

Risk and Affective Co-ordination

Food Allergy Experiences in the UK

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Abstract: Food is at the heart of sociality. It is imbued with emotion, feeling and affect. However, for people with food allergies, food and social situations are negotiated in complex ways. Ingesting a food allergen can lead to anaphylaxis: a rapid immunological response that can result in death. Eating out with food allergies consequently entails both risk perception and management. I argue that risk perception in the context of food allergies is not just about the embodied feelings and reasoning of the person 'assessing' the risk. It emerges in spaces between bodies as well as within bodies. Responses to eating out, to food allergies, to risk, emerge out of a 'meshwork' of particular 'domains of entanglement' (Ingold 2011) and through somatic modes of attention (Csordas 1993) that happen through a process of affective practice and co-ordination (Dumouchel 2008) between embodied (and inter-embodied) subjects, involving emotions, senses, memory, affect, materiality, and environment.

Key-words: food allergies, affective co-ordination, risk, feeling.

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[For me, I] feel this sort of, it's not out of body, but it's...like when you've had a drink, you're not quite there, not quite with it. I also immediately get this warmth that starts at my wrists, that's all I can describe it as, just erm, a heat. When it gets what I call a really severe reaction, I get what I call an iron burn, the skin literally goes red, it goes red raw ... I can feel it rushing up my arms. It's really weird (laughs). But I know that if it goes across my chest I'm going to have a really full-on bad reaction, those ones go down my legs too ... I have to go into a cold dark room. I'm best just to sit down somewhere cool, if there's a breeze I sit in that, and just make myself calm. It's really tiring, like mega exhausting, like when you have flu. You really just have to sleep it off...

Interview with Jim (mid-50s), August 2015

I don't have many reactions now because I'm really careful, but when I have a reaction I feel it as soon as it's in my mouth. It's like instantaneous. I usually manage to spit the food out before swallowing. Not always, but if I'm paying attention I can tell immediately. I've had different kinds of reactions but, for me, the typical pattern is that I get blisters underneath my lips, which then swell. Then my throat will tighten and I feel a lump there. It's quite scary but I try to keep calm. Sometimes friends panic a bit if you tell them and then I feel I have to try and play it down and reassure them that I'm okay, even though I don't know if that's true or not. It's important to be calm so the reaction doesn't escalate so I'm trying to keep calm and I want to focus on that but I also have to focus on others if they are with me. It kind of splits my attention in a weird way. Like, on the outside I'm deciding whether to tell the people I'm with or not that I'm having a reaction so I'm trying to figure out if it's a serious reaction. Then if I tell them I feel I have to reassure them, but I'm also at the same time monitoring what's happening inside me. Are my lips swelling more? Is my throat okay? Can I breath okay? Am I dizzy? Is my blood pressure dropping? Am I going to be sick? Do I need to use my EpiPen?¹ Most times I feel everything start to subside after a while and I feel a bit shaky and tired but okay. If it's a bad reaction though I feel wiped out for a day or two. It takes it out of you.

Interview with Emily (early 30s), September 2016²

Food allergies, immune responses to particular food proteins, are on the rise across the industrialized world. In the UK it's estimated that 2% of adults and 8% of children now have a diagnosed food allergy (Meikle 2014, Reading 2009). Whilst most allergic responses subside without intervention, there is always the risk of anaphylaxis. Anaphylaxis is a rapid

¹ EpiPen® is the brand name of a self-administered epinephrine injector. Epinephrine (otherwise known as adrenaline) is now considered the first line treatment for an allergic reaction, followed by a trip to the hospital for monitoring and further treatment if needed.

² This paper is based on extended interviews conducted with twenty-eight adults in the UK in the summers of 2015 and 2016. It is part of a wider comparative project on experiences of food allergies in Japan and the UK which emerged out of an interest in embodied experiences as well as personal experience living and working in Japan whilst being allergic to fish and nuts. My experiences are not presented, however, my allergies are relevant in that they allow me to develop an affective rapport and ask questions others may not think to ask.

immunological response that can lead to loss of blood pressure, difficulty breathing through swelling of the mouth, throat, and airways, and potentially death, something that Emily's narrative above touches on as she monitored her body for the signs of anaphylaxis. In the UK, approximately twenty deaths are linked to anaphylaxis each year for food allergies (Turner, et al. 2015), though physicians argue that this number is likely much smaller than the actual count because deaths caused by anaphylaxis may have been mistakenly attributed to asthma or cardiac arrest (Pumphrey and Gowland 2007).

Since the 1990s there has been a significant increase in general awareness in the UK though increased media coverage.³ Moreover, rigorous labeling standards and restaurant practices have been gradually implemented (Meikle 2014). Discussion of food allergies, however, is imbued with emotion and, oftentimes, distrust. For example, in August 2015 whilst catching up with a family friend in his late forties I mentioned my research, whereupon he skeptically responded:

I wonder if food allergies are even real. I really do... If people are quiet about it then I can let it go, but one of my partners' friends is overdramatic about it. We went out for a meal and she was making a big deal about it. She said to the waiter, 'do you realize that if there's nuts in it I'm going to die?' and I just thought 'I hope he puts lots of nuts in your meal now, it would serve you right'.

Although many people are understanding of the precautions and declarations that people with food allergies engage in, such responses can also be found on forums, in comments sections at the end of newspaper articles that deal with food allergies, on social media, and in some academic articles (cf. Christakis 2008, Haeusermann 2015).⁴ There is also considerable diversity of views among those dealing with food allergies themselves.⁵ People with food allergies must therefore manage not only the allergy itself, but also the declaration of their food allergies and responses to their management strategies (cf. Goffman 1963). At times this means navigating an environment of support, at other times, disbelief, distrust and judgment from people without food allergies (and sometimes with).

³ The increased publicity of food allergies in the 1990s occurred after four people died within a short period of time in 1993. The issue was consequently brought to public, government and food industry attention by a group of parents and people with food allergies who gathered in the wake of the deaths to set up Anaphylaxis Campaign (<http://www.anaphylaxis.org.uk/>) (Reading 2009).

⁴ Within the social sciences there is a small, but increasing literature on food allergies, though none yet in the social sciences in Japanese. In sociology Nettleton et al. (2009, 2010) have explored experiences of food allergies and intolerances in the UK, finding that people at risk of severe reactions find their allergies to be less socially problematic than people with milder reactions. In medical anthropology and STS Glabau (2016) has looked at the politics of food allergy and the moral economy of the use of epinephrine in the US, whilst in history Smith (2013, 2015) has written a comprehensive analysis of the history of food allergy.

⁵ For example, see the 2004 article: 'Why I won't let my son's allergies be anyone's problem but ours' (<http://www.kveller.com/why-i-wont-let-my-sons-allergies-be-anyones-problem-but-ours/>). A range of comments were posted afterwards, primarily by parents, that covered understanding, disbelief, anger, and judgment. Such responses illustrate the emotional stakes in dealing with food allergies (see also, Smith 2015).

Affective Co-ordination

In the two extended quotes that opened this paper, Jim and Emily experienced different symptoms yet both were strongly self-aware and monitored what was happening within their bodies as well as in the surrounding environment. Csordas (1993: 138) argues that somatic modes of attention entail both attending to and with the body:

To attend to a bodily sensation is not to attend to the body as an isolated object, but to attend to the body's situation in the world. The sensation engages something in the world because the body is 'always already in the world.' Attention *to* a bodily sensation can thus become a mode of attending to the intersubjective milieu that give rise to that sensation. Thus, one is paying attention *with* one's body.

Through experience both have learned that keeping calm and quiet helps them, though how they engage with others and their environments during their reactions differs. Jim quickly removes himself from anyone else and goes alone to a quiet, dark, cool room, whereas Emily feels that she has to monitor and help manage others' reactions to her allergic reaction whilst simultaneously focusing on her bodily responses. It is an affective process and practice of embodied (and for some, inter-embodied) meaning making (Wetherell 2012).⁶

In social science literature, affect has been variously understood as a capacity to affect and be affected (Massumi 2015, Stewart 2007), an intensity to be felt (Massumi 2002), as something 'sticky' (Ahmed 2010a, b), and as something to be transmitted (Brennan 2004). In this paper I argue that the ways that people manage their food allergies and the risk that comes with it is through what Dumouchel (2008) has termed 'affective co-ordination'. For Dumouchel, "Affective life is made up of salient points in a process of co-ordination between people, and these points include things that resemble actions and the results of actions" (2008: 2). In his argument salient points are emotions. However, emotion is not understood as something an individual intrinsically has. Instead, they are seen as "relational properties, i.e., properties that an individual considered in isolation cannot express and that it makes no sense to predicate of an individual taken alone out of context" (Dumouchel 2008: 2, see also Wetherell 2012: 86).⁷

This affective co-ordination, and practice, need not take place only with other humans, however, but also in interaction and in relation with the environment. One way to understand the complex affective interactions between human and environment is through

⁶ Inter-embodiment is "the notion that embodied knowledge is the product of the relations between bodies" (Jenkins et al. 2013: 2).

⁷ Wetherell similarly argues that "[a]ffective practice is relational. It builds (and arises from) jointly constructed relational "realities" (2012: 86). Whilst for Wetherell this relationality is primarily between people, I argue that the materiality of food (or the allergen) and the environment in which bodies are in also construct these "relational realities."

Ingold's ideas of "meshwork:" "of entangled lines of life, growth and movement" (2011: 63). For Ingold, the organism is not a self-contained bounded unit with the environment on the outside: there is no separation between an organism and its environment. Action therefore does not emerge from self-contained thought or assessment in relation *to* an outside environment. Instead, action "emerges from the interplay of forces conducted along the lines of the meshwork" (Ingold 2011: 64). All organisms live within a relational field and relations are not between *one* thing and another, between an organism and an environment, or an organism and an organism. Relations take place within a relational field where the lines – of life, growth, movement – are interwoven. In this understanding, we are *of* the environment, not set apart from it. We exist within "a domain of entanglement" (Ingold 2011: 71). Other people and things are also of the environment, or the 'domain of entanglement', and our lives are entangled with others and things – not at particular points of connectedness, but along various lines. Affects, moods, senses, memory, food, environment, and understanding are all entangled in relational fields that mediate our affective and sensual responses (see also Johnson 2015). In this paper, I argue that how risk is perceived and acted upon is part of this meshwork and happens through affective co-ordination. I turn now to two short cases to indicate the different ways that individuals experience risk and their allergies through affective co-ordination with others and the environment.

Affective Co-ordination and Allergy Disclosure

Rob is a man in his early thirties whom I've known for about fifteen years, having met through a mutual friend. He has had a severe nut allergy since childhood, something that we share in common. We met up at a London pub at 7pm on a warm autumn evening for an interview in 2015. I had anticipated talking over a meal, based on the assumption that because we both have allergies he would feel socially comfortable going through the necessary steps to eat. Moreover, I was curious to know how he handled the process, how he 'acted with', rather than talked about, food allergies in public.⁸ I arrived early, picked up a couple of menus and sat down with a drink. After he and his partner arrived I suggested we order something to eat but he politely demurred explaining that they had already eaten a quick meal at home. He felt more comfortable eating at home, a relatively common feeling and strategy – eat before you go – for people with food allergies that I have worked with thus far. We settled in with drinks and a couple of packets of crisps, which I alone ate, and shared the social difficulties that can come with food allergy disclosure, and the ways that it can disrupt a shared sense of conviviality and food sharing.

He used to be quite shy about his food allergy, but has gradually become more confident about disclosure, partly because of age, but also because of an explanation strategy that emerged out of a desire for people to understand what it is like:

Most people just don't understand as far as I can see. No one... unless they have an

⁸ I would like to thank Reviewer 1 for this nice turn of phrase.

allergy or knows someone with an allergy, ever seems to react in a way that makes sense to me... They're like '...it probably doesn't have nuts in, it's fine.' And I'm like, 'yeah, but that isn't how it works'. I always use the analogy to them that if you imagine that there's a possibility that someone's given you a random food stuff and goes 'there's a chance it might have cyanide in it, go for it [eat it]' you probably wouldn't go, 'oh yeah, no problem, let's get in there!' because it might have cyanide in, so you know, you wouldn't eat it, that'd be crazy. So that's how I explain it to people, and I think...generally people understand it then.

Others, however, have yet to find a strategy that works for them. Jim, for example, is a man in his mid-fifties who developed an allergy to hazelnuts and old raw onions in his thirties. Sitting on a sofa in his home sipping a cup of tea, he was in good spirits as he confided that this was the first time he'd had the chance to speak about his experiences to someone who, he felt, 'got it' and who wouldn't judge him. He is very socially aware of how others view any disclosure of his allergies, and his experiences had significantly mediated how he interacts socially, especially as he doesn't know anyone of his age who has developed food allergies as an adult. After a series of negative encounters, he now avoids telling people about his allergies because of some of the reactions he has received:

They look like you've gone out [crazy], they really do. They just think you're a bit cuckoo...When I mentioned it at work they were just saying ... 'perhaps it's your nerves ... you're too hyper already'. And I was like, nerves? Where did that come from? I just sort of think that that's their opinions of it, of allergies. I think generally people don't really grasp what it is, how severe, how something like that can affect you.

Jim felt embarrassed by his allergies as a consequence of the affective co-ordination he has experienced. For him, the social effects and affects of disclosure were so problematic that he has stopped telling people or asking about his allergens in restaurants, relying instead on his senses to try to deduce whether his food is safe or not, something I discuss more below.

Affective Co-ordination and Eating Out

For people with food allergies, eating outside the home is often perceived as a risk, especially since most serious anaphylactic reactions occur outside the home (Cummings, et al. 2010). Restaurants, schools, work-places, friends' homes, and extended family members' homes are all common places for reactions, as well as being sites where affective co-ordination most prominently comes into play. Because food is fundamentally social, managing allergies becomes a complex relational interplay between different actors and environments. How allergies are managed often depends on the function itself (whether it is formal or informal), the general spatial environment, and what kind of social environment they are embedded in at that moment in time, such as whether they are with colleagues or

family or friends. Moreover, how others respond to their declaration of food allergy, as well as their personal feelings based on mood, physical condition, assessment of others' responses to their food allergy disclosure, as well as their – and others' – level of knowledge about food allergies, are some of the elements that are typically in play when people with food allergies eat outside their own home. How individuals experience and manage the risk they perceive and experience is thus affective, situational, subjective, individual, and social (Carr, et al. 2001, Cummings, et al. 2010).

For Rob, eating out is a time of particular vigilance. He refuses to take any risks and checks everything. The way he controls food, however, is highly relational. For example, in talking about eating out he recounted the following experience:

Normally I don't eat buffets, almost ever. But...we had one quite recently [at work], and the person who was managing it... she's really brilliant and understanding about it so I just sent her an email saying 'hi can you check with the people about nuts' and she was like 'yes, no problem'. And then when I arrived at the place...someone from the pub came out and went, 'Hi are you Rob?' and I was like 'Yes, I am!' They were like, 'cool, right I'm going to take you over and show you round the buffet to tell you what you can and can't eat'. I had a brief moment of being terrified [when I sat down to eat], but then I just tend to eat the things they say [in a case like that]. Well, depending on how I'm feeling. If I'm in a good mood I'll probably eat the things that they say and trust them. If I'm in a bad mood I won't eat anything, I'll just eat crisps...

Here Rob makes clear that whilst he usually doesn't eat at buffets, in practice it highly depends on how he feels his allergy is being handled – first by the woman at his office via email interactions and through past experiences with her, then by the way he was greeted when he arrived, and the fact that they took him seriously and clearly indicated what was okay for him to eat and what wasn't. In that instance, he was also in a good mood and despite feeling momentary terror before eating the first bite he felt able to eat.

Jim, however, has a different way of managing eating out, primarily as a result of the negative social experiences he has experienced with disclosure. He much prefers to be thought of as fussy and instead mobilizes his senses:

I don't stop myself from eating anything, but I'm really careful how I choose. So, I always look at the dish carefully, like I peer at it. Then I dig down into the middle of the bowl – usually it's fresher underneath, right? Sometimes, if there aren't many people around I might sniff it a bit to see if I can smell onion. People pick up and drop things at buffets so I think it's safer to take from underneath. But you don't know how long it's been there. But yeah, I won't stop myself from eating.

Despite not refusing food he attempts to mitigate and manage risk by the way in which he uses his senses to scan for his allergens. He doesn't, however, tell people he's with why he actually does such things:

I don't know what's made me start to do it. I've never even spoke to anyone with the same thing...I don't want to sound as if I've lost the plot, which I'm sure they must think I do... I think people...if they become aware of it... it's like OCD [obsessive compulsive disorder], they'll be like, 'Oh don't get them round here because you know they're going to be.... you won't be able to put your glass on the table', you know what I mean? Or, they'll make you feel as if you shouldn't be there. It's like a vegetarian years ago: 'For goodness sake, don't go with them! You're never going to find a restaurant!' They're never gonna invite you round.

For Jim, the potential social repercussions of having food allergies are so worrisome that he prefers to be seen as a bit fussy than 'crazy'. Relevant to this is the fact that he had developed food allergies as an adult at a time when public understanding was that they were something that affected children. From his past experiences and own understandings of allergies, Jim fears that any disclosure will not be believed and taken seriously, but will instead reflect badly on him and have social repercussions (Goffman 1963). He therefore discounts the possibility of allergy disclosure when out, regardless of the social setting, and instead engages directly with the material environment through his senses to try and avoid ingesting his allergens. At the same time, however, despite his efforts to engage primarily with the food environment alone, he is in continued interaction and co-ordination with the people he is with, if only to try and prevent them from knowing about his food allergies.

Managing Food Allergy Risks

At the heart of eating out with food allergies is managing risk: both of accidental ingestion as well as social interactions. Much of the social science literature on risk has focused on the fear, vulnerability, uncertainty, and anxiety that individuals experience in late modernity (Lupton and Tulloch 2002). In such research, risk is predominantly used in two interconnected ways: On the one hand it is understood as a danger or potential harm, on the other it is understood as a way of rationally managing uncertainty and threats (Zinn 2008). Ulrich Beck (1992, 2009), for example, has argued that individuals living in late modernity live in a 'risk society'. For Beck, risk is defined institutionally: with modernization comes a proliferation of risk and debate about it. Individuals are consequently more aware than ever before of risks that surround them and it is consequently understood to signify and stand for danger (Douglas 1992, Lupton 2013a). For Beck, "real' risks exist", but "the nature and causes of risks are conceptualized and dealt with differently in contemporary Western societies compared with previous eras" (Lupton 2013a: 80), thus risks are both real and

constructed (Zinn 2008: 177).⁹ Risk – and the perception of it – thus goes beyond the individual because of the complex ways in which scientific and technical knowledge has become embedded in how people understand it in their daily lives (Mythen 2004). Rob has a wealth of scientific knowledge of food allergies, acquired over a lifetime of managing them, and of experiencing accidental ingestions, whereas Jim assiduously tries to *not* know anything technical or scientific, coming up with his own understanding of what is happening in a reaction and how to manage it. The ways they consequently understand and manage the risks they feel exist are different. Yet emotion and affect are at the heart of this process and their actions. As Lupton (2013b: 640-641) argues, “both emotion and risk interact with each other and in the process, configure each other.”

In interviews with people with food allergies, responses to risk involve rational calculation, but they actually hinge on affect and responses to others’ bodily comportment. For example, I asked Rob to tell me more about how the process of eating or not eating works for him and he responded:

Hmm... I suppose I tend to judge that based on how the person’s interacted with me. So if they’ve come out and been really understanding and look me in the eye... If they’re doing that then I know they’re paying attention, they’re interested and engaged and they understand, maybe. And if they kind of come out and just go ‘yeah, don’t eat that stuff, or that, ...that’s got nuts in’ [waving his arms around in a vague way], then I just won’t eat anything because I’m like, I’m just not happy with that at all...

Rob’s ability to trust in the context of a restaurant is not based only on rational deduction or on his individual feelings, but is part of a felt affective process of co-ordination that takes place between him, the wait staff, the environment, his previous experiences, and others he’s with. He is both attending to and with his body (Csordas 1993) by also attending to others’ bodies, as well as how he perceives their bodies to be attending to his. Jim, meanwhile, prefers to engage directly with the materiality of food through his bodily senses, whilst attempting to prevent others from realizing his motivations for being ‘fussy’. He would rather interact with the food environment than navigate others’ embodied (and inter-embodied) responses to his allergies.

The complex ways that individuals perceive and experience risk through emotion and affect has been taken up primarily by researchers in the fields of psychology and neuroscience (e.g., Damasio 1994, Druckman and McDermott 2008, Finucane 2012, Finucane, et al. 2000, Finucane and Holup 2006, Slovic, et al. 2004). Within this body of work the ‘roles’ of reason, judgment and feeling are argued to be interconnected and relational, but still linked to rational calculation. Early work argued that risk was assessed

⁹ In Beck’s conceptualization affective experiences of risk are subsumed by the institutional and political construction of it and the systematized methods that have been developed to deal with it. Responses to risk are thus understood to be calculated and rational.

and balanced based on reason and judgment and that whatever feelings were felt were produced as a by-product of cognitive processes (Finucane 2012). More recently, however, feelings have been understood to have a direct role in regulating and motivating behavior (e.g. Damasio 1994, Finucane 2012, Johnson and Tversky 1983, Loewenstein and Lerner 2003, Loewenstein, et al. 2001). Whilst bringing feeling and cognition together in the analysis, assessment, and management of risk and whilst arguing they are integrated and relational, these approaches clearly privilege the individual, their ‘systems’ (analytic and experiential), and what is going on *within* the individual: it is about his/her perception, feeling, evaluation, and response. They also artificially separate out aspects of affective life, thus cognition, feeling, reason, affect and emotion are understood as relational but separate states that are located within bodies. The environment and others are present, but peripheral: whilst they are understood to affect the individual, it is still the individual who is the primary subject who perceives, feels, and ultimately is thought to (rationally) make judgments.¹⁰ Individuals are therefore understood as self-contained units that move through the world, and are affected by other subjects in the world, yet there is little explicit consideration of the surrounding environments or the rapidly changing and fluid responses to risk that occur through a process that Dumouchel has called affective coordination.

As I’ve argued in this paper, risk perception in managing food allergies is not just about the feelings or reasoning of the person ‘assessing’ the risk. It is a process of affective co-ordination mediated by the environments through which people move.¹¹ It comes about through the co-ordination that takes place with something (e.g., a food), in an environment (e.g., a place), and/or with others. It is about the coordination that happens between different agents (human and non) and the environments they find themselves in. In the case of eating out with food allergies this includes the spatial arrangement of the restaurant: the way the tables are laid out, if the kitchen and food can be seen or not;¹² the general atmosphere: the body language, micro-expressions and responses of staff members when the

¹⁰ Lupton (2013b: 640) has recently gone beyond this by arguing for an ‘emotion-risk assemblage’ to look at the “shifting dynamics that are inherent in the embodied nature of risk understandings”. She argues that, “both emotion and risk are inevitably and always configured via social and cultural processes and through interaction with others’ bodies, material objects, space and place” (Ibid.: 634). Whilst Lupton stresses interaction, and at one point mentions that emotions are “interembodied” (p.640), risk perception and judgments appear to remain ultimately primarily embodied within the individual. But ‘inter-embodiment’—of emotion and risk perception—also emerge through affective co-ordination that is not necessarily located and bounded within the individual body. Instead, they emerge in a space *between* bodies, through a felt sense of what another person’s body will (or will not) do. For example, in the case of eating out: will the chef wash their hands, the surfaces, utensils, chopping areas before preparing an allergen free meal? Will the wait staff clearly express the seriousness of the allergy? Will they give the right plate of food to the right person? These are all things that may be considered and felt by an allergic person, but the perception of what kind of risk is present emerges out of affective co-ordination with the chef and/or the wait staff, as well as the other factors such as who they are eating with, what else is on the menu, and the spatial setting of the restaurant etc.

¹¹ One way to understand this is through Gibson’s (1979: 127) theory of affordances: “The *affordances* of the environment are what it *offers* the animal, what it *provides* or *furnishes*, either for good or ill. ... I mean by it something that refers to both the environment and the animal in a way that no existing term does. It implies the complementarity of the animal and the environment”.

¹² Davidson and Milligan (2004), Lupton (2013b) and Thrift (2004), have all explored the importance of the way that spaces ‘feel’ in mediating how risk is perceived and acted on.

food allergic person enters as well as the responses of the people they are with, the attentiveness of the wait staff and the sense of seriousness (or not) with which the declaration of food allergy is greeted with etc.; as well as the previous experiences, memories, feelings, and mood of the person with the food allergy at any particular point in time.

Some people, like Jim, are in interaction and co-ordination primarily with the environment and the materiality of the food through their senses. They attempt to minimize others' awareness of their allergies through such co-ordination and try to contain their allergies within their bodies without it leaking into social interactions. Yet, these attempts are also a form of co-ordination with others, as illustrated by Jim's efforts to be seen as fussy rather than allergic because of the experiences he's had when disclosing his allergies. For others, like Rob, the ability to eat out depends on how vulnerable they feel based on mood, general health, and general feeling. It also depends on previous experiences with eating out and on how the people they are talking to react. It depends on the environment they are in, if the food can be seen, if the tables are clean, on experiences and memories of previous reactions, mood, and physical condition. Through sensory and affective engagement people with food allergies are both "attending 'with' and attending 'to' the body" (Csordas 1993: 138), to how they feel in the world. They are also attending to the bodies of those around them as well as the environment they are in. It is a felt process. Responses to eating out, to food allergies, to risk, thus emerge out of a meshwork of particular 'domains of entanglement' (Ingold 2011). Through, as Csordas (1993) argues, paying attention to and with their bodies, in addition to paying attention to others' bodies, feelings, reactions, and the particular context and environment they are in, affective co-ordination plays a central role in how food allergy risk is assessed and coped with in the moment.

REFERENCES

- Ahmed, S.
 2010a Happy Objects. In G. J. Seigworth and M. Gregg, eds., *The Affect Theory Reader*, pp. 29-51. Durham, N.C.: Duke University Press.
 2010b *The Promise of Happiness*. Durham, N.C.: Duke University Press.
- Beck, U.
 1992 *Risk Society: Towards A New Modernity*. Translated from the German by M. Ritter. London: Sage Publications.
 2009 *World at Risk*. Translated from the German by C. Cronin. Cambridge: Polity Press.
- Brennan, T.
 2004 *The Transmission of Affect*. Ithaca and London: Cornell University Press.
- Carr, A., B. Gibson and Robinson, P. G.
 2001 Measuring Quality of Life: Is Quality of Life Determined by Expectations or Experience? *British Medical Journal* 322, 1240-43.
- Christakis, N. A.

- 2008 This Allergies Hysteria is Just Nuts. *British Medical Journal* 337, 1384.
- Csordas, T. J.
1993 Somatic Modes of Attention. *Cultural Anthropology* 8(2), 135-56.
- Cummings, A. J., R. C. Knibb, R. M. King and Lucas. J. S.
2010 The Psychosocial Impact of Food Allergy and Food Hypersensitivity in Children, Adolescents and their Families: A Review. *Allergy: European Journal of Allergy and Clinical Immunology* 65(8), 933-45.
- Damasio, A.
1994 *Descartes' Error: Emotion, Reason, and the Human Brain*. New York: Avon Books.
- Davidson, J. and Milligan, C.
2004 Embodying Emotion Sensing Space: Introducing Emotional Geographies. *Social and Cultural Geography* 5(4), 523-532
- Douglas, M.
1992 *Risk and Blame: Essays in Cultural Theory*. London: Routledge.
- Druckman, J. N. and R. McDermott.
2008 Emotion and the Framing of Risky Choice. *Political Behavior* 30(3), 297-321.
- Dumouchel, P.
2008 Social Emotions. In L. Cañamero and R. Aylett, eds., *Animating Expressive Characters for Social Interaction*, pp. 1-19. Amsterdam: Johns Benjamins Publishing Company.
- Finucane, M. L.
2012 The Role of Feelings in Perceived Risk. In S. Roeser, R. Hillerbrand, P. Sandin and M. Peterson, eds., *Handbook of Risk Theory: Epistemology, Decision Theory, Ethics, and Social Implications of Risk*, pp. 677-91. Dordrecht, Heidelberg, London and New York: Springer.
- Finucane, M. L., A. Alhakami, P. Slovic and Johnson, S. M.
2000 The Affect Heuristic in Judgments of Risks and Benefits. *Journal of Behavioral Decision Making* 13, 1-17.
- Finucane, M. L. and J. Holup.
2006 Risk as Value: Combining Affect and Analysis in Risk Judgments. *Journal of Risk Research* 9 (2), 141-64.
- Gibson, J. J.
1979 *The Ecological Approach to Visual Perception*. New York: Hove, England: Psychology Press.
- Glabau, Danya
2016 'The Moral Life of Epinephrine in the United States', *Medicine Anthropology Theory*, 3(3): 1-22.
- Goffman, E.
1963 *Stigma: Notes on the Management of Spoiled Identity*. London and New York: Penguin Books.
- Haeusermann, T.
2015 I Can't Eat That: The Sociology Behind the Rise in Food Allergies and Intolerances. *Current Sociology* 63(3), 369-86.
- Ingold, T.
2011 *Being Alive: Essays in Movement, Knowledge and Description*. London and New York: Routledge.
- Jenkins, N., J. Lawton, M. Douglas and N. Hallowell
2013 Inter-Embodiment and the Experience of Genetic Testing for Familial Hypercholesterolaemia,

Sociology of Health & Illness 35(4): 529-43.

Johnson, E. and A. Tversky.

1983 Affect, Generalization, and the Perception of Risk. *Journal of Personality and Social Psychology* 45, 20-31.

Johnson, M.

2015 Embodied Understanding. *Frontiers in Psychology* 6(875), 1-8.

Loewenstein, G. and J. S. Lerner.

2003 The Role of Affect in Decision Making. In R. Davidson, H. Goldsmith, and K. Scherer, eds., *Handbook of Affective Sciences*, pp. 619-42. Oxford: Oxford University Press

Loewenstein, G., E. U. Weber, C. K. Hsee and Welch, N.

2001 Risk as Feelings. *Psychological Bulletin* 127(2), 267-86.

Lupton, D.

2013a *Risk*. London and New York: Routledge.

2013b Risk and Emotion: Towards an Alternative Theoretical Perspective. *Health, Risk & Society* 15(8), 634-647.

Lupton, D. and J. Tulloch.

2002 Life Would Be Pretty Dull Without Risk': Voluntary Risk-Taking and Its Pleasures. *Health, Risk and Society* 4(2), 113-24.

Massumi, B.

2002 *Parables for the Virtual: Movement, Affect, Sensation*. Durham NC: Duke University Press.

2015 *Politics of Affect*. Cambridge: Polity.

Meikle, James

2014 EU Allergy Rules Come into Force with Aim of Ending Food Russian Roulette, *The Guardian*. <http://www.theguardian.com/society/2014/dec/12/eu-allergy-rules-food-outlets> Accessed August 2015.

Mythen, G.

2004 *Ulrich Beck: A Critical Introduction to the Risk Society*. London: Pluto Press.

Nettleton, S., B. woods, R. Burrows and A. Kerr.

2009 Food Allergy and Food Intolerance: Towards a Sociological Agenda. *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 13(6): 647-664.

2010 Experiencing Food Allergy and Food Intolerance: An Analysis of Lay Accounts. *Sociology* 44(2): 289-305.

Pumphrey, R. S. H. and M. H. Gowland.

2007 Further Fatal Allergic Reactions to Food in the United Kingdom, 1999-2006. *Journal of Allergy and Clinical Immunology* 119(4), 1018-19.

Reading, D.

2009 The Reality of Food Allergy: The Patients' Perspective. In J. Coutts AND R. Fielder, eds., *Management of Food Allergens*, pp. 3-25. Chichester: Wiley-Blackwell.

Slovic, P., M. Finucane, E. Peters and MacGregor, D.

2004 Risk as Analysis and Risk as Feelings: Some Thoughts about Affect, Reason, Risk and Rationality. *Risk Analysis* 24, 311-22.

Smith, M.

- 2013 A Pre-Peanut History of Food Allergy. *Food, Culture & Society: An International Journal of Multidisciplinary Research* 16(1): 125-43.
- 2015 *Another Person's Poison: A History of Food Allergy*. New York: Columbia University Press.
- Stewart, K.
- 2007 *Ordinary Affects*. Durham, N.C.: Duke University Press.
- Thrift, N.
- 2004 Intensities of Feeling: Towards A Spatial Politics of Affect. *Geografiska Annaler*, 86B(1), 57-78.
- Turner, P. J., M. H. Gowland, V. Sharma, D. Ierodiakonou, N. Harper, T. Garcez, R. Pumphrey and Boyle, R. J.
- 2015 Increase in Anaphylaxis-related Hospitalizations But No Increase in Fatalities: An Analysis of United Kingdom National Anaphylaxis Data, 1992-2012. *Journal of Allergy and Clinical Immunology* 135(4), 956-63.
- Wetherell, M.
- 2012 *Affect and Emotion: A New Social Science Understanding*. London: SAGE Publications Ltd.
- Zinn, J. O.
- 2008 *Social Theories of Risk and Uncertainty: An Introduction*. Blackwell Publishing.