

**Nina Veetnisha Gunnarsson**  
Jönköping University, Sweden

**Helena Hemmingsson**  
Linköping University, Sweden

**Lars-Christer Hydén**  
Linköping University, Sweden

**Lena Borell**  
Karolinska Institutet, Sweden

## Managing Family Relations and Controlling Information While Supporting an Allergic Child

**Abstract** This paper explores parental (particularly mothers') support in the daily lives of children with allergies in a Swedish context. An ordinary life is established by making comparisons to what other children without allergies presumably can do (and eat). Although the parents' goal is to support their child in managing allergies, neither their practical nor their interactional strategies work in a clear-cut direction to promote the child's ordinary life and identity. On the contrary, parents' accounts convey that they function just as much against an everyday life and the child's identity. When managing family relations, parents expect immediate family members (specifically grandparents) to understand and accommodate the child's needs.

However, claims of family responsibility are made through moral tales about lack of support from "generalized others." Family responsibility is also downplayed in parents' accounts as demands of support may put parents' moral self at risk. The strategy of information control in certain situations and (non-family) relations used to keep the child safe may risk stigmatizing the child, alternatively, making the child into a social threat. One of the conclusions that could be drawn from this study is that claims of family support may be contradictory to other cultural principles that ascribe responsibilities between families and individuals, as the principles of individual freedom and autonomy.

**Keywords** Everyday Life; Sweden; Parental Strategies; Childhood Allergy; Family Responsibility; Moral Practice; Moral Self

**Nina Veetnisha Gunnarsson** received her PhD in humanistic medicine (medical sociology) from Karolinska Institutet, Sweden. Her research interest is in narrative accounts and moral presentations of self and agency. She currently works as an Associate Senior Lecturer in Social Work at the School of Health Sciences, Jönköping University, Sweden.

**email address:** nina.gunnarsson71@gmail.com

**Helena Hemmingsson** is a PhD holder and a Professor in Occupational Therapy at the Department of Social and Welfare Studies: Division of Health, Activity and Care, Linköping University, Sweden. Her research and professorship has a focus on disability in everyday life, concerning children, teenagers, and young adults with disabilities and the opportunities and obstacles they experience at school and in transitions to working life.

**Lars-Christer Hydén** received his PhD in Psychology from Stockholm University. His current position is Full Professor of Social Psychology at the Department of Medical and Health Sciences, Linköping University, Sweden, and Director of Centre for Dementia Research (CEDER). His research primarily concerns the use of language and narrative, especially in the area of health, illness, and disability. He has published extensively in international journals and edited a number of books about narrative research.

**Lena Borell** received her PhD from Karolinska Institutet in 1992. She is a Professor of Occupational Therapy and also a Director of the Strategic Research Program in Health Care Research at Karolinska Institutet, Sweden. Her main research areas concern the experiences of living with cognitive impairments in people with older age and how they experience their ageing environments.

The consequences of living with a chronic illness such as allergies are not merely about individual or family responses to the illness and treatment regimes that have a direct connection with the individuals' and families' disease management (Prout, Hayes, and Gelder 1999; Gabe, Bury, and Ramsay 2002; Hansson-Sherman, Dahlgren, and Löwhagen 2002; Olin Lauritzen 2004). It is above all about managing family relations and relations with others as these shape and affect the child's everyday life and identity. In this paper we will explore parents', mainly mothers', accounts about the practical and interactional strategies they use to support their allergic child in their ordinary lives. Specifically, accounts about how parents manage family relations, family responsibility, and how they control the information they provide about the child, including who the child is, to others. For the parents, an everyday life means that their child can eat and do what other children without allergies presumably can eat and do.

There is an overbearing moral imperative, especially in "good" mothering, meaning that they have the uttermost "responsibility for putting children's needs first" (Ribbens McCarthy, Edwards, and Gilles 2000:800). Although parents hold themselves as being uttermost responsible for their child's upbringing and well being (Ribbens McCarthy et al. 2000; 2003; Harden 2005), parenting is not a private matter as much as it is a socially informed practice that influences parents' actions and decisions in everyday life.

Having an allergy as a child in Sweden is almost as common as not having an allergy, with an estimated 4 out of ten children being affected (Wickman

and Lilja 2003). Specific to the allergic conditions is its varying nature. Severity of symptoms and reactions can vary greatly with different allergies, the allergenic substance, situations, times and places, and between different individuals. It is often “naturally” changeable over the child’s life-course, and children afflicted by an allergy at infancy or young age may outgrow their allergies by the time they start school. This is especially true for food allergies (Sampson 2004), although it is not uncommon that children’s food allergies persist into adulthood and that some develop other types of allergies with age.

Moreover, as long as children are not exposed to the substance or substances they cannot tolerate, many of them do not have any symptoms. Therefore, they may not always be identified by themselves or by others as being ill. However, some allergens are easier to manage, avoid or remove; yet, in some situations it is difficult or even impossible. In addition, participation in important social events and activities may become difficult for children with allergies (Gabe et al. 2002), including visiting certain social places (Rudestam et al. 2004).

### Food Allergy and Everyday Risk

Children with allergies are exposed daily to situations of risks (Tulloch and Lupton 2003) when substances they cannot tolerate – both in and outside of school – are present in social life and considered ordinary. In Sweden, school children are served midday meals, and it is often quite common that children are given cakes, fruits, and other foods and treats at school activities or told to bring food packages from home. Everyday life

for the allergic children is fraught with notions of and encounters with food, as foods and meals convey important cultural and social meanings that organize the socially shared and relational everyday world of being and belonging with others (Douglas 1992).

For families with children prone to allergies, the risks of everyday life has a highly realized presence; however, embodied past happenings and future ponderings may also be highly “present” in parents’ support. Nevertheless, it is often difficult for parents to know and predict how the child’s allergy will develop or how severe the reactions may become in different situations and over time. Most people do not have to reflect upon their natural environment and the taken-for-grantedness of social reality. However, families with allergies may be compelled to think about and act more consciously upon such aspects (e.g., to manage and control risks of allergic reactions) on a daily basis.

Here, family responsibility may come into play as to what demands the parents can make on other family members, such as the children’s grandparents. Finch and Mason (1993) state that people have certain views of dependence and independence in family relations that are important for how they negotiate family responsibility. They found that responsibilities between even seemingly constructed independent family units (such as parents and their children and the parents’ own parents), although also simultaneously constructed as most socially liable to each other, can be such that adult children who are parents themselves still show reluctance about being dependent on their own parents for support. Demanding sup-

port from even such immediate family members is something people seemingly object strongly to (Finch and Mason 1993).

Thus, in exploring parents’ support in the everyday lives and identity of their allergic child, we firstly describe how parents *establish the ordinary in their accounts*, and how a commonly used *practical strategy* in managing food allergies is constructed to work for “the ordinary.” Secondly, parents’ support is about how they *manage family relations*, in and through their accounts of family *responsibilities*. Thirdly, the way that parents *control the information* they give to others about their child’s allergy, and of whom the child is (identity) is crucial in examining parents’ support for an ordinary life.

## The Study

### Sampling and Data Collection

In the present study, nineteen parents were selected from a larger interview survey with 215 parents of 230 school children that had special diets in school because of diagnosed or suspected food allergies (see Gunnarsson et al. 2005). Inclusion in this and previous studies on the same empirical material (Gunnarsson and Hydén 2009) was based on the information that parents had previously provided in the telephone survey. A strategy of variation sampling was made (Patton 1990) in order to “represent” the variation found in the whole population of the children with special diets. The parents lived in different areas of, a mainly Swedish-born middle class, Stockholm suburbs and all children attended public schools. The municipality, in general, had a special interest and

focus on allergy awareness in the nurseries and in the public schools at the time of this study, with an aim to reduce the risk of allergic reactions, for example, by prohibiting peanuts.

All of the participating parents perceived themselves as having the utmost responsibility for the child’s allergy. Specifically, the participating parents were mainly mothers (18 mothers and one father). There is a typical gendered arrangement of parenthood in Sweden, despite the principles of equality that Swedish parents talk about when discussing parenting practices and parenthood (see Elvin-Nowak and Thomsson 2001).

Data collection was made through narratively inspired interviews in the parents’ homes or workplace during 2002. A main broad question of, “Would you tell me how you discovered your child’s hypersensitivity?” was the starting point in all interviews. For this article, the focus was on how the child’s allergy had impacted the child and the family’s daily life and how parents managed the child’s allergy *after a diagnosis or parent-defined allergy* had been established (at the time of the study the children were between 6-18 years of age). The interviews lasted between one-and-a-half to two hours and most parents were interviewed twice.

All parents had attended upper secondary school, which the majority of the Swedish population do. Six parents had university degrees (one was still a student in her final year) and additionally, two parents had taken courses at the university. One mother was born in the U.S., one in the UK and one in Chile. At the time of the interviews, the parents’ ages ranged from 33 to 45 years of age



and six were single parents. The majority of parents were from middle class backgrounds, four from upper middle class, and four from working class.

Twenty-three children suffered from a variety of different food-related symptoms and other allergy problems, for example, physical manifestations, such as eczema, gastrointestinal problems, and airway problems. Sixteen children had asthma, fourteen children suffered from eczema, and fourteen suffered from pollen or pet allergy. Eleven children had all of these problems: asthma, food intolerance and eczema, and pollen/pet allergen. Five children had only food-related problems.

### Data Analysis

The interviews in this study were analyzed as narrative accounts and from the understanding of interviewing as a discourse between speakers (Mishler 1986), formed within a context where speakers make use of linguistic devices and create social meanings that follow socially shared conventions of speech acts and of social life (Atkinson 2009). The narrative accounts are based on pieces of factual information that are structured and organized as events and actions that the parents evaluate and make sense of in the process (De Fina 2009). People also construct social meanings in their accounts to help them make sense of the past, present, and future. In the analysis, we follow Scott and Lyman's understanding of an account as a linguistic device used whenever an action is subjected to evaluative inquiry, or a statement made by people to explain "unanticipated or untoward behavior" (1968:46). It follows that accounts often draw upon different discourse

devices (in this study, for example, distinctions, reconstructed dialogues, generalizations, rhetoric messages, and moral tales) to explain and evaluate actions from self and others, for example, involving ways of making excuses and/or justifications of actions and behaviors.

Throughout the interviews, parents used various ways to show and voice what evidently was one of their primary parental goals in supporting their child's and the family's everyday life, illustrated in the following sentence from one of the parents: "we try to live as normal as possible." Most parents used the Swedish word "normal," but the conceptualized meaning was analytically translated to ordinary (Swedish: *vanligt*). Several parents made similar outspoken and often recurrent references to an ordinary life and child's identity in their accounts. Most parents organized and accounted for their strategies in ways that made what constitutes the ordinary as being self-evident and not something that had to be defined or explained (De Fina 2009).

How parents usually make use of different normalization strategies in managing allergy and asthma in order to have an everyday life, in spite of chronic illness or disabilities, to be as "normal" as possible has been well explored. For example, Prout and colleagues (1999) have demonstrated how parents (with a child with asthma) produced and maintained ordinariness in everyday life through normalization strategies, such as controlling symptoms with asthma medication, and, to a lesser extent, restricting school and family activities. Olin Lauritzen further showed that "there is not one, but several ways of normalizing" (2004:1307), but her study explores parents con-

ceptions of their child's symptoms as being an allergy (and allergy as an illness) at the time when their child had just been diagnosed.

These kinds of normalization strategies are usually described and analyzed in an individualized family context. Accordingly, it is about the parents' strategies to manage foremost the symptoms and consequences of the illness in order to allow the allergy to have as little impact as possible on the child's or the family's everyday life (Prout et al. 1999; Gabe et al. 2002; Olin Lauritzen 2004). In this study, when parents discussed what they wanted and how they supported their child's "ordinariness," it was not about managing symptoms of the illness or its impact on their private family lives. At the time of the study, they had already adapted to their child's allergy and managed to make their (at home) private family life function well.

What was particularly evident at the time of the study, however, as all children had started school, was the challenge to manage the children's allergies in the "outside" world, namely, in relationships with others and in different social situations and activities. Most parents presented it as being problematic and expressed the difficulty they encountered in *making others understand the child's allergy and needs*.

### Supporting the Ordinary Life

#### "They Must Also Feel Like Normal Children"

A mother of three children, each with different food allergies, stated that children "must feel like normal children." She talks about one of her daughters longing for a pet dog and she makes

a generalized manifestation of children's "rights" to have their dreams:

And she just nags, every single day, that she wants a dog, but it's just not possible. But, she must have her dreams. So, you can't just turn everything away from the kids either, but they must have their dreams, they also need to feel like normal children who can eat everything and can do everything.

Stating that "they must have their dreams, they must also be able to feel like normal kids" is a powerful statement the mother makes in connection with her daughter's daily nagging for a dog. Dogs and other pets are a common part of everyday life for Swedish families and the mother doesn't question her daughter's appeals. In her brief account, she switches from talking about her daughter, "she has to have her dreams," to "they have to have their dreams." She generalizes her daughter's dreams and makes it into a general notion that "normalizes" her daughter's wish. We are, thus, told that dreaming is part of an ordinary childhood, and that her daughter's dream is not comprehended as anything out of the ordinary. She presents it as part of being and feeling like a "normal child" who can "eat everything and do everything."

#### "Not Always Having to Bring Their Own Bag"

The parents' supporting strategies are often very practical. Because in supporting everyday life it means the parents often have to practically rearrange everyday life in different ways, in order to establish or reconstruct their child's everyday life and identity, in relation to and in situations with others.

However, the strategies that actually become supportive presuming parents' intentions of their

actions are not a clear-cut matter in terms of children with allergies. The most dominant strategy used to support the ordinary life in relation to food allergies can be read from the following example:

It's important, I think, for the children to feel that it shouldn't always be like this, to need to come with their own bag. But, it should be easy. It shouldn't be like, anything special, they should be like other children.

Here, the mother creates a particular social meaning of what everyday life for the allergic child sometimes entails, that of having "to need to come with their own bag" with special sandwiches, cakes, and food that the parents prepare for the food-allergic child to take with him/her (referred from here on as "the food-bag strategy"). The mother, however, states this strategy as an antagonist to her idea of an ordinary life but also as a way of making everyday life (easier) practical for the family. "The food-bag strategy" is constructed in her account as a differentiating object that may separate the child with allergy from other children.

So, although specifically, children bringing their own food when going home to others or to places where foods are served is quite a typical strategy for many families in supporting their child's "ordinariness," the strategy was accounted for as working in conflicting directions. First, in support of an everyday life but also working against the everyday life.

#### "Then He Sits Without, I Think That Is Cruel"

To understand the importance of the "food-bag strategy" for the parents, it is important to note that several parents talked about how their child at one time or another had experienced being overlooked and left without anything to eat when other chil-

dren were given something. Examples from the same parent above will be used (other parents also expressed more or less these same ambivalent feelings) to further illustrate how parents may feel and think about this:

But, that he always has to feel so special, like in school, and then, perhaps someone in the class has something with them and offers, candy or chocolate (balls), or something, then he can't eat, then he sits without, I think that is cruel.

Here, the mother connects being overlooked and "without" to her son having "to always feel special," for example, differentiated. The mother found it to be extra "cruel" when he does not get anything at all. Being literally overlooked had a special emotional connotation for some parents, especially parents who, as this mother, have had allergies themselves as a child (and adult).

#### "But It Works Of Course"

Parents who used the "food-bag strategy" did not present it as optimal or something they "wanted" for their child, but nevertheless, at times, necessary.

The strategy was not only accounted for as necessary in the obvious sense of protecting the child from allergic reactions but also because it worked to protect the child from being overlooked and left out or without. In the previous example, we can read an ambivalence into the mother's feelings about sometimes having to send the child with "ice-cream or something," although as she says, "but it works of course":

Some are quite sweet, really, and buy special things for him, both ice cream and hot dog buns, and things like that, such people exist and then you don't usu-

ally have to send something. It's just to check what they are having and others may have things, so it works, he can refrain something occasional then. But, sometimes, you feel that it's getting a bit tiresome to have to send ice-cream or something. But, it works of course, even if he thinks it is fun to be able to eat what others eat, it's how it is.

By showing several accounts from the same parent, the dilemma of the typical "food-bag strategy" is illustrated more clearly (although evident in other parents' accounts too). How to establish what is considered ordinary in the child's everyday life is not a clear-cut matter – because a strategy like that of "bringing one's own bag" is also accounted for as potentially working against the parents' supporting intentions.

### Managing Family Relations in Accounts of Responsibility

In both family relations and interactions with others, what is formulated above all as problematic by the parents is to make others understand their child's allergy and specific needs, illustrated in the following sentence: "to make others understand what it means is the hard part."

In managing family relations, parents' accounts are mainly explanations and reflections about *family responsibilities*, specifically, legitimating and justifying their own claims on family members' understanding and support, and family members' inability or unwillingness to do so.

#### Claiming Family Responsibility – Moral Tales

Reflections and evaluations of what may be socially and morally justifiable to demand from oth-

ers are intertwined with the parents' examples of difficulties in making family members understand (and thus, support and accommodate) the child's allergy. Parents give specific examples of situations when family members, typically grandparents, have either not understood or been "willing" to accommodate their child's illness and needs. As one parent explains:

People don't always understand such things, and the worst is that it is usually the immediate family who is like this.

Further into the interview, the mother returns to the issue with specificity stating that it is "the immediate family" who does not understand, and a constructed satirical dialogue between herself and her mother-in-law is used to substantiate her previous statement:

For example, my mother-in-law, she is a true expert with that. She can say that she's been standing and cooking dinner and so she wants to invite us to dinner, and then, it was a small amount of egg in it, but it was so little. – Yes, but you said there were no eggs! – Yes, but it was only one egg in it, and we are twelve people that will eat it. – Yes, but it doesn't matter!

Several parents mentioned disbelief in how family members or other people were particularly unable to understand that even the smallest amount of an allergen could make the child ill.

In a study about how family/kin negotiate responsibilities, Finch and Mason (1993) found people to be more ready to legitimately refuse support or help from family if family members had been established as being *unable* to provide support rather than unwilling to do so. Parents in this study seem



to prefer to view family members as being unable (rather than unwilling) to understand and support their grandchildren's allergy. In this study, we did not question the parents specifically about family responsibilities. It was the parents, themselves, who brought up family relations in their examples. Moreover, it can be assumed that portraying close family members, in particular, as being unwilling may be morally problematic considering how, for example, grandparents are constructed as the seemingly most important kinship for the child. Additionally, they are close in that they are the parents' parents. In saying this, it becomes interesting to mention that most moral tales about grandparents were actually made almost exclusively about the other parent's parents. One's own parents were constructed in much more "understanding" ways, as in being more knowledgeable and accommodating towards the child's allergy.

Nevertheless, labeling grandparents in general as being unwilling to support the child would be risky as it may undermine the importance and specific expectations of responsibility that parents at times place on grandparents, as compared to other family members and more distant relations. Grandparents are constructed as being in a special responsibility position compared to others, which Finch and Mason (1993) found indications of too. Nevertheless, in the following, we will show how parents work to just as much downplay their claims of responsibility, especially in terms of demands on the grandparents' support.

### Downplaying Family Responsibility

Downplaying family responsibility may be shown in an example from a parent who discussed her

oldest child's (without allergy) grandparents (similar accounts were also reported about "biological" grandparents on the fathers' side) who throughout both children's childhood have had a dog. Consequently, the younger son with an allergy had been unable to go and stay over at their home, together with his sister over the years, which he otherwise was welcomed to, and really wanted to do so. Below, the mother explains how, when the dog died, she had thought that the grandparents would prioritize their other grandchild ("we have a child to think about"), and that she would, thus, as a single mother, get the luxury of "getting some relief sometimes." She says this in mutual agreement with me saying, "you know yourself," to defend her thinking and wishes to be relieved of her mother role from time to time, knowing that I was a single mother too:

And then [son's name] was so sad that he could never go with them, and so, and then their dog died, and then you felt like: "Oh, God, that's great!" Because it's nice, you know yourself, to get some relief sometimes. But, instead then of thinking that we have a child to think about, nope, then they went and bought a new dog! Then you get like, well thanks for that! [Laughter]

Here, the mother initially attributes some blame on the grandparents' decision to buy another dog instead of thinking, "we have a child to think about here". However, she then makes a "justification turn" and considers her own blameworthiness for making unjustified demands: "But you can't impose such demands." After this sentence, however, she immediately continues by quickly inflicting a "but" and again retaliates the potential blame to a general notion of dog owners' behaviors:

But, you get a little...there is often a great egocentricity in it, this with animals, that is what I hear. That it is more important in some way than the grandchildren, I have a real hard time understanding that.

The mother, thus, considers both her own wrongdoings for making socially unjustified demands on them, but still holds on to what seems morally justifiable when weighing different relationships with each other, that of valuing one's grandchildren above that of an animal. To defend her judgments, she makes use of the generalized other in her account (Holdsworth and Morgan 2007), a general notion about dog owners' ways and morally questionable attributes that she places outside of her own thinking, "that is what I hear." Thus, she protects her own moral self in the process and tries to avoid the risk of being judged by me as a potentially "bad" person. The behavior that she presents as typical for dog owners is talked about as egocentric, but not in a personifying way, and she especially avoids connecting it to the grandparents themselves.

The parents' accounts illustrate a social reciprocity in family responsibility, which means that parents, when making responsibility claims on family members, must also take into account other family members and the family units independence, their needs and choices for an everyday life. Parents' responsibility accounts may then be read as they are also *responsible for other family members' everyday lives*.

How the parent portrays family members to others (e.g., the researcher) may reflect not only "badly" on the family members about whom moral tales are told but also on the parents themselves.

It can be taken as saying something about what kind of person the parent is (see also Finch and Mason 1993). Downplaying family responsibility is a discursive practice used to show that one is the kind of person that respects and supports the needs of others and not someone who lets his/her own needs override those of others (Finch and Mason 1993).

Conclusively, in managing family relations and responsibilities, parents' discursive moral work should perhaps be viewed as an important strategy in parents' support for an everyday life and parental responsibility. As it is the parents' obligation to ensure that the material and emotional welfare of the child is met, this also means to take on responsibility for the child's relations with others. Maintaining and protecting what are perceived as significant relations for the child, and working to restore family relations and moral selves in their accounts, is as much an end to their parental responsibility and support for the child's ordinariness as are the practical strategies they use.

### Controlling Information About the Allergy and the Child

When children start school, they will encounter other kinds of relations (and situations), besides family, more independently. For instance, other children and their parents, in and outside of school, at peers birthday parties and social activities. Along with the "food-bag strategy" another important strategy for parents' support is *information control*.

The moral messages and tales about family kin and relations may be implicated in the way

parents *control the information* they give about their child's illness and individual needs to non-family members. It also includes controlling how others see and "mirror" the child, as counteracting potential social stigma and exclusion. If parents' experiences tell them that close family members, trained health professionals, and school personnel (they also frequently mentioned not understanding) have a hard time understanding, accommodating, and seeing the individual needs of the child (Kugelberg 1999), the controlling strategies they use become highly reasonable in relations with people without the socially binding ties of family or without expert childcare/medical knowledge. Any moral tales about family relations become an important discursive device that makes parents' information control rational and justifiable.

### "The Balancing Act" of Controlling Potentially Fatal and Social Risks

Information control, in terms of parenting children with allergies, can be summarized as follows. Parents have to, at different times, over-emphasize the information they give regarding their child's problems and "otherness" in contact with others as to make others understand and keep the child safe or symptom free. Nevertheless, they must also do so without stigmatizing the child in the process and making him/her into a situational threat, abnormal or "too special," or someone that others may pity. Potential stigma may be the result of informing others about certain symptoms normally hidden from others that are highly stigmatizing in itself when revealed. One mother shares such sensitive information carefully, so as not to shame and belittle her daughter in front of

her peers. The daughter's problem relates to the gastrointestinal tract resulting in her needing to use the toilet frequently:

You have to talk to the adults without her hearing, so I can't stand and talk to them so that the other children hear. It can't be done because it doesn't work, it's like belittling her.

### "I Say – Peanuts – He Dies"

The clearest example of the importance that parents ascribe to controlling what information they give about their child to others comes from a mother who has a son with multiple and severe food allergies (and additional allergies and asthma) who has had at least two severe allergic reactions (coconut) in the past, ending up in the emergency room. In the account below she draws on one of these events when her son had accidentally eaten something with coconut in it. To understand her everyday logic of her risk calculations, it is important to know that throughout the interview she refers to and has closely in her mind a medical test that was done when her son was little. She had previously described the test in great detail (reading aloud from the test results). She stated that numbers from 1 to 5 indicate how severe a person's reaction is to a certain food item, with number 5 being the most severe. She added that her son has a number 4 for coconuts and number 5 for peanuts. She starts off her account with a forceful statement about the way in which she informs others about her son "as a person" – "so I say – peanuts – he dies." She also explains her dramatic formulations as a conscious intention on her part to make people take her son's allergies seriously, adding:

To make people understand the meaning of it, that's the hard part. So, when I inform about [son's name] as a person, I say – peanuts – he dies. Then I don't know if that's for sure, but to be able to, in order to get other people to understand the meaning of it, that's the hard part.

For this mother and the child's father, the risk of their son having a potentially fatal reaction from eating peanuts is an emotional reality they live with on a daily basis. The past, present, and the future are intertwined in their parenting in a particular way. The danger is concrete, in the sense that the mother has a medical test to "support" her risk calculations. However, the risk is also hidden and hypothetical (in the present and also in the future) since their son has never actually eaten peanuts. Still, she has two severe accidental reactions (from a food that, according to the medical test, he is "less" allergic to) embodied in her, and her son's allergy is therefore more than an illness to manage. It also carries the social meaning of the most dreaded potential danger with parenthood, the possibility of your child dying.

### "When I Tell This, Then You Think It Is a UFO"

Over the years of informing others about her child's allergy in the above way, proclaiming that with "peanuts he dies," she has also realized that her son's mere presence may be seen as a threat by others (she is aware of having partly triggered this response by her dramatic formulation). So, although it may work to keep him safe, it may work equally as a potential social barrier for her child. The mother uses a particularly strong metaphor to make her point about how her son may turn into an Unidentifiable Foreign Object (UFO) in the eyes of others:

When I tell this, then you think that it is a UFO. But, it is the first [impression] that it became like: – Oh, who is this? Ugh, how awful, how will this work? So, the fear becomes so very, very great, and it's also not so fun.

Thus, to balance the potentially deadly threat that the mother had conveyed about her son, she emphasizes his positive attributes and tries to control other peoples' way of looking at him, thus, balancing his socially threatening image (Voysey 1975). She presents him as a person that is extremely pleasant and competent, for example, the kind of person anyone would want to get to know and be with. She reframes his social image in the following way:

And as a person he is so damn nice. So, I always try to say that, OK, this is what he has, but he can also do so much damn more; he can do so much more. He's really super good at this and this, and this and this and this, look at that too, please do! Because otherwise it will be very tough to see this guy, so to speak. You, all the time, it is a balancing act in how you inform [him]. And that is how you live, among other things.

Controlling the information parents give to others about their children with allergies may be understood from this mother's expression of a "balancing act." If we were to use the mother's expression to summarize what the parenting support for an everyday life for children with allergies may boil down to, perhaps a *parental balancing act* is an adequate description. Nonetheless, like any account or narrative, there is always more to a story (and everyday life) than meets the eye, and the mother's ending quote should perhaps be added too, namely, "that's how you live, among other things."



## Discussion

With regard to parents' support in the daily lives of their allergic children, the first aspect that arises in the parents' accounts may be conceptualized as parents having to manage and control a *double bind ordinary-risk situations*. Accordingly, the parent does everything he or she can to support an everyday life that, as much as possible, is equal to that of non-allergic children (establishing the ordinary). At the same time, however, the parents must be aware that this may potentially mean an increased risk to the child's health and for some, the child's life (danger with the ordinary). The practical "food-bag strategy" does work to protect the child from accidental allergy reactions. However, it is less clear-cut for the parents' support for a socially inclusive ordinary life and childhood identity (e.g., threatening the ordinary). This means that the *parents' strategies of establishing or constructing the ordinary* could actually discriminate a child in their relationships with peers and others, and potentially exclude him/her socially.

Neither of the constructed parental strategies, as analyzed in this study, works in a straightforward way for the purpose of parents' support. As much as they work against, they also work for their purpose of establishing an everyday life and child's identity. Firstly, to repeat, the "food-bag strategy" works well to reduce risks of allergic reactions. This, in turn, means that the parents know that the child is kept safe or at least "safer." Thus, it logically follows that they are more inclined to let their child "do and eat everything," and be like other children. Secondly, and likewise as important, it *protects the children from the risk of being*

*overlooked, "forgotten" and potentially stigmatized* in certain social situations and activities in their schools and their communities. The description parents used for how their child felt was that it made them sad, sometimes very sad. From a parental and adult perspective, being overlooked, excluded, and left out among one's peers may have strong emotional connotations, evident in parents' voices and words, especially among parents who had allergies themselves. Thus, likely connected with their own embodied feelings and experiences. *Being overlooked* could work, as the "food-bag strategy," *to create the child's differences and otherness* in the outside world. Since we come to know who we are through the eyes of significant and generalized others, as pointed out by Mead (1934), it is thus through the gaze of others that the child may come to see herself or himself as different. Due to the fact that children with food allergies, in particular, are not exposed to what they cannot tolerate, they often neither have any subjective symptoms nor any visible signs of their disease. Their illness is thus usually not what makes them stand out as being "different."

## Reciprocal Family Responsibilities

Parents in this study clearly see their own family as independent from the family unit of grandparents, but simultaneously construct the particular children-parents-grandparents everyday lives as intertwined. Not only concerning claims of practical support, but specifically in the more socially and mutually agreed and taken-for-granted way. For example, expecting them to understand the child's allergy and needs so they may be able to have their grandchildren come and stay with them. Parents show through their moral tales that

they have certain expectations of the grandparents. These are constructed as socially and morally justifiable in their accounts, at least to some extent, such as in expecting grandparents to prioritize their relationship with their grandchildren above that of a dog. However, expectations of family support, although being morally justifiable, may still be contradictory to other cultural principles that ascribe responsibilities between families and individuals, as the principles of individual freedom and autonomy that parents also relate to in their accounts. The latter principles of social life are not negotiated and defended in the parents' accounts in the same way as their expectations and claims of family responsibility.

It may thus be possible to argue against Finch and Mason's (1993) conclusion about responsibilities in contemporary families. Specifically, that they are negotiated in the situation, therefore, not to be seen as bound by any fixed social rules. We do not argue against them being negotiated but to the latter conclusion because, alternatively, not wanting to show that one demands responsibility from family members may in fact be understood in itself as a non-negotiable social "rule." Perhaps prominent in societies where ideologies of individuality and personal freedom are strongly instigated, as in parents being individually responsible for themselves and their child and the outcomes of their own and their children's lives (and being "free" to choose how to live one's life) (Douglas 1992). How other family units and members choose to live their lives has to be respected and protected, and in so doing, this means the parents simultaneously protect their own family units' "rights" and choices (Douglas 1992).

In conclusion, the above discussion sheds some light on why parents cannot just demand others, close family or not, to change their lives to accommodate their allergic child. With an illness, such as an allergy, working towards an everyday life may thus mean a potential barrier to other people's (e.g., family) way of living, and the other way around; other people's everyday life may work as a potential barrier towards the everyday life and identity of children with allergies.

The moral aspect of allergy management has not been acknowledged much in previous research about allergies (see, for example, Prout et al. 1999; Gabe et al. 2002; Hansson-Sherman et al. 2002; Olin Lauritzen 2004), although it seemingly is important for how families with allergic children support their children. This study contributes to saying something about how parents' management of their child's allergy is just as much about being social and moral actors, consequently, having to consider other people, and their needs and choices in the process. The knowledge about how other family members and other people's lives are intertwined with the parents support could perhaps work to further support childcare professionals' interactions and communications with the children's parents.

## Acknowledgements

This study was funded by grants from Anna and Edwin Berger's Foundation, the Kempe-Carlgrenska Fund and Queen Silvia's Jubilee Fund. The grant holder was the first author, and would like to offer many thanks for their financial support, having made it possible for me to write and finish this article.

## References

- Atkinson, Paul. 2009. "Illness narratives revisited: the failure of narrative reductionism." *Sociological Research Online* 14(5). Retrieved May 20, 2012 (<http://www.socresonline.org.uk/14/5/14.html>).
- De Fina, Anna. 2009. "Narratives in interview – The case of accounts. For an interactional approach to narrative genres." *Narrative Inquiry* 19(2):233-258.
- Douglas, Mary. 1992. *Risk and Blame. Essays in Cultural Theory*. London: Routledge.
- Elvin-Nowak, Ylva and Helene Thomsson. 2001. "Motherhood as idea and practice: A discursive understanding of employed mothers in Sweden." *Gender & Society* 15(3):407-428.
- Finch, Janet and Jennifer Mason. 1993. *Negotiating Family Responsibilities*. London, New York: Routledge.
- Gabe, Jonathan, Michael Bury, and Rosemary Ramsay. 2002. "Living with asthma: The experience of young people at home and at school." *Social Science & Medicine* 55(9):1619-1633.
- Gunnarsson, Nina Veetnisha et al. 2005. "Allergy-like conditions and health-care contacts among children with exclusion diets at school." *Scandinavian Journal of Caring Sciences* 19(1):46-52.
- Gunnarsson, Nina Veetnisha and Lars-Christer Hydén. 2009. "Organizing allergy and being a 'good' parent: Parents' narratives about their children's emerging problems." *Health* 13(2):157-174.
- Hansson-Scherman, Marianne, Lars O. Dahlgren, and Olle Löwhagen. 2002. "Refusing to be ill: A longitudinal study of patients' experiences of asthma/allergy." *Disability and Rehabilitation* 24(6):297-307.
- Harden, Jeni. 2005. "Parenting a young person with mental health problems: Temporal disruption and reconstruction." *Sociology of Health and Illness* 27(3): 351-371.
- Holdsworth, Clare and David Morgan. 2007. "Revisiting the generalized other: An exploration." *Sociology* 41(3):401-416.
- Kugelberg, Clarissa. 1999. *Perceiving Motherhood and Fatherhood. Swedish Working Parents with Young Children*. Uppsala: Acta Universitatis Upsaliensis.
- Mead, George H. 1934. *Mind, Self, and Society*. Chicago: University of Chicago Press.
- Mishler, Elliot G. 1986. *Research Interviewing. Context and Narrative*. Cambridge: Harvard University Press.
- Olin Lauritzen, Sonja. 2004. "Lay voices on allergic conditions in children: parents' narratives and the negotiation of a diagnosis." *Social Science & Medicine* 58(7):1299-1308.
- Patton, Michael Q. 1990. *Qualitative Evaluation and Research Methods*. California: Sage.
- Prout, Alan, Lesley Hayes, and Lesley Gelder. 1999. "Medicines and the maintenance of ordinariness in the household management of childhood asthma." *Sociology of Health & Illness* 21(2):137-162.
- Ribbens McCarthy Jane, Rosalind Edwards, and Val Gillies. 2000. "Moral tales of the child and the adult: Narratives of contemporary family lives under changing circumstances." *Sociology* 34(4):785-803.
- Ribbens McCarthy Jane, Rosalind Edwards, and Val Gillies. 2003. *Making Families: Moral Tales of Parenting and Step-Parenting*. Durham: Sociology Press.
- Rudestam, Kirsten et al. 2004. "Children's asthma experiences and the importance of place." *Health* 8(4): 423-444.
- Sampson, Hugh A. 2004. "Update on food allergy." *Current Reviews of Allergy and Clinical Immunology* 113(5):805-819.
- Scott, Marvin B. and Stanford M. Lyman. 1968. "Accounts." *American Sociological Review* 32(1):46-62.
- Tulloch, John and Deborah Lupton. 2003. *Risk and Everyday Life*. New Delhi: Sage.
- Voysey, Margaret. 1975. *A Constant Burden. The Constitution of Family Life*. London: Routledge and Kegan Paul.
- Wickman, Magnus and Gunnar Lilja. 2003. "Today, one child in four has an on-going allergic disease in Europe. What will the situation be tomorrow?" *Allergy* 58(7):570-571.

Gunnarsson, Nina Veetnisha, Helena Hemmingsson, Lars-Christer Hydén, and Lena Borell. 2013. "Managing Family Relations and Controlling Information While Supporting an Allergic Child." *Qualitative Sociology Review* 9(3):204-219. Retrieved Month, Year ([http://www.qualitativesociologyreview.org/ENG/archive\\_eng.php](http://www.qualitativesociologyreview.org/ENG/archive_eng.php)).