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Misinformation and Misrepresentation of Food Allergies  
And The Impact on People's Quality of Life

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When you think of allergies, you may first think of common seasonal allergies. The irritating sneezing, itching, and watery eyes that comes during the springtime. Thankfully, over the counter allergy medication can help alleviate the symptoms. But if we're talking about food allergies, it can be much more than an inconvenience. For some people, it's a matter of life or death. Food allergies are a common and potentially life-threatening medical condition. This paper will explore people's general attitudes and understandings of food allergies, including its negative representation in media and how that influences people's opinions. Understanding how people with food allergies are perceived is important because these portrayals have real life consequences on their quality of life. Living with allergies means constantly managing what you eat, communicating your allergy needs, and actively avoiding your allergen. To properly prevent and treat an allergic reaction, people with allergies must depend on others in way or another. A positive and accurate portrayal of food allergies can create a more food allergy conscious society. This paper aims to understand the ways in which food allergies are misunderstood and stigmatized in our society, and how this misinformation influences people's personal perception of on the importance of food allergy safety. There are common misconceptions about food allergies present in our media, personal attitudes, and social institutions. I argue that the misinformation and inaccurate portrayals of food allergies influences audiences to not view food allergies as serious or life threatening. This establishes negative associations toward people with allergies, causing people who do live them to have a more difficult time managing their food allergy in social contexts and therefore a lower quality of life.

Food allergies can be described as, "an immunologically mediated disease triggered by dietary food" (Boden & Burks, 252). When someone ingests a food that they are allergic to, their

immune system begins attacking the proteins in the food. The immune system's overreaction results in the release chemicals to fight off the perceived danger. These chemicals, known as immunoglobulin E (IgE), are what cause symptoms of an allergic reaction. A severe allergic reaction is known as anaphylaxis and can turn fatal if untreated. Anaphylaxis can be triggered by almost any food, but the most common cases in the U.S. have been caused by milk, eggs, peanuts, tree nuts, shellfish, fish, wheat, and soy. Understanding how to prevent and treat anaphylaxis caused by food allergies is essential information that should be common knowledge. The first line treatment of anaphylaxis is an injection of epinephrine, with more doses every 5-15 minutes if needed. Although fatalities due to anaphylaxis are rare, fatal allergic reactions from food have been associated with delayed use or absence of using epinephrine (251-252).

Misconceptions about food allergies are often about their cause, severity, and treatment. In, "Addressing Common Misconceptions in Food Allergy: A Review", Aikaterini Anagnostou conducts a review of studies that focuses on food allergy misunderstandings among physicians, parents, and the public. One of the common misconceptions found in the review was that auto-injectors of epinephrin were overprescribed and overused in the case of food related anaphylaxis. The opposite was found to be true; epinephrine is under used and under prescribed for people with food allergies. People who were treated with food induced anaphylaxis in emergency rooms were not only under prescribed, but fewer than half the patients filled out their epinephrine prescriptions a year after being discharged from the emergency department. This is an example of a food allergy misconceptions that could have fatal consequences. The first line treatment for an anaphylaxis is epinephrine, and yet multiple studies found there to be a serious lack of administration of epinephrine in the case of anaphylaxis. For example, a study that looked at anaphylaxis in the case of infants found that an auto-injector of epinephrin was only used a third

of the time. Reasons for not using epinephrine were one of the following: failing to recognize the severity of the reaction, fear of administering the device, inaccessibility to the device, and uncertainty whether epinephrin was required (2-6). These studies prove that information about how to respond to someone experiencing anaphylaxis is not as accessible or commonly known as it should be.

The media influences much of what we learn, and it is one of the reasons why people are unaware of when and how to respond in the case of food related anaphylaxis. Although it is not the media's job to educate people on food allergies, it's essential to understand what it has taught us so far. We don't see many prominent characters in popular TV shows or movies with food allergies. So, when they are present, what are they teaching people about food allergies? Even if the media is not intentionally trying to create negative attitudes towards people with food allergies, there can still be harmful effects. A study conducted by Abo et al. consists of a content analysis of media and the different portrayals of food allergies. The authors categorized media into three categories: humorous, dramatic, and educational. The study found that food allergies were most often shown in entertainment media for comedic purposes, even though food allergies are potentially fatal. They were also less likely to be shown as life threatening and more likely to be depicted with inaccurate medical information, such as improperly using an auto-injector of epinephrine (806). The authors hypothesized that characters with food allergies would be portrayed as stigmatized, socially awkward, and conventionally unattractive. These portrayals of characters stem from the belief that food allergies are a form of weakness or vulnerability, resulting in characters falling into a "nerd" trope. They may be seen as bookish, academically oriented, wearing glasses, physically weak, or sexually unappealing. The hypothesis was partially supported, with characters in dramatic media more likely to express high level of

interests in academics than in humorous media (804-806). While not every single character was shown to fit these criteria, it's important to note that there is still a portion of media that does create this stigma. This type of media representation downplays the severity of food allergies as a medical condition and has audiences associating people with food allergies with undesirable traits.

The second part of the study was an experiment that measured how comedic portrayals of food allergies in media influences people's perceived seriousness of allergies and their support of food allergy policies. Participants were shown both educational media and/or humorous media depicting food allergies. Afterwards, participants were asked about their opinions regarding food allergy policies and their overall perceived importance. There was higher participant support for food allergy policies from participants who did not view the comedy media and from those who watched the educational media. Participants who only watched the comedy media showed having reduced perceived seriousness of food allergies (Abo et al., 808). Considering that the content analysis found the majority of food allergy media was comedic and showed medical inaccuracies, it's likely that audience members who view this type of media develop a negative opinion about food allergies. Both these studies prove that when food allergies are shown with inaccuracies and for humorous purposes, audiences tend to then perceive allergies as less serious.

When food allergies are perceived as unimportant, it negatively impacts the quality of life for those who live with them. Food allergies on their own already create a constant stress of having an unintentional exposure to one's allergens, which could potentially lead to a life-threatening anaphylactic reaction. On top of the actual dietary restrictions from food allergies, people may face psychosocial restrictions because of exclusion from peer social activities, isolation, or bullying. This is especially concerning considering that food allergies are common

among children, with 6-8% of children reported to have food allergies (Anagnostou, 1).

Children with food allergies have been found to have lower quality of life compared to children without them. They report having poor emotional, social, and psychological states because of the threat of sudden fatality. Caretakers of children with food allergies suffer from distress, guilt, worry, unresolved anger and sorrow, and long-term uncertainty (Abo et al., 803-804).

A qualitative study conducted by Marie-Louise Sterjna aims to understand how young people apply agency when managing their food allergies. The study composed of interviews with 10 Swedish children (aged 11-17) who live with severe food allergies and are prescribed with an auto injector of epinephrine. The goal of the study was to understand how children manage their food allergies in terms of agency and responsibility within different social settings. It was found that the experience of growing up while managing a food allergy means children understand that they are faced with the impossible task of trying to completely avoid their allergen. As vigilant as they are in managing their allergy, when they are outside of the safety of their home, food is never fully trustworthy. Thus, children have an adult sense of responsibility when it comes to allergy management. Ultimately, children with food allergies are faced with trying to control the uncontrollable and must put their lives into the trust of others in the case they do lose control (an allergic reaction). This creates tension between one's own sense of responsibility and their dependence on others because of the shared aspects of allergy management (287-290). It is because of this shared responsibility between people with allergies and the people they encounter in their day to day lives that everyone has a collective understanding about the importance of food allergies and how to properly accommodate for them. This means that the way allergies are being portrayed in the media should be medically accurate and without harmful stereotypes. While it is important to teach children to be diligent in prioritizing their allergy safety, it doesn't

guarantee that every child develops the communication skills to advocate for themselves. They could also lack understanding of the severity of their allergy, or a comprehension of basic facts on how to prevent or treat allergic reactions. Even children who do learn the necessary management skills for living with allergies are still faced with difficulties when it comes to other people's misunderstandings and lack of serious attitude. Children can carry these misunderstandings and a nonchalant attitude towards their allergy safety into their adolescence and even adulthood. Therefore, education and awareness for both people with and without food allergies is necessary.

Education and awareness for allergies is clearly necessary, but there are also legislative actions that can be taken to continue to promote allergy safety. There are currently policies already in place in the United States to help protect those with food allergies. For example, it's required for food labels to use simple English terms to clearly indicate what foods are present, such as using the word 'milk' instead of 'casein'. While these laws only apply to milk, egg, wheat, soy, peanut, tree nut, fish, and shellfish (the top eight most common food allergies), it may remain difficult to identify other foods from the labeling without the use of simple terms (Boden & Burks, 252). Public support for more policies can be encouraged through educational portrayals in the media. More positive media exposure that promote allergy education and advocacy is necessary to shift public opinion. If food allergy representation remains limited to inaccurate and comedic portrayals, people will continue to believe incorrect information about food allergies and have lower policy support. There is a responsibility that people with allergies have when it comes to protecting their health and managing their allergies, but it is not possible for them to successfully do so alone. Food allergy safety is a collective effort among everybody, which is why both people with and without food allergies need to be educated. Since there is no

cure for food allergies, prevention is key to keeping people safe. Prevention does not happen on its own, it comes from people being openly communicative about food allergies and creating safe environments. People will not feel comfortable expressing their allergen needs if attitudes remain in place that people with allergies are “weaker” or that allergies are not a serious medical condition. Food allergies can be managed and quality of life for those with them are able to improve with a collective shift in mindset. If everyone puts in the effort to educate themselves about food allergies, we can see less deaths from food induced anaphylaxis and better lives for the people who live with them.

## Works Cited

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