergy:

> I don't like to be too drunk, I like to be in a state where I can look after myself and be cautious about what food I might eat afterwards. Because I think that's more of a risk than the actual alcohol because like a lot of people like to go to kebab shops and things. (Sophia).

> I think in order to stay safe I don't want to be drunk. And also in terms of the alcohol, some of it isn't actually safe, and I feel like, well, if I'm drunk, then I will not know... I need to be one hundred percent on it. And I think with an allergy like anything could happen at any point. (Phoebe).

Staying safe in an allergy sense required maintaining control over one's body and what was being consumed, with participants like Sophia and Phoebe demonstrating that drinking alcohol had the potential to disrupt these feelings of control and hence, safety. These findings therefore bring into question generalisations that see students as irresponsible and "alcohol-fueled" and young people in general as greater risk-takers (Holton & Riley 2013, 68; see also Christensen & Mikkelsen 2008; Dean et al. 2015).

These excerpts also, again, bring to the fore the unpredictability of anaphylaxis risk and the need for allergic individuals to maintain an awareness of their space and self. Fixations of wanting to retain a constant awareness of the surroundings were evident in a number of interviews:

> There's a part of me which never quite lets go. I always have this thing of, like, you've kind of always got be on alert, that sounds a bit strong but you kind of do, there is a certain part of you that's got to have that little like - you know protecting yourself. (Clara).

The demands made by an allergy to maintain an attentiveness to what is going on at all times hence impact how places are experienced by allergic students, forming unique and alternative experiences of everyday spaces. In referencing how she is responsible for protecting herself, Clara also demonstrates how the risk is often individualised and the responsibility is placed on her to manage it.

A number of participants noted that much of the responsibility for management of their allergy was shared with their parents before they came to university. This benefitted them as children, but appeared to make the transition to independent living more difficult *because* they suddenly lost this:

> By the time I went to university it went more entirely on me; there wasn't someone else back-up checking. (Sophia).
>
> Parents definitely helped, as in when I was younger, if we would eat out, they'd always make sure that the food didn't have nuts in. (Jasper).
>
> That's the thing I've- that's what I relied on my parents so much is advocating for me instead of doing it myself... Like, oh, I actually have to say, stand up and say something instead of someone doing it for me! (Phoebe).

Management of their allergy and advocating for themselves in a variety of contexts was now solely their responsibility and their own safety was now in their hands. While for the majority of participants this increased self-advocation was challenging, for Clara, living away from her parents provided her with the space she needed to increase her confidence in managing her allergy:

> I think that's something that I didn't really realise, but did develop across my time at uni, where I just got more confident in saying. And now, like I wouldn't even think about it if I was at a restaurant, saying 'Oh, I've got food allergies to eggs and milk.'

Clara also mentioned that a focus on what her *parents* could do to help her manage her allergy, rather than what *she* could do to help herself, was particularly evident when she was younger. University provided her with the opportunity to bring the emphasis back on herself, what she was required to do and her own experiences of living with an allergy. This was something she felt had been overshadowed to some extent with the common prioritisation of parents and their experiences of living with a child at risk of anaphylaxis:

> I kind of feel like quite a lot of the allergy stuff I say is very aimed at parents which I sometimes found and have found quite difficult, even though that sounds awful, because it's not that I don't sympathise with parents who — because it must be hard — but I'm also just like: but it's us? Like you don't have it... It's us that has it at the end of the day, why are you not talking about us?

University, therefore, gave Clara the space she needed to exert her agency over her food choices and construct her own ways of living with risk without influence from her parents (Fairbrother & Ellis 2016).

This new sense of agency was something also referenced by another participant, Emma, in reference to her living situation at home compared to university. In fact, she made reference to her university living space as actually giving her a greater sense of safety than her family home in some ways. This contrasted with most other participants but aligned with previous research done on food allergic adolescents by Gallagher et al. (2016) who found that, although it was generally the case that the home was experienced as a safe space, anaphylaxis risk was not totally non-existent. They found that some adolescents had still experienced allergic reactions in their homes despite the fact that, on the whole, these spaces were perceived as safe and more protected against risk. While Emma did not mention having had a reaction at her family home, she explained that this space was not allergen-free and that "[her] parents eat nuts a lot at home." She then contrasted this family home-space with her current living situation at university in her second year:

> This year, I'm living just with two other people in a shared flat and it's perfect because, you know, the other guy has an allergy to nuts, which is not anaphylaxis but - and my friend, she's really great. She doesn't have nuts in the house either because of us both. So it's actually amazing, because I feel like this is the most relaxed I've ever been in terms of being at uni and being at home… I've been able to like, create my own environment that I'm comfortable in.

The presence of her allergen in the family home appeared to have caused her some feelings of anxiety, feelings which were reduced once she gained some autonomy and control over where she lived and with whom. The participants' risk-taking behaviours and feelings of being at risk were therefore not only spatial but also clearly relational, dependent on who was with them in that space at the time. Other people have the ability to make spaces unsafe or safe, risky or not risky, for individuals with allergies. This excerpt from Emma's interview also demonstrates the difference that various living scenarios can have on risk management and allergy-related anxiety. Additionally, both Clara's and Emma's experiences of independent university life illustrate how unique insights can be obtained about young people's everyday lives through researching them separately to their parents.

Balancing social risks with allergy risk

All participants, at some point, made reference to, in a variety of ways and circumstances, feeling different or worrying that they stood out amongst their peers because of their allergy. This is a prominent theme in previous geographic literature on experiences of living with the risk of anaphylaxis wherein allergic people often felt, and were perceived as, 'different' due to the adjustments they had to make to their lives because of their allergy (Fenton, Elliot, and Clarke 2013; Shakespeare 2022). Those living with food allergies were "inscribed with powerful socio-cultural categories such as 'peanut allergic kids,'" positioning them as different to other children (Fenton, Elliot, and Clarke 2013, 289). From my research, it was evident that some of these feelings remained in older young people and were not confined to childhood, as explained by Emma, a current second year student:

> I always find that at uni, like, having an allergy - or not even just at uni but generally just around like young people - having an allergy is like a bit embarrassing because it's kind of like, "Oh, you're the 'allergy kid.'"

This labelling of food-allergic individuals as abnormal often led to feelings of fear and embarrassment among participants who were reluctant to be open about their allergy because of the potential social consequences. While some participants continued to feel this way, however, several recognised that they had distanced themselves from their younger selves and their old management strategies and behaviours since their time at university. This is articulated by Owain, a recent graduate:

> When I was quite a lot younger, like early teenager, I would not tell people about it, and take much more risks. And, in hindsight, that was just from me partly, like, not wanting to be standing out, partly not feeling like confident enough to do it… But [now] I genuinely don't like- I really just don't care what people think about it… It's a case of I need to protect myself, and it does need to come down to that.

It is evident from this excerpt that the spatial and temporal transition through university and into 'adulthood' raised Owain's self-confidence and changed how he viewed his allergy in relation to how others may perceive him.

Unlike Emma who is currently still in university, Owain was much less impacted by social 'labels' and no longer felt embarrassed about the condition, demonstrating that age and stage of life can make a difference when it comes to allergy management. The actions he took which others may perceive as strange were necessary to reduce the risk, and this no longer concerned him in a social sense. This is further demonstrated by Charlotte in reference to eating out at restaurants:

> If we like, we go out somewhere, say out with some of my friends, and I don't want to eat, I can just say I'm just gonna have a drink, you know. I'm happy to be here, but before I guess 18 year old me would have been like 'Oh, my God! If we go out, I have to leave. If I don't eat, I'm weird.'

Charlotte, a current PhD student, contrasts her choices in social settings now with how she viewed them when she was a first year student at the age of 18. At this age, she did not want to be seen as strange for choosing not to eat at a restaurant, even though it was to keep herself safe, in fear that she would be deemed 'weird' . These concerns continued to be felt by other younger participants however, as Emma explained, "I struggle in the sense that... You just feel like the odd one out when you go to a house party or something." University social occasions therefore demanded navigation of more than one risk, with participants needing to "balance threats to their personal safety with threats to their social identity" (Gallagher et al. 2016, 392).

Allergies and the pandemic

It was made clear by a number of participants that the COVID-19 pandemic had a somewhat significant impact on everyday allergy-life, an aspect not yet explored in geographic literature on anaphylaxis. In many ways, navigating the pandemic was easier having had experience of living with an allergy, but at the same time acted to worsen anxieties for some:

> I never like struggled with sort of any of that kind of like worrying about things [in relation to COVID-19] like 'Oh so now we have to worry about cross contamination and stuff' — that's just business as usual for me... In your head, you're always like thinking about where cross contamination could come from like - it's almost like I can picture nut particles on surfaces. (Emma).

Public places and spaces which became newly anxiety inducing for many remained the same for many people with allergies given that they were already attuned to, and practised in, minimising cross contamination risks and being aware of their surroundings. Sophia also noted that, because of the lockdowns that were introduced as a result of COVID-19, many places such as restaurants were closed, relieving some of the pressure she felt to partake in common activities like eating out. On the other hand, for some participants, their existing worries were exacerbated further by the pandemic, its associated messaging, and the habits developed as a result:

> In some ways like COVID was great for allergies, because there was less focus on eating out. But then, in other ways, it's like added health anxiety and stresses of access to food, like what I was worried about was hands being clean... Like, you know that period when everyone was washing their shopping as it was coming in? That then made me aware of how many times people touch things and now I'm like- I'm trying to get it out of my head like people touching nuts and then touching the packaging... Like none of this is the same thing as what 15 year old me was worried about.

For Sophia, her health and allergy anxiety were compounded by the pandemic through its calls for an increasing emphasis on potential contamination of everyday spaces with the virus; aspects she was already aware of in relation to the spreading of allergens, but not to the same extent. At the same time, this excerpt demonstrates the ever-changing nature of anaphylaxis risk and its ability to change both spatially and temporally. Sophia's allergy-related concerns were context-dependent and changed depending on what was going on internally within herself and externally within her wider environment.

Similar concerns were raised by Owain in related to the pandemic and an increased feeling of concern and need for vigilance:

> I wasn't even worried about COVID, but from the things it highlighted to me, for example, you could catch COVID particles from sitting in the room with someone and thinking, so if someone has just eaten a bunch of peanuts, am I then inhaling these particles that I could catch COVID from? And also like the thing of like "you can't see it so wash your hands and be careful." Once again it made it clear that you can't see traces of allergens and stuff like that.

This excerpt further demonstrates how the COVID-19 pandemic escalated allergy-related anxieties for some students through its focus on virus particles which made allergic-people reassess the risk and their previously learned risk minimisation strategies. In addition to this, it also exhibited how anaphylaxis risk is often invisible in nature, given that allergens are not always visibly present.

Conclusion

This research project has demonstrated how the lived experiences of students at risk of anaphylaxis are both similar and different from children and adolescents previously studied. University as a specific place of focus presented the allergic individuals with unique challenges, risks and spatial configurations that were not encountered before moving away from home. Spaces encountered on a daily basis as part of the university 'risk-scape' had the potential to become stress-inducing at any time given their unregulated nature. The management of anaphylaxis risk is governed by a range of competing factors that the individual must contend with simultaneously. The findings speak back to wider geographical literature which present risks and their management as both relational and spatially contingent. At the same time, however, studying anaphylaxis risk in particular challenges our conventional understandings of risk due to its ability to act as "a chaotic force that disrupts the modernist fantasy of regulated, orderly space" (Gallagher et al. 2016, 441).

This paper has addressed an absence of research in two main areas. Firstly, it has addressed the lack of research on young adults within geography; specifically in relation to those with food allergies, being the first research to focus on the everyday geographies of those over the age of 19 at risk of anaphylaxis. Secondly, it has added to the limited body of literature on university students within geography.

Suggestions for future research

It is evident that there is much to be gained from research conducted into the lived experiences of older young people at risk of anaphylaxis. Of particular interest would be those gaining increased independence but who do not attend university, yet are still required to navigate other spaces such as workplaces and their associated risks. Future research could also expand on this project by investigating the experiences of students with food allergies who commute to university from home and do not live in university halls or housing. It would also be beneficial to see how the COVID-19 pandemic has impacted the lives of allergic people of all ages. The mental health dimensions of living with anaphylaxis risk are undoubtedly also worthy of further research attention, given the impact that allergy-related anxiety can have on everyday life.

Acknowledgements

I owe thanks to a number of individuals for supporting me through the process of writing this research project. But I would first like to thank all the participants who reached out to be interviewed, without whom this project would not have been possible. I would like to thank my advisor Matt Finn for his invaluable guidance and positivity throughout the research and writing process. Finally, I would like to thank my family and friends for their continued support throughout the process of writing. And I owe particular thanks to Gu, my grandmother, for her excellent grammar and proof-reading skills!

References

Allergy UK. 2022. “Statistics and Figures.” Accessed March 3, 2023. https://www.allergyuk.org/about-allergy/statistics-and-figures/.

Backett-Milburn, Kathryn, Wendy Wills, Mei-Li Roberts, and Julia Lawton. 2010. “Food and Family Practices: Teenagers, Eating and Domestic Life in Differing Socio-Economic Circumstances.” *Children’s Geographies 8* (3): 303-314.

Balfe, Myles. 2007a. “Alcohol, Diabetes and the Student Body.” *Health, Risk & Society 9* (3): 241-257.

Balfe, Myles. 2007b. “Diets and Discipline: The Narratives of Practice of University Students with Type 1 Diabetes.” *Sociology of Health & Illness 29* (1): 136-153.

Balfe, Myles, and Peter Jackson. 2007. “Technologies, Diabetes and the Student Body.” *Health & Place 13* (4): 775-787.

Barker, Erin T., and Nancy L. Galambos. 2007. “Body Dissatisfaction, Living Away from Parents, and Poor Social Adjustment Predict Binge Eating Symptoms in Young Women Making the Transition to University.” *Journal of Youth and Adolescence 36*: 904-911.

Beck, Ulrich. 1992. *Risk Society: Towards a New Modernity*. London: Sage.

Cardwell, Francesca S., and Susan J. Elliott. 2019. “They Say ‘Kids with Asthma Don’t Play Sports’: Geographies of Asthma.” *Children’s Geographies 17*: 649-663.

Christensen, Pia, and Miguel Romero Mikkelsen. 2008. “Jumping Off and Being Careful: Children’s Strategies of Risk Management in Everyday Life.” *Sociology of Health & Illness 30*: 112-130.

Clayton, John, Gill Crozier, and Diane Reay. 2009. “Home and Away: Risk, Familiarity and the Multiple Geographies of the Higher Education Experience.” *International Studies in Sociology of Education 19* (3-4): 157-174.

Cloke, Paul, Ian Cook, Phillip Crang, Mark Goodwin, Joe Painter, and Chris Philo. 2004. *Practising Human Geography*. London: Sage.

Cope, Megan. 2010. “Coding Transcripts and Diaries.” In *Key Methods in Geography*, 2nd ed., edited by Nicholas Clifford, Shaun French, and Gill Valentine, 440-452. London: Sage.

Cope, Megan. 2021. “Organising, Coding, and Analysing Qualitative Data.” In *Qualitative Research Methods in Human Geography*, 5th ed., edited by Iain Hay and Megan Cope. Oxford: Oxford University Press.

Dean, Jennifer, Nancy E. Fenton, Sara Shannon, Susan J. Elliott, and Ann Clarke. 2016. “Disclosing Food Allergy Status in Schools: Health-Related Stigma among School Children in Ontario.” *Health & Social Care in the Community 24* (5): 43-52.

Dunn, Kevin. 2021. “Engaging Interviews.” In *Qualitative Research Methods in Human Geography*, 5th ed., edited by Iain Hay and Megan Cope. Oxford: Oxford University Press.

Elghoudi, Ahmed, and Hassib Narchi. 2022. “Food Allergy in Children - The Current Status and the Way Forward.” *World Journal of Clinical Pediatrics 11* (3): 253-269.

Ersig, Anne L., and Janet K. Williams. 2018. “Student and Parent Perspectives on Severe Food Allergies at College.” *Journal of Pediatric Health Care 32* (5): 445-454.

Evans, Bethan. 2008. “Geographies of Youth/Young People.” *Geography Compass 2*: 1659-1680.

Fairbrother, Hannah, and Katie Ellis. 2016. “Everyday Family Food Practices.” In *Families, Intergenerationality, and Peer Group Relations*, edited by Samantha Punch, Robert Vanderbeck, and Tracey Skelton. Singapore: Springer.

Fenton, Nancy Elizabeth, Susan J. Elliott, Lisa Cicutto, Ann E. Clarke, Laurie Harada, and Elizabeth McPhee. 2010. “Illustrating Risk: Anaphylaxis through the Eyes of the Food-Allergic Child.” *Risk Analysis 31* (1): 171-183.

Fenton, Nancy E., Susan J. Elliott, and Ann Clarke. 2013. “‘Tag, You’re Different: The Interrupted Spaces of Children at Risk of Anaphylaxis.” *Children’s Geographies 11* (3): 281-297.

Gallagher, Michael, Allison Worth, Sarah Cunningham-Burley, and Aziz Sheikh. 2012. “Strategies for Living with the Risk of Anaphylaxis in Adolescence: Qualitative Study of Young People and Their Parents.” *Primary Care Respiratory Journal 21*: 392-397.

Gallagher, Michael, Allison Worth, Sarah Cunningham-Burley, and Aziz Sheikh. 2016. “Geography of Adolescent Anaphylaxis.” In *Play and Recreation, Health and Wellbeing*, edited by Bethan Evans, John Horton, and Tracey Skelton, 425-445. Singapore: Springer.

Holton, Mark, and Mark Riley. 2013. “Student Geographies: Exploring the Diverse Geographies of Students and Higher Education.” *Geography Compass 7*: 61-74.

Legard, Robin, Jill Keegan, and Kit Ward. 2003. “In-Depth Interviews.” In *Qualitative Research Practice: A Guide for Social Science Students and Researchers*, edited by Jane Ritchie and Jane Lewis, 138-169. London: Sage.

Longhurst, Robyn. 2016. “Semi-Structured Interviews and Focus Groups.” In *Key Methods in Geography*, 3rd ed., edited by Nicholas Clifford, Meghan Cope, Thomas W. Gillespie, and Shaun French, 143-156. London: Sage.

Lucherini, Mark. 2017. “Diabetes and an Inescapable (Auto) Ethnography.” *Area 49*: 429-435.

Mandell, Deena, Ruth Curtis, Milton Gold, and Susan Hardie. 2005. “Anaphylaxis: How Do You Live with It?” *Health & Social Work 30*, (4): 325-335.

Morden, Andrew, Clare Jinks, and Bie Nio Ong. 2012. “Rethinking ‘Risk’ and Self-Management for Chronic Illness.” *Social Theory & Health 10* (1): 78-99.

Moyle, Leah, and Ross Coomber. 2019. “Student Transitions into Drug Supply: Exploring the University as a ‘Risk Environment.’” *Journal of Youth Studies 22* (5): 642-657.

Mullings, Beverley. 1999. “Insider or Outsider, Both or Neither: Some Dilemmas of Interviewing in a Cross-Cultural Setting.” *Geoforum 30* (4): 337-350.

Peters, Kimberley. 2017. *Your Human Geography Dissertation: Designing, Doing, Delivering*. London: Sage.

Punch, Samantha, Ian McIntosh, and Ruth Emond. 2010. “Children’s Food Practices in Families and Institutions.” *Children’s Geographies 8* (3): 227-232.

Quach, Linda, and Rita Marie John. 2018. “Psychosocial Impact of Growing Up With Food Allergies.” *Journal for Nurse Practitioners 14* (6): 477-483.

Rossi, Carlo Maria, Marco Vincenzo Lenti, and Antonio Di Sabatino. 2022. “Adult Anaphylaxis: A State-of-the-Art Review.” *European Journal of Internal Medicine 100*: 5-12.

Rous, Trevor, and Alan Hunt. 2004. “Governing Peanuts: The Regulation of the Social Bodies of Children and the Risks of Food Allergies.” *Social Science & Medicine 58* (4): 825-836.

Shakespeare, Rebecca Marie. 2022. “Dining Out with Allergies: Examining Boston’s Allergy-Friendly Restaurant Landscape.” *Geographical Bulletin 63* (1): 5-16.

Skelton, Tracey. 2017. “Children and Youth.” In *International Encyclopaedia of Geography: People, the Earth, Environment and Technology*, edited by Douglas Richardson, Noel Castree, Michael F. Goodchild, Audrey Kobayashi, Weidong Liu, and Richard A. Marston.

Stjerna, Marie-Louise. 2015. “Food, Risk and Place: Agency and Negotiations of Young People with Food Allergy.” *Sociology of Health & Illness 37* (2): 284-297.

Stjerna, Marie-Louise, Allison Worth, Jeni Harden, and Sonja Olin Lauritzen. 2017. “Risk as a Relational Phenomenon: A Cross-Cultural Analysis of Parents’ Understandings of Child Food Allergy and Risk Management.” *Health, Risk & Society 19* (7-8): 351-368.

Sykes, Grace. 2017. “The University Bubble: Undergraduate Students’ Perceptions and Experiences of ‘Risk’/ ‘Risks’ during Their Transition to, Through and Beyond University.” PhD thesis, University of Leicester, Leicester.

Valentine, Gill. 2003. “Boundary Crossings: Transitions from Childhood to Adulthood.” *Children’s Geographies 1*(1): 37-52.

Valentine, Gill. 2005. “Tell Me About…: Using Interviews as a Research Methodology.” In *Methods in Human Geography: A Guide for Students Doing a Research Project*, 2nd ed., edited by Robin Flowerdew and David M. Martin, 110-127. London: Routledge.

Woolley, Kaitlin, Ayelet Fishbach, and Ronghan Michelle Wang. 2020. “Food Restriction and the Experience of Social Isolation.” *Journal of Personality and Social Psychology 119* (3): 657-671.