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## **Food Allergies and Identity Construction in Young Adults**

Darynn S. Lung

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# **Food Allergies and Identity Construction in Young Adults\***

By  
Darynn S. Lung

An Honors Thesis Submitted in Partial Fulfillment of the  
Requirements for Graduation from the  
Western Oregon University Honors Program

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## FOOD ALLERGIES AND IDENTITY CONSTRUCTION IN YOUNG ADULTS

The role of food allergies in the process of identity construction is understudied in adult populations. Past research has explored the mental/emotional, social, and physical impacts of food allergies in children; however, less is known about adult experiences. Regardless of age, individuals with severe allergies must modify their behaviors to prevent reactions and comfortably navigate life. As evidence suggests a connection between childhood food allergy and self-perception, it is unknown if these attitudes and behaviors contribute to their construction of adult identities. There is much to discover regarding the manifestation and development of allergic practices in adults, as well as the social influences responsible for them. This study aims to examine how self-reported perceptions of allergy-specific experiences relate to identity construction in food-allergic young adults.

*Keywords:* food allergy, adult food allergy, identity, self-perception, inequality

## FOOD ALLERGIES AND IDENTITY CONSTRUCTION IN YOUNG ADULTS

We all know that person who claims to be allergic to everything. There's the kid responsible for robbing the whole classroom of Snickers bars (you know, the one who sits alone at the peanut-free table in the cafeteria?), and the party host who makes it impossible to figure out which appetizer to bring. Oh, and don't forget the customer requesting countless substitutions while demanding that nothing on the plate touches gluten. At a glance, these practices may seem frustrating, annoying, and even embarrassing. You might feel upset that one individual's problem impacts your ability to enjoy certain treats. You may dread work retreats and all-day meetings because the "acceptable" catering is always boring. Maybe you even smile and say, "Of course!" in response to questions about the menu, while internally cursing the customer and begging them to just order *something, goddammit*. If you've ever thought this, you're not alone. It's a common response of, "It's someone else's problem, so it's not my responsibility". People without severe food allergies struggle to understand what it's like to navigate life with this serious autoimmune disease—and reasonably so. For those not experiencing it, it can seem difficult or bothersome to accommodate various needs, especially if they aren't fully understood. However, this lack of cognizance on the subject can result in unintentional and serious harm to allergic individuals.

Often misunderstood as a "preference" or "intolerance", food allergies differ due to their ability to trigger anaphylaxis. This severe systemic reaction occurs suddenly after exposure to an allergen, in which a normally harmless

substance is identified as a toxin and prompts the immune system to attack the substance with potentially fatal results. There is no cure for this condition, and very limited treatment options are available (Sicherer, Mahr, and the Section 2010:1232). Until further preventative remedies are discovered, the primary recommendation for managing safety is strict avoidance of allergens and access to emergency medication (Cummings et al. 2010:933). From an outside perspective, food allergy precautions are an inconvenience. But for 32 million people in the U.S., those simple inconveniences can be the difference between life and death (FARE n.d.).

Over the past decade, food allergy awareness has gained recognition in communities and institutions. Individuals, families, and advocates are reaching out to create support groups and educational organizations to raise awareness about the dangers of this condition and ways to improve (Milliken 2018). A simple internet search will reveal countless blogs, social media pages, recipes, and self-help books full of people's experiences and advice regarding food allergies. As people continue advocating for increased food allergy safety, many industries and institutions have begun improving their practices. Restaurants have become aware of the importance of ingredient labels and many feature specialty menus signifying allergens. Furthermore, due to the high incidence rate of allergic reactions in a school setting, individualized health care plans regarding emergency treatment strategies are featured in many schools (Sicherer et al. 2010:1233). Despite the increase in societal awareness, there are still many areas that require attention and future research.

Although food allergy research is a recent subject of interest, a variety of findings have already been established. Food allergies are accredited with creating a much larger impact on life experiences than previously recognized, and considerable efforts towards measuring quality of life in food-allergic individuals are in progress. Studies conclusively indicate this condition's ability to significantly impact various aspects of daily life. Most commonly reported are social limitations or harassment, psychosocial and emotional distress, and familial responsibility (Cummings et al. 2010:938, 941). As most of these studies explore the experiences of food-allergic children, adolescents and adults remain largely understudied.

This study aims to explore and understand how food allergy experiences influence individuals' self-perception and identity construction within a social context. Studying identity construction in relation to allergy-specific experiences may aid in identifying if or how the presence of this condition influences behaviors and overall self-perception. Although childhood food allergies are heavily researched, further exploration regarding the manifestation and navigation of food allergies in adult life contributes to understanding the long-term impacts of the condition.

## LITERATURE REVIEW

Food allergies affect approximately 32 million Americans (FARE n.d.). Due to medical interest in this life-threatening condition, exploratory studies examine the role of food allergies in various situations. Additionally, researchers are evaluating the ways in which food allergies impact the social lives of allergic

individuals. Prior research suggests that those living with food allergies encounter and develop different life experiences, behaviors, and thought processes that can affect interpersonal and intrapersonal well-being.

### *Background*

To further understand how aspects of everyday life are influenced by food allergies, it is necessary to first contextualize occurrence patterns. Food allergies (abbreviated as FA) are clinically conceptualized as having the ability to trigger anaphylaxis: a “severe, potentially fatal, systemic allergic reaction that occurs suddenly after contact with an allergy-causing substance”. When the body perceives a normally harmless substance as toxic, an auto-immune response triggers an attack on the allergen (Sicherer et al. 2010:1232). This condition can develop at any age and often manifests alongside other allergic diseases and autoimmune disorders. While there is no known cure for this disease, limited treatments such as rescue epinephrine auto-injectors and over-the-counter antihistamines are available; however, strict avoidance of allergens is highly recommended (Cummings et al. 2010:933).

Researchers believe that societal reactions and challenges in response to FA can influence the perspective on life for food-allergic individuals. Factors contributing to negative feelings include “limited treatment options, the absence of a cure, and the ubiquitous and often unidentified presence of allergenic foods in social settings. As a result, food allergy can have a profound social and psychological effect on the daily lives of affected children and their families”

(Gupta et al. 2011:e10). Although food allergy research continues to illustrate the effects of this disease on the lives of individuals, there is still much to explore.

### *Physical Risks*

Food allergies have been associated with the presence of chronic comorbid allergic conditions. Studies show that “co-existing atopic diseases [are] a significant factor contributing towards lower levels of physical health”. This includes decreased physical functioning, body pain, and general health (Cummings et al. 2010:940). Individuals with additional allergic conditions are at a higher risk of developing a food allergy, subjecting them to increased physical health issues.

A nation-wide study in Taiwan researched the connection between comorbid allergic conditions and the risk of developing psychological disorders . People suffering from various combinations of atopic diseases are associated with a higher risk of psychiatric disorders. This context defines psychiatric or mental disorders as “clinically significant behavioral or psychological syndromes, which are associated with present distress, disability, or an increased risk of suffering death, pain, or disability” (Tzeng et al. 2018). This study links inflammatory diseases to psychiatric disorders such as anxiety and depression, suggesting that physical aspects of allergic diseases can result in psychological consequences—especially with multiple conditions present.

### *Mental and Emotional Distress*

Food-allergic individuals, especially children, are subjected to increased levels of mental and emotional distress. Children with FA are often

knowledgeable about the risks of allergic reactions, and are taught to practice avoidance behaviors from a young age. High levels of disease-related anxiety can help create precautionary habits in children and develop their allergy-management skills. Examples of beneficial fear-driven practices include constant awareness of allergen hazards in the environment, carrying emergency medication, and extreme vigilance regarding label-reading and food preparation (Avery et al. 2003:381-382).

Excessive anxiety, however, can be debilitating if children experience unwarranted fear and unrealistic restrictions. Simple tasks such as eating at restaurants can be perceived as dangerous or threatening, which may prompt overly-cautious behavior (Avery et al. 2003:382). This extreme vigilance can limit life experiences by creating discomfort around social events and discouraging outings such as attending parties, using public transportation, or traveling. Overly strict adherence to unfounded lifestyle restrictions such as avoiding supermarkets for fear of death exemplifies the potential manifestations of debilitating anxiety (Cummings et al. 2010:938).

Research suggests that social treatment stemming from precautionary practices could be related to the development of psychiatric disorders in food-allergic individuals. From a sociological perspective, a “mental disorder [is conceptualized] as the outcome of social processes that include the labeling of deviant behavior and stigmatic social reactions to those labels” (Tausig 2014) . Therefore, categorizing food-allergic individuals as socially deviant or engaging in stigmatic treatment can seriously impact psychological well-being.

### *Social Impacts*

The presence of a life-threatening condition significantly complicates, disrupts, and limits everyday interactions and social practices. As restaurants and cafeterias are common gathering locations, anxiety around food or unknown eateries may create socialization challenges for food-allergic individuals (Cummings et al. 2010:939). Cautious consumers may practice allergen-safety “precautions such as thoroughly reading food labels, calling ahead to restaurants, or avoiding prepared foods at social events”. While necessary to prevent reactions in an unknown environment, these behaviors “can be isolating, exhausting and expensive for those affected” (NIAID 2016). Practicing preventative behaviors such as these can inhibit and disrupt social experiences, potentially affecting the development of interpersonal relationships for food-allergic individuals.

Navigating food allergies within a school environment poses social challenges and disadvantages. One study illustrates allergy-related harassment, in which children are victimized by the intentional contamination of food and forced physical contact with an allergen (Lieberman et al. 2010). In recognizing the significant amount of disease-related anxiety already experienced by food-allergic children, this behavior can inflict serious emotional and physical harm. Furthermore, the inability to ensure allergen safety while at school negatively impacts the education of students with FA. There is an increased risk of allergic reactions when outside of the home, including the 16-18% of children who experience reactions at school (Sicherer et al. 2010:1232). Studies suggest that

food allergies can restrict the lives of children in a school setting; however, additional research is required to explore the experiences and perceptions of allergic adults outside the home.

Families of food-allergic children are often required to adapt and accommodate allergen management within the home, resulting in excess stress and financial responsibility. Bollinger et al. (2006) describes how adjusting family meals and practicing dietary vigilance significantly impacts stress levels for parents of allergic children. In an attempt to minimize risk and lower anxiety, parents avoid unfamiliar environments and prevent their child from attending parties or school trips. This desire to protect one's child can result in overprotectiveness, as "parents with allergic children often accompany them in social situations beyond the age at which nonallergic children are accompanied" (Cummings et al. 2010:938). Additionally, Herbert and Dahlquist's (2008) study explores the self-reported perceptions of autonomy within food-allergic young adults; specifically, the allergic individual's assertion of autonomy, emotional reliance on others, self-confidence, anxiety, depression, and parental behavior. Some individuals report allergy-related family roles, which suggests a social, rather than individual, experience. Therefore, the social implications of FA may contribute to identity formation for food-allergic individuals.

### *Financial Burden*

Individuals with food allergies are placed at an economic disadvantage; financial strain from the condition can affect families with medical and out-of-pocket expenses, lost labor productivity, and additional opportunity costs (Gupta

et al. 2013:1026). To put this in perspective, caring for children with food allergies in the U.S. costs families \$25 billion each year (FARE n.d.). In addition to necessary expenses such as healthcare and medication, financial ability can dictate peace of mind regarding allergen safety. For example, manufacturing companies use disclosures on products that “may contain” or have been “manufactured on equipment that processes” allergens. While strict avoidance of foods with any allergen label is preferred, adherence to a diet free of these disclosures is “only an option for families who can afford to buy specially marked, allergen-free products. ‘Often, many families take chances because almost everything has one of those precautionary allergen labels on it’” (Milliken 2018).

“Taking chances” with product consumption by deviating from strict avoidance practices can create additional anxiety for allergic individuals—especially if they lack financial ability to purchase specially marked products. As a result, people may feel obligated to spend more money on specialty products to increase security, enjoyment, and overall quality of life (Gupta et al. 2013:1030). This indicates a financial inequality for allergic individuals, as additional safety measures are only an option for those who can afford it. Therefore, financial ability often determines FA safety and comfort.

## THEORETICAL FRAMEWORK

The sociological theories of identity and attention contribute to food allergy research by providing insight on the relationship between social experiences and individual self-perception. A theoretical framework will aid in the comprehension and analysis of the qualitative and quantitative data provided by this study. While

researchers have studied the social and emotional implications of FA, the development of personal identity among food-allergic individuals has not yet been explored. The development and operation of identity is commonly studied within the field of sociology, and can therefore lend theoretical concepts to food allergy research. In this context, *identity* refers to an individually-crafted self-definition. Identities are essentially personal narratives created from past experiences that inform individuals of “knowledge of self, other[s] and the world in general” (Singer 2004). Understanding how identity is formed and maintained through everyday interactions will provide insight on the self-perception of FA individuals.

### *Identity Theory*

Identities are undoubtedly an important part of social life. In addition to providing descriptions to categorize groups of people, identities carry immense social significance. Individual narratives use knowledge and experiences from the past to influence future thoughts, behaviors, and emotions (Callero 2018:147). Integral to self-definition are sociocultural factors such as race, class, and gender (Singer 2004). With researchers discovering the extensive ways FA impact individuals, the role of food-allergic living should also be considered. This offers important insight to the individual and social processes surrounding identity construction in food-allergic individuals.

Identities are ranked hierarchically, meaning that each is associated with varied amounts of social power and opportunities. Groups of individuals with shared characteristics are treated differently, both at the individual and

institutional level. Depending on the social value assigned to each identity, individual privileges and access to resources will vary. Differences in power and opportunity create social inequalities that influence life experiences and outcomes. This relationship to power and inequality makes identity theory beneficial to the discussion of identity construction in food-allergic individuals.

Humans inherently recognize, categorize, and negotiate identities within everyday interactions. The cultural understanding of formal and informal customs plays an important role in maintaining consistent and stable social conditions (Callero 2018:13). Although not always desired, identities “provide security and guidance as [they] establish relationships, build community, and create a meaningful life” (Callero 2018:62). Identity categories are used to classify individuals, as well as to evaluate and understand oneself, creating the foundation needed to build relationships with others. While seemingly invisible, identities “can have an enormous impact on the direction of a person's life by controlling economic opportunities and influencing both physical and mental health” (Callero 2018:4). Therefore, the relationship to structural opportunities and power makes understanding personal identity meanings imperative.

#### *Identity meanings.*

Individuals often develop multiple identities due to past experiences and sociocultural factors. Similar to social status and perceptions of value, individuals rank their identities according to personal importance. While many factors influence one's self-conception, certain identities may contribute more to self-definition than others (Thoits 2012). Therefore, it is important to recognize the

different values assigned to each identity, as well as their role in self-conception. Personally important identities are often accompanied by repeated behaviors and attitudes, as well. In addition to indicating prioritization of identities, these patterns can also be habitualized and internalized as a “central role identity” (Charng, Piliavin, and Callero 1998). The socially-assigned value of an individual’s central identity will contribute more to the construction and performance of self-identity.

Identities are constructed through repeated social encounters and continue to change over time. Cultural meanings and situational interactions can drastically impact identity—especially in the early years of life. Through repeated interactions, children observe how they are treated and quickly discover the power and value assigned to their identities (Callero 2018:75). The “sentiments, behavioral expectations, beliefs, attitudes, stereotypes, and assumptions about a specific class of people” illustrate the social and emotional significance of accurate identity meanings (Callero 2018:69). Power associations and identity meanings can be positive and negative, making social interactions especially influential to one’s overall life quality and experience. This proposes concern for identity development, as inequalities can be internalized once “the value and power of an identity category becomes part of a person’s understanding of self” (Callero 2018:79). In other words, social experiences can make or break an individual’s psychological well-being and self-perception.

While a great experience can boost one’s self-confidence, a bad experience, or undesired outcome, can damage the assurance of oneself.

Because identities provide others with information about an individual's value and power, having a socially unaccepted or undervalued identity can incite negative reactions. Individuals with deviant identities, or those that fall outside of normalcy, may receive negative social treatment regardless of their beliefs or actions. Those with uncommon or unaccepted identities may receive less power and control, and may experience invalidating and shameful treatment from others. Although daily endeavors and common "behaviors may seem mundane and insignificant, they are, nonetheless, part of an intricate web of interactions that impact the health, dignity, and happiness of us all" (Callero 2018:30). Identities and their assigned values are communicated to others through social encounters, influencing not only the manner in which they are treated, but also impacting how they view themselves.

*Impact on self.*

Individuals are continuously exposed to social value and identity meanings in daily life, which can dramatically impact physical well-being and self-development. The self, in sociological terms, refers to a socially-dependent, dynamic process that "emerges from our social relationships and conforms to the cognitive, emotional, and cultural parameters of the larger society" (Callero 2018:47). As it requires constant interaction for its growth, the self is both a by-product and an influential force within its social environment. The self often includes socially-necessary practices such as role-taking, self-reflection, and self-evaluation, making it a relevant aspect of identity theory (Callero 2018:147).

Similar to identity meanings, the self is dependent on social experiences to grow and change; this also includes any positive or negative aspects that may occur. Identity negotiation is a term used to describe the behaviors that occur when “individuals engaged in ordinary everyday interaction have a tendency to seek identity confirmation and avoid identity disruptions” (Callero 2018:106). These behaviors often include seeking validation in one’s identity, or avoiding behaviors associated with unaccepted or devalued labels. When encountering negative treatment due to a stigmatized identity, an individual may attempt to remedy any social discomfort by adjusting to “fit” the situation. The decision to change one’s manifestation of self—such as thoughts, appearance, or behavior—to align with cultural or social expectations is called affect control theory (Callero 2018:105). For individuals with deviant identities, affect control theory can be an effective strategy in pursuing social acceptance and validation.

#### *Deviance And Theory Of Attention*

Theories of attention and deviance are integral in the exploration, construction, and development of identity. Routine conversations and habitual interactions carry implicit information about the power, status, and value of those involved. These aspects are similarly exchanged and presented through conversation dynamics: specifically, how attention is given or taken. Habits, defined as semi-automatic performances of well-learned behaviors, indicate the physical manifestation of identities that contribute to personal self-concept (Charng et al. 1998). By understanding the relationship between identity

meanings, habits, and patterns of attention, stronger conclusions can be drawn about the influences of daily experiences on the construction of self and identity.

As previously described, socially unacceptable identities often carry negative associations which can incite harmful or unwanted interactions. This deviance, or “undesired differentness” to general convention, tends to steer individuals away from this label and instead encourages strategies—like affect control theory—that avoid identities with harmful meanings (Calhoun and Konty 2007). The right to pursue and receive attention in both informal and formal situations exemplifies one’s status; therefore, observing conversational dynamics of attention can provide insight to an individual’s perceived social power and value (Derber 2000:5).

*Attention roles.*

The way an individual engages in conversation (specifically, how attention is sought or provided) can reveal information about their social roles, background, and status (Derber 2000:34). The socialization process teaches individuals of various hierarchical divisions to adopt a distinct role during interactions, as determined by social status: specifically, the dominance of the identity group. Members of subordinate groups typically adopt attention-giving roles and are other-oriented, while dominant groups are self-oriented and learn to receive attention. Socially undervalued groups “are expected to assume primarily attention-giving roles in formal interactions [and sometimes] learn a generalized psychology that discourages focus on oneself and predisposes the individual to give attention in all phases of social life” (Derber 2000:36). Stratification within

society normalizes inequality and similarly encourages unequal distribution of attention. This can impact institutional opportunities and resources, as well as an individual's self-perception and behavior.

*Impact on self.*

Although a group's dominant or subordinate status is systemically determined, the attention roles learned through socialization can drastically influence perception of self. For those in the attention-giving role, "stratification systems create distinctions of social worth that are communicated, learned, and enforced in ordinary face-to-face processes" (Derber 2000:37). Through continued socialization, these individuals learn to be other-orientated and may receive unequal treatment compared to self-oriented people. This can be a major social consequence, as "members of subordinate classes are regarded as less worthy of attention in relation with members of dominant classes and so are subjected to subtle but systematic face-to-face deprivations" (Derber 2000:37). These systemic inequalities are protected and further reproduced due to an attention-giver's discomfort and inexperience with demanding attention.

Attention-giving roles often encourage passive and caring behavior, while encouraging negative perceptions of self-worth and value. When individuals become comfortable with tending to the needs of others or accepting unequal treatment, asserting or accepting attention can feel unnatural. This is especially common in women, who are often expected to give attention without reciprocation due to their historically subordinate status. Because of this socialization, women "learn not only to give attention to others, but experience

some degree of doubt, fear, or guilt when taking it or accepting it for themselves...[Furthermore,] some feel they simply do not deserve attention, while others...experience anxiety and guilt even in the simplest acts of asserting themselves for attention” (Derber 2000:45). While self-oriented people are encouraged to express themselves freely, other-oriented people may doubt or worry about their deservingness of attention.

Viewing oneself as unworthy of attention can be extremely damaging to both intrapersonal and interpersonal relationships. When an individual is not used to receiving attention from others, they may experience anxiety about their rights to attention, or “fear that [they are] not sufficiently interesting to merit attention” (Derber 2000:81). This perspective places the attention-giver’s value and self-worth in others, as receiving attention is viewed as praise or approval. Other-orientation also encourages empathy and self-sacrifice, as many attention-givers, especially women, “learn to feel a responsibility for the feelings of others in conversation and so act in ways that promote others’ sense of well-being and security” (Derber 2000:52). Social subordination and other-orientation may influence feelings of low self-worth and empathy, potentially contributing to one’s self-perception and identity construction.

### *Relationship to Study*

Food allergy management requires specific behaviors and thought processes to avoid reactions—especially in public or unfamiliar areas. Due to the socially deviant nature of these practices, allergic individuals may experience negative or attention-drawing encounters. As explored in identity research,

frequent exposure to these situations can influence an individual's daily experience and contribute to their identity development. With deviant situations and behaviors surrounding food allergy management, social treatment can impact an individual's identity. This study aims to understand how food allergy-specific behaviors influence identity construction, while using daily FA experiences to contribute to illustrations of social deviance and identity development.

## METHODS

### *Research Question*

This study aims to explore the self-reported perceptions of food allergy-related experiences in relation to identity construction in food-allergic young adults. As medically and socially deviant individuals, those with severe allergies must modify their behaviors to prevent reactions. This leaves much to discover about the social influences behind these adaptations, as well as the responses used to safely and comfortably navigate life as a food-allergic individual. In expressing FA needs, allergic individuals can receive negative treatment from others, which can potentially contribute to identity construction. This study hypothesizes that individuals with life-threatening food allergies have created and internalized preventative habits and behavioral tendencies to ensure their safety, which steadily contributes to identity formation.

The target population consists of young adults ages 18-25 who have been diagnosed with or have significant experiential evidence of a life-threatening food allergy. Studying participants within this age range increases validity in subject

ability to self-report past experiences and behaviors, while contributing to adult-centered food allergy research. Subjects are college students in the Pacific Northwest, with most participants centrally located around a small public university. Due to population restrictions, subjects had the option to recruit participants outside of the target area, resulting in a slightly wider scope. Basic demographic information revealed that most subjects identified as white females; however, this study does not explore relationships regarding racial, gender, or class distinctions.

### *Data Collection*

This study utilized both quantitative and qualitative methods to explore personal perceptions of how FA impact life experiences and identity construction. Utilizing survey research and in-depth interviews produced more representative and holistic conclusions regarding the role of FA in identity construction. Questionnaires aimed to uncover details about each participant's allergy history, severity, management, social life, and personal impact. Each survey required informed consent that acknowledged individuals' anonymous and voluntary participation in the study. Herbert and Dahlquist's (2008) study measuring perceptions of parental overprotection, assertion of autonomy, emotional dependency, and self-confidence provided a model for online surveys. A Google Form survey (Appendix A) included 60 questions covering four major areas: demographic information, allergy history, self-efficacy, and social impact. Most questions followed a Lickert scale format, allowing for future coding and analysis; however, some benefited more from formats such as "check all that apply" and

“fill in the blank”. Surveys were advertised through campus postings and word-of-mouth, and distributed online using social media platforms and email. Preliminary responses and findings from this survey provided guidance for in-depth interview questions. 25 participants responded to the survey, some of whom also provided an interview.

Interviews (Appendix B) with 10 participants provided qualitative insight to specific aspects of food-allergic life. Survey responses and the snowball sampling method aided in locating and recruiting participants to reflect on their allergy management. Each interview followed 13 open-ended questions which prompted detailed responses, comparisons of life experiences, and interactions with their allergies. After receiving consent, interviews were audio-recorded and transcribed into writing. Conversations with each participant had a duration of one hour. This length of time encouraged participants to share complex and insightful narratives of personal experiences, which would otherwise be unattainable by survey.

### *Data Analysis*

Survey responses to the online questionnaire provided quantitative data reflecting common food allergy experiences, behaviors, and beliefs. Once collected, all responses were imported into a spreadsheet and reorganized for analysis. Questions with similar topics were arranged together to assist in theme and pattern identification. All questions formatted as a Lickert scale used the same measurements, which enabled data to be coded and tallied. For these questions, self-reported ratings of 1 or 2 indicated a minor perceived impact by

the individual; a rating of 3 indicated a perceived neutral stance by the participant, and ratings of 4 or 5 indicated notable perceived impact. These numbers created a basis for the measurement and analysis of FA impacts on identity construction. Some questions were tallied together in groups to conceptualize general feelings and attitudes, such as the theme of low self-worth. Overall patterns and trends identified from preliminary responses assisted in creating interview questions by locating areas of interest for further exploration. Each participant was assigned a letter pseudonym for use within the findings.

The 10 interview transcripts provided qualitative data for this project. Responses were analyzed for prominent or reoccurring themes to assess common views and experiences among participants. Each hour-long, in-depth interview provided various anecdotes and perspectives on how FA impact individual sense of self and identity. Interview data filled the gaps left unexplored by survey research, and encouraged participants to share first-hand accounts of the allergic experiences that shaped their lives. Quotations from interviews were organized and arranged to form a narrative structure used to illustrate the findings. Common experiences and individual stories were supplemented with quantitative data to construct a holistic and comprehensive account of FA experiences in young adults. Letter pseudonyms were used to protect participant anonymity.

## FINDINGS AND DISCUSSION

### *Situational Inequality*

As a deviant population, individuals with FA must carefully navigate social

situations and interactions. The mental and physical adaptations needed to survive and thrive in a minefield of allergens creates a very different experience for those living with the condition. Interviews with 10 participants in this study recounted situations and interactions that were influential to their allergy experience; common themes revealed feelings of social inequality and disempowerment, which contributes insight to public perceptions of FA.

In a quantitative survey of 25 food-allergic individuals, 17 reported being treated differently due to their allergies. Everyday situations such as attending class or grocery shopping can be challenging, alienating, and harmful for those with severe allergic conditions. As a result, individuals with FA are forced to develop and continuously practice habitual safety measures to maintain health and well-being. Due to the general “invisibility” of the condition, many businesses and institutions lack allergy-conscious protocols. Therefore, ignorance regarding the severity of FA and lack of understanding from others can drastically and unintentionally complicate daily life for thousands of people.

For Participant I, the limited knowledge of FA in academic settings often disrupts her education. She shares how her severe airborne MSG allergy interferes with her classes, and how simply having food in the classroom can weaken her ability to learn. In this experience, Participant I suffered from an allergic reaction during class and had to remove herself from the building.

I feel my throat start to constrict...So I sit down in class for a second and I'm like, “Nope, I'm gonna stand outside” and I take my water bottle and Benadryl with me. And class is about to start, so I pop a Benadryl and go back into class and someone's eating Hot Cheetos...Then we started the first activity and I'm like, “I'm gonna go outside”. So I ended up standing outside in the rain while it's freezing for the first half hour of class. And

then, when I finally went back in, like, drenched, I just grabbed my stuff and left.

Individuals with FA are disadvantaged when the threat of anaphylaxis forcibly restricts their access to education. The unpredictable nature of this condition poses countless challenges for allergic individuals, and can inhibit safety and ability in any situation.

When asked about how events like this impact her life, Participant I explains feeling frustrated when allergies ruin her plans. In addition to being out of her control, allergic reactions can also trigger anxiety:

It'll usually turn into a panic attack where it's like, "this doesn't fit into my day. I don't have time for that, I don't have time for a Benadryl nap...I can't take Benadryl before a math test"...And I just kept thinking, like, "I really don't have time for this. I have three other classes today. I have rehearsals this evening"...Frustration is another big feeling, I feel frustrated.

Many allergic individuals experience frustration towards the disruption of daily life activities. It is impossible to know when a reaction will occur, and most times, they are completely unexpected. Accepting that a debilitating and life-threatening reaction could occur at any moment, regardless of thorough precautions, can inhibit accessibility and create unequal experiences.

Another common challenge for food-allergic individuals is the expense of allergy-friendly food options. Participant A and her mother both suffer from Celiac disease and must be extremely vigilant about gluten consumption. Besides struggling with limited availability of gluten-free meal options—let alone finding good-tasting ones—restaurant experiences can create financial inequality for those requiring dietary substitutions. Participant A shares her thoughts on the dubbed "gluten-free tax":

I wish there were cheaper options. It's so frustrating with like, "Oh, you can't get this because it'll kill you. So we're going to charge you \$2 more so you can live and eat our food." It's dumb...I'm not paying \$15 for a single person pizza that [tastes like] soggy cardboard.

In addition to experiencing reduced options at restaurants, individuals with FA must also pay additional surcharges for required substitutions. With higher costs, small portions, and underwhelming foods, additional fees for gluten-free options can further promote feelings of deviance and inequality for those allergic to the original product.

Participants express frustration and dissatisfaction with the lack of attention given to FA needs compared to dietary preferences. As viral food trends and fad diets gain popularity, the distinction between wants and needs can blur. Only 32% of respondents felt that others were knowledgeable about FA, and several expressed concern about having their allergies mistaken for dietary preferences. Specialty diets or alternative food trends—such as gluten-free, dairy-free, and vegan—are often perceived as a blessing and a curse for individuals with FA. While increased knowledge of consumer preferences has diversified the variety of substitutions readily available, allergic individuals fear decreased consciousness of FA needs. Participant S explains her hesitance at coffee shops due to her fear that baristas might misinterpret her dairy and almond allergies as preferences, and treat them with less care:

I got my usual: I have an Americano with a little bit of syrup, and then a little soy milk on top. And [my friend] got an almond milk steamer. And when she got almond milk, and when I got my drink, I was like, "I really hope they didn't just splash the same milk in there just because they're making the two drinks at the same time." So I literally took a sip and was like, "I don't taste it being almond", and I waited like ten minutes before I had another sip.

For Participant S, the popularity of non-dairy milk alternatives in coffee drinks has increased accessibility to these products for allergic individuals. However, these substitutions create issues when people mistake allergies for preferences, and therefore do not understand the true consequences of an incorrect order. By anticipating potential mistakes and carefully testing for allergens, Participant S actively prepares for reactions among this growing concern.

Many individuals with FA feel anxious when eating at restaurants; 17 of 25 respondents report experiencing frequent and significant allergy-related eating anxiety. Fear surrounding unknown ingredients, a server's lack of knowledge regarding allergies, and insufficient attention towards FA severity are among reasons for discomfort. With the presence of potential allergens, individuals with FA must use extreme caution and remain vigilant. For many allergic customers, this anxiety impedes upon the ability to enjoy meals outside of the home, discouraging some individuals from dining out.

Participant B struggles with receiving invalidation and ignorance from food-service workers about her allergies. When eating at home isn't possible, Participant B is cautious of her food choices, and understands that some establishments may not take the necessary precautions to avoid reactions. Many allergic customers are cynical of how restaurants respond to allergies, and therefore adopt habits and behaviors to ensure their safety. Participant B remains vigilant at restaurants and is often skeptical of her food safety. She shares, "If I go out to places, I always have to worry, like, has this touched something that I'm allergic to? Is this server lying to me? Is [my allergen] really in this and they just

don't feel like looking, so they're saying 'no'?" Although this thought process may seem extreme, Participant B's past experiences necessitate these behaviors. When inquiring about allergy-safe options, restaurant staff disrespected and devalued her by lying and rolling their eyes. In addition to receiving unequal treatment due to FA, the habitual precautions and vigilance required at restaurants can contribute to eating anxiety.

### *Interpersonal Inequality*

There's the constant awareness of, "you're different because you can't eat normal food". And it's just exhausting, having people be so focused on it because for me, it's just normal. It's just part of my life. It's just something I deal with. But to other people, it's a very big thing. (Participant C)

Dining at restaurants is not the only situation in which food-allergic people encounter inequality. As Participant C states above, allergies can become a focal point among peers, effectively impacting social experiences. Interviewees commonly reported feelings of otherness, anxiety, and restriction when socializing outside the home. Although survey results suggest that FA do not create isolation or inhibit relationships from forming, several individuals consider their allergies to be a major obstacle in their social lives. For Participant G, having Celiac Disease can restrict her ability to spend extended periods of time out with friends. When illustrating this challenge, Participant G explains the difficulty of "wanting to be social but not being able to rely on [eating]".

Successfully balancing dietary needs with social desires can be difficult for short events, as well. Participant B stresses the importance of planning ahead, and acknowledges that social gatherings may cause discomfort or lessen her experience. Due to her anxiety and hesitance surrounding unknown food items,

Participant B wonders, “If I’m going out with friends, or anytime I go out, I’m always worried like, ‘will I be able to eat with my friends?’. I’ve had to bring backup meals” to events because it was uncertain if safe options would be available. Allergic people understand the possibility of not having access to safe food options when out, which can complicate get-togethers and other social gatherings.

In addition to balancing FA with a social life, allergic individuals experience disrespect regarding their perceived deviance and inconveniencing dietary needs. Encounters can range from off-hand comments to intentionally devaluing someone for their allergy. Participant Y recounts her experiences feeling hurt by ignorant comments, despite understanding that the speaker likely did not intend to be malicious. When discussing dinner plans, her boyfriend’s parents teasingly invited her to attend, “as long as she doesn't bring anything weird”. Even as a joke, Participant Y was affected by the comment—especially since her allergies are outside of her control. When she mentioned how hurtful and alienating FA microaggressions can be, her partner gained awareness of how this condition can significantly influence mental and emotional well-being.

Contrary to Participant Y’s experiences with microaggressions, signs of disrespect can be explicit and intentional when devaluing others. Participant X vividly remembers an encounter at her high school theater’s cast party because of how she was treated for her severe dairy allergy:

One of the freshmen's mom was going to go get [pizza]. And she was like, “[Give me] money for pizza”. And I was like, “I can't eat it. If I give you this money, can you get me something else? Just nothing with cheese on it, anything that isn't cheese”. And she was like, “I think that's your problem”.

And I was like, "what?". She's like, "Well, you should be prepared. And if you can't eat these things, then you need to take care of that on your own. You can't just assume other people are going to care about your allergy enough to do anything about it". And I was like, "What the fuck...?"

In this example, the mother reacted to Participant X's request for a dairy-free option with hostility and disrespect. Participant X was shocked by the parent's behavior and blunt disdain, and learned that she "can't ask people to do things like that, because nobody cares". Being treated with blatant disregard for a life-threatening and incurable condition can have severe ramifications for an individual's perception of self-worth.

### *Self-perception*

Survey questions relating to feeling devalued, excluded, burdening, and/or guilty provided conceptualization for the meaning of "low self-worth" (Appendix A). With constant awareness of one's deviance, food-allergic individuals can become acutely attentive to instances of situational and interpersonal inequality. Consequently, 10 out of 25 respondents reported significant feelings of low self-worth, suggesting that frequent experiences of negative or discouraging events can impact how individuals view themselves. Participant Y verbalizes her reactions to allergy-related disempowerment and exclusion: "It's still like being told sometimes, 'Hey, your feelings aren't equivalent to ours' or like, is [the inconvenience worth] including you?". Recurrent interactions of disempowerment can contribute to negative self-perception, as external inequalities are internalized and manifest as low self-worth.

Participant B experiences similar feelings of low self-worth surrounding her allergies, and struggles to request allergy accommodations. She explains

how her severe shrimp allergy makes her feel like a burden when dining out: "I feel like you get the shame and guilt of not being able to eat things; I feel the need to apologize, like I always go to the server like, 'I'm so sorry, but here are all of my allergies'". As someone with experience working in food service, Participant B knows how inconvenient special requests can be. Despite recognizing how simple it is to clean cooking surfaces, she remains uncomfortable with making the request. Even with the risk of cross-contamination, Participant B shares how she "felt like [she] didn't have the right to ask them to cook it on a separate [grill], even though they were cooking shrimp on it". This perspective is especially strong at casual and less expensive eateries, as higher-end restaurants are required to comply with specific requests as part of the dining experience. Regardless, the feeling of being a burden or an inconvenience for requesting meal accommodations is one way allergic individuals might translate external inequality to feelings of low self-worth.

Experiences of unworthiness surrounding FA needs remain consistent with theories of attention. Some may attribute feelings of low self-worth to the purchase of attention, in which money buys permission to request safety (Derber 2000:61). This is significant for diners with allergies, as some believe the price tag of an expensive meal justifies the mental, emotional, and physical comfort that results from discussing safe options with the chef. In addition to creating a belief of low social worth, individuals with FA may also feel uncomfortable when requesting or receiving attention. This behavior is suggestive of other-orientation, which is "built on self-sacrifice and a requirement of underplaying her own needs

in everyday interactions” (Derber 2000:45). As other-oriented people tend to underplay their own needs while taking responsibility for the feelings of others, it is unsurprising that some allergic individuals feel guilty or uncomfortable when asking for allergy accommodations.

Food-allergic people with attention-giving views may also struggle to assert themselves in various social situations, perpetuating experiences of inequality. Of the 25 survey responses, 17 reported minimizing the importance of their FA to others. Participant I expresses difficulty asserting her allergy needs when it affects others, as she doesn't want to inconvenience anyone. If she starts having an airborne reaction to someone's food, she prefers to passively remove herself, rather than risk inconveniencing them. She explains, “I have a really, really hard time asking people to stop eating something they're eating. If someone is eating something around me that is affecting me, I'm not gonna say anything. I will just sit with it. Sometimes I will walk away, but I don't want to make them feel bad”. In choosing to not voice her concerns, Participant I is not only refusing to draw attention to herself: she is also placing her own needs beneath the desires of others.

Participant I isn't alone in her experience, either: Participant B also tends to minimize her own needs to accommodate others, especially in a group setting. She admits, "There's so many times where I've been out with people and [I] can't eat at the same restaurant, or like, [I] just sit there and [I'm] like, 'Oh, no, it's totally fine', even though [I'm] starving...that's something that people with allergies have to worry about." While there are numerous explanations for this

behavior such as embarrassment, anxiety, or guilt, the act of accepting discomfort to avoid drawing attention to oneself is compliant with attention-giving psychology.

### *Identity Construction*

I love and appreciate that people are like, “Hey, do you mind if I eat this around you? Is this okay? Is it gonna kill you? Are we good?” I love that. I appreciate it so much. But Gosh, I just wish that people didn't have to do that. (Participant I)

Many individuals recognize differences in their thoughts, behaviors, and feelings as they adjust to life with FA. The most obvious impact of allergies on daily life is food—specifically, how one's relationship with food has changed. As discussed thus far, living with FA exposes many challenges; however, there are positive aspects to this condition as well. Many interviewees felt that their health improved drastically after discovering their allergies, and were grateful for the lifestyle changes they made.

In relation to dietary health and nutrition, participants accredit allergy-cautious habits (such as reading ingredient labels) with increasing their awareness of nutritional properties, and therefore influencing their food choices. Participant B shares how her allergies have changed the way she thinks about food: “I try to be as conscious about my body as possible now. [My allergies] kind of like, changed my relationship to food, which is weird. I pay attention more to what is in my food, and when I make bad decisions with my food, I make them consciously. I'm not just consuming food that isn't good for me without knowing.” All but two survey responses specified reading food labels regularly to prevent reactions, suggesting that habitually reading ingredients and packaged food

labels can increase nutritional awareness for food-allergic consumers.

Besides improving dietary health, individuals also report that negative associations with food can also impact personal beliefs and actions. For example, Participant I experiences strong anxiety around food—especially people cooking for her—which makes holidays exceptionally stressful. Participant Y stays away from alcohol at parties due to the possibility of not being able to eat while drinking. These are a few illustrations of how debilitating allergic reactions can be, and how powerfully they can influence future perceptions and decisions.

Other dietary choices such as vegetarianism or veganism pose challenges to food-allergic individuals as well, as many plant-based meals include common allergens. Allergy restrictions create additional barriers when purchasing convenient, affordable, and accessible food options, making plant-based diets unreasonable and challenging for some. Participant B feels that many vegan options “tend to forget that allergies exist”, and often rely on major allergens. Having experimented with veganism in the past, the lifestyle was unsustainable with her allergies. She explains, “if you can’t have soy, or you can’t have nut products, [or] you can’t have gluten, then it’s really, really hard to have a clean diet.” Because plant-based meals and meat substitutes often contain allergens, individuals with FA may be unable to fully commit to these lifestyles.

Another impact of FA on the construction of identity is the ability to respond to situations with empathy and compassion. As a potential product of unequal interactions and experiences, theories of power dynamics and behaviors aid in understanding this occurrence. In assuming that people with FA possess

less social power, they “engage in perspective-taking, they tend to do a better job of correctly identifying the attitudes, needs, and interests of other people, and they also tend to have understandings of others that are more complex, sophisticated, and nuanced” (Callero 2018:49). When asked to imagine how their lives would differ if they never developed allergies, several participants believed they would be less aware of people’s emotions. Participant Z illustrates her perspective of how food allergies have increased her emotional maturity:

I think it's definitely made me a much more empathetic, sympathetic person. Just because I know what it's like to see a bunch of people all enjoying the same thing and knowing that even if I really, really wanted to, I could not join them...I know what it's like to not [experience that] because of something that's outside of your control. You have to live your life in a very, very different way.

This experience demonstrates how food-allergic individuals engage in perspective-taking, suggesting that personal inequality can encourage the development of empathy and compassion.

Because of their own experiences with unexpected reactions, participants acknowledge an increased awareness and concern for other people’s allergies. Interviewees revealed that non-intrusive courtesies regarding allergens can drastically reduce the chances of triggering a reaction; and, in wanting to treat others how they’d like to be treated, participants implement these practices in their own lives in hopes of normalizing them. Understanding how frustrating and debilitating airborne allergic reactions can be, Participant I always asks those around her about allergies before eating. Another small and important courtesy she practices is being aware of which foods she eats in public areas. She explains, “I refuse to eat peanuts in public. Like, peanuts are one of the few

things that I can eat that have easy protein. But I do not bring peanuts in public because I am so aware of how it could just ruin someone's day." Although these behaviors may seem small and insignificant, many participants believe the practices are extremely important. Frequently encountering situational and interpersonal inequalities due to personal FA experiences can encourage perspective-taking, and prompt both empathetic and sympathetic behavior in some allergic individuals.

Because non-allergic individuals are often unaware of allergy-specific needs and experiences, those living with FA must develop self-efficacy skills and independence to navigate these oversights. As previously explored, many allergic adults struggle to assert their needs and request special accommodations. However, socially devalued individuals "must become self-oriented simply to subsist and succeed", which often requires allergic people to put themselves first (Derber 2000:82). As difficult as this self-assertion can be for other-oriented individuals, 22 of the 25 survey respondents understood that this is a necessary practice in allergy management. While those with FA generally understand that their rights and needs are not an inconvenience, negative self-perception and devaluing interactions can complicate self-advocacy in this regard. Therefore, allergic individuals may need to confront this dissonance to ensure their daily well-being. Food-allergic young adults must develop self-efficacy skills to navigate potential oversights made by those without FA, which influences their preventative behaviors and decision-making processes.

Most interviewees believe FA to be an important part of their lives;

however, the role of allergies in individual identity construction and assertion varies from person to person. The perceived importance of FA on one's life varies by participant, which remains consistent with identity theory research (Thoits 2012). This, along with the internalization of allergy-related habits, suggests that participants with strong allergy narratives may treat their condition as a central role identity, which increases its influence on personal self-conception (Charng et al. 1988:304).

As previously discussed, food-allergic young adults experience several benefits and life-improvements due to their allergic condition. Despite this, 18 of 25 survey respondents reported that they would rid of their allergies completely if given the chance. Some participants express that their FA create unwanted inconveniences and anxiety for themselves; others recount experiences in which the over-emphasis of their allergies negatively impacted relationships. Participant Y discusses the intersection of her allergies and identity:

[My allergy] is not my identity. It's a part of my identity. I am not someone who is like, only a food allergy. There's so much more to me, but also that tends to be what people are talking about, like, at parties, I get asked about my food allergies...I'm like, "Can you ask me about my career? Can we have a normal conversation?"...And it makes me feel like I am only [my allergy] but there's like, so much more to me.

Despite the many ways FA have influenced her life and sense of self, Participant Y acknowledges that her allergies can overshadow important parts of her identity. While prompting certain thought processes and behaviors for some individuals, the condition can also limit perceptions of allergic-individuals.

## CONCLUSION

This study aimed to explore the relationship between FA and identity

construction in young adults. Throughout this study, participants reflected upon their identities and illustrated how their allergies have affected their lives. Common experiences regarding situational and interpersonal inequality manifested across quantitative and qualitative data. Findings indicate that many occurrences of FA inequality are related to negative views of preventative behaviors frequently practiced by allergic individuals. As those with severe allergies must modify their behaviors and decisions to prevent reactions, others may perceive this as socially deviant, therefore prompting unequal experiences.

Furthermore, recurring social perceptions of FA and food-allergic behaviors can influence internal views and feelings towards oneself—especially if external perceptions are mostly negative. Situational exclusion and mistreatment from others can deeply impact how allergic individuals view themselves. Respondents experience high levels of anxiety and worry, in addition to feeling unimportant. While a causal relationship between negative interactions and low self-worth remains unestablished, the findings of this study suggest potential connections and prompts further research.

In addition to internalizing negative responses to food-allergic behavior, participants reflected upon other ways in which FA impact their lives. Health improvements, nutritional awareness, increased empathy, and inclusion towards others are among the top responses to the benefits of living with this condition. Many participants value service and compassion towards others, and dislike drawing attention to themselves. While few respondents believed that FA defined their identity, nearly all participants viewed the condition as a large part of their

lives. This study suggests that FA can influence several aspects of identity, such as perceptions of self-worth and treatment of others, depending on individual experiences. Habitual behaviors and the values they represent also indicates a connection between FA and self-construction; however, further research is needed to explore food allergies as a central role identity.

As common themes and behavioral trends materialize in adult FA research, public attitudes and policies should aim to rectify inequalities experienced by allergic individuals of all ages. Due to the restricted resources available for this study, a narrow geographical scope and small sample size limits generalizable findings. Race, gender, and class variation also received minimal attention, leaving much to discover regarding the intersectionality of FA and personal identities. Another factor to consider is the age in which food-allergic individuals are diagnosed, as the comparison between childhood-diagnosed and adult-onset allergies could reveal interesting outcomes regarding identity construction.

While researchers continue to explore the numerous ways allergic conditions influence people's lives, most studies focus on childhood experiences. The impact of FA on adults is currently understudied, leaving a gap in research regarding situational and interpersonal experiences as an allergic adult. This study began to explore how FA shape identity construction in young adults; specifically, how social treatment regarding allergy-specific practices influences self-perception and future behavior. Sociological theories of identity and attention contribute to understanding patterns of external and internal experiences

surrounding food-allergic young adults, in addition to reframing and questioning the role of these experiences in identity construction.

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## APPENDICES

### *Appendix A.* Food Allergy and Identity Construction Questionnaire

#### Demographic and Medical History

1. What is your current age?
2. What is your gender?
3. What is your ethnicity?
4. Please mark any other allergic conditions you may have (NOT related to food)
  - Seasonal allergies (such as pollen, grasses, trees)
  - Environmental allergies (such as dust, mold, pet dander)
  - Medical
  - Asthma
  - Eczema (Atopic dermatitis)
  - I don't have any other allergic conditions.
  - Other
5. Have you experienced any mood disorders or mental illness?
  - Yes
  - No
6. If yes, please check all that apply
  - Depression
  - Anxiety
  - None
  - Other
7. Do you have any other chronic health conditions?
  - No
  - Celiac Disease
  - PCOS
  - Other

#### Allergy History

8. What are your food allergies? Please list all allergens.
9. Are your food allergies life-threatening by ingestion?
  - Yes
  - No
  - They could become life-threatening in the future
  - I don't know
10. Are your food allergies life-threatening by airborne exposure?
  - Yes
  - No

- I don't know
11. Is skin contact with your allergen a major concern?
- Yes
  - No
  - I don't know
12. Is cross-contamination with your allergen a major concern?
- Yes
  - No
  - I don't know
13. Do you regularly carry rescue allergy medication with you wherever you go?
- Yes
  - No
  - Sometimes
14. How old were you when your allergies were diagnosed; or, if undiagnosed, at what age did you become convinced of your allergy?
- 0-5 years
  - 6-12 years
  - 13-17 years
  - 18+ years
15. Do you have any family members with food allergies? (Check all that apply)
- No family members
  - Sibling
  - Parent
  - Grandparent
  - Other
16. Have you experienced an allergic reaction?
- Yes
  - No. If no, please skip to the next section (Allergy Self-Efficacy)
17. Which symptoms have you experienced? (Check all that apply)
- Trouble breathing
  - Vomiting
  - Swelling of throat, tongue, and/or mouth
  - Stomach cramps
  - Hives or itching of the skin
  - Headache
  - Blurry vision
  - Loss of consciousness
  - Body tremors or convulsions
  - Other
18. In which location(s) have you experienced an allergic reaction? (Check all)

- Home
- School
- Work
- Restaurant
- Store
- Party or social event
- Other

19. In which location(s) have you experienced the most allergic reactions?

- Home
- School
- Work
- Restaurant
- Store
- Party or social event
- Other

20. How frequently do you experience allergic reactions?

- Daily
- Weekly
- Monthly
- Yearly
- Every 2-5 years
- Over 10 years between reactions

21. Which medication(s) do you use following a reaction?

- None
- Benadryl
- Epinephrine Injection (EpiPen, AuviQ)
- Other

Allergy Self-Efficacy:

22. Which behaviors do you regularly practice to prevent allergic reactions?

(Check all)

- Reading ingredient labels
- Eating at home
- Calling restaurants with questions
- Looking up restaurant menus online
- Eating before attending parties
- Bringing own food to events
- Notifying servers about your allergies
- Carrying emergency medication
- Assessing risks of cross-contamination before eating

- Refusing food offers from others
- None
- Other

23. How did you learn about these behaviors? (Check all)

- Parent or guardian
- Doctor
- Someone else with food allergies
- Internet
- Personal experience
- Other

24. How confident are you in your ability to manage your allergies?

	1	2	3	4	5	
Not very confident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very confident

Allergy Impacts on Self:

25. Please rate each statement to the best of your ability. Assume 1 represents "Strongly Disagree", 2 represents "Disagree", 3 represents "Neutral", 4 represents "Agree", and 5 represents "Strongly Agree".

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

26. I would describe my thoughts, attitudes, and beliefs about myself as mostly positive.
27. I believe that I deserve respect, dignity, and rights regarding my needs and wishes.
28. I am proud of who I am as a person.
29. I experience worry when eating outside of my home.
30. I find it difficult to tell people about my allergies.
31. I prefer to cook my own food or eat at my house.
32. I am confident in asserting my needs to others regarding my allergies.
33. I know that my dietary needs require respect from others.
34. I often feel like a burden to others because of my allergies.
35. I frequently minimize the importance of my allergies to other people.
36. I believe that my allergies have not affected my life very much.
37. I believe my allergies have impacted how I relate to others.
38. I believe my food allergies are an important part of who I am.
39. I feel positively about my food allergies.
40. If I had the chance, I would get rid of my allergies completely.

### Impacts on Social Life

41. Please rate each statement to the best of your ability. Assume 1 represents "Strongly Disagree", 2 represents "Disagree", 3 represents "Neutral", 4 represents "Agree", and 5 represents "Strongly Agree".

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

42. I have felt excluded from social activities due to my food allergies.

43. My allergies create stress on relationships with others.

44. I make sure that my close friends, family, and partners know about my allergies.

45. I find it difficult to build relationships with others.

46. I feel safe from allergen exposure while at school or work.

47. I feel that others take my allergies seriously.

48. I have people in my life who support and respect my allergy needs.

49. I speak to others about my experiences with food allergies.

50. I know someone with food allergies who I can talk to.

51. I have felt undervalued because of my allergy.

52. I have been treated differently because of my allergy.

53. I feel restricted in my life because of my allergy.

54. I feel isolated because of my allergy.

55. My allergies make social events stressful for me.

56. I often decline invitations to social events due to my allergies.

57. I feel there is a stigma surrounding food allergies.

58. I feel burdened by healthcare expenses for my allergies.

59. I feel that most people are respectful of food allergies.

60. I feel that most people are knowledgeable about food allergies.

*Appendix B: Interview Questions*

1. Background: What is the story of your food allergies? Tell me about yourself.
2. What role does your FA play in your everyday life? Can you think of experiences or behaviors you engage in that others don't?
3. Thinking about the experiences you've had throughout your life with FA, what emotions come up for you? How do you feel about your allergies and your life?
4. Do you think your attitudes, beliefs, or feelings about yourself would be different if you never developed an allergy? How so?
5. Do you feel your FA impacts others outside of yourself? How so?
6. Do you feel that your allergies are an important part of who you are? How so?
7. Hypothetical situation: You're invited to a birthday party, where dinner and cake will be served. How do you approach this situation?
8. Where do you experience the most barriers regarding your FA?
9. Have you ever felt disadvantaged, othered, or undervalued? Can you identify a specific time or occasion?
10. How much of your attention goes to preventing or avoiding reactions in your daily life? Can you identify examples and feelings?
11. What would you like the world to understand about food allergies?
12. Do you know of anyone who would be interested in participating in this study?
13. Is there anything else you'd like to mention?