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## Understanding Allergy: A Review of Relevant Studies

ROBERTA RAFFAETA

**Abstract** Reports of allergy-related illnesses have increased dramatically in the last decades in western countries. Definition, diagnosis and treatment of allergy are problematic and depend highly on cultural and social variables. Despite this situation, anthropological studies on the topic have been few until now. This paper argues that the anthropological approach on how people understand the concept of allergy can help the management of the disease and, following this argument, it presents a representative review of the existing literature in the anthropological field. We intend to stimulate further research in anthropology and inspire new solutions for the existing problems in allergology. The topic of this paper is positioned at the nexus of anthropology, public health and medicine.

**Keywords** allergy – epidemiology – medical anthropology – history of medicine – environment

### Allergien Sinn geben – eine Besprechung relevanter Studien

**Zusammenfassung** Die Anzahl von Berichten über Krankheiten im Zusammenhang mit Allergien ist in westlichen Ländern in den letzten Jahrzehnten dramatisch angestiegen. Definition, Diagnose und Behandlung von Allergien sind problematisch und hängen in einem hohen Maße von kulturellen und sozialen Variablen ab. Trotz dieser Situation gab es bisher nur wenig ethnographische Forschung zu diesem Thema. Dieser Bericht zeigt auf, dass ethnographische Untersuchungen darüber, wie Menschen Allergien bewerten und mit ihnen umgehen, dazu beitragen können, besser mit diesem Krankheitsphänomen umzugehen, und bietet eine Übersicht über vorhandene Literatur, welche für Ethnologen relevant ist. Das Ziel ist es, weitere Forschung anzuregen und neue Lösungen für vorhandene Probleme in der Allergologie zu generieren. Das Thema dieses Berichts ist am Schnittpunkt zwischen Ethnologie, Gesundheitswesen und Medizin angesiedelt.

**Stichworte** Allergie – Epidemiologie – Medizinethnologie – Medizingeschichte – Umwelt

### Introduction

Despite its controversial ontological status, the use of allergy as a biomedical category to justify diverse conditions has been successful: only one hundred years ago the term “allergy” was unknown and symptoms now associated with it were rarely acknowledged. Nowadays, instead, allergy is perceived by the general public, the media and in the medical literature as an increasingly frequent cause of illness. Hypersensitivity reactions are escalating in developed nations and epidemiologists estimate that by 2015 50% of the global population will suffer from a form of allergy (BOSELEY 2004). Allergy has become the archetypal modern illness in so-called developed nations, mirroring that significant changes occurred in modern lifestyles and echoing broader political and cultural concerns about the environment. It has fostered a distinct clinical speciality, generated new diagnostic and therapeutic strategies, and created a lucrative market-place for international pharmaceutical, cosmetic, food and cleaning industries. It has emerged as a major global

clinical, public health and socio-economic problem and a constant source of public, political and media interest. Allergy is a modern disease, not easy to classify and diagnose, with a problematic aetiology for which no ultimate therapy exists. Symptoms are many and diverse, and classifications vary, reflecting various etiological theories (JOHANSSON *et al.* 2001; KAPLAN 1991; ORTOLANI *et al.* 1999; PANDALAI 2000).

Despite an apparent consensus in the scientific community, theoretical and terminological conflicts have actually marked the history of allergy since its beginning (ANDERSON *et al.*, 1994; JACKSON 2006). As the allergologist BECKER has admitted (1999: 877), despite the impossibility to agree within the scientific community on a shared definition of the term, allergy is still used in clinical contexts because it is a short and user-friendly word both for practitioners and patients. The lack of agreement produces, as a negative corollary, the same uncertainty about epidemiology. According to some allergologists, the growth in the rate of allergy is not real. People increasingly believe to be affected

from a form of allergy even if they have not been tested (or even if their tests were negative), and the symptoms they declare vary greatly, spanning from impotence to overweight. The biomedical interpretation of allergy leaves many ill people without an answer, and they undergo similar existential uncertainty as people suffering from other medically unexplained symptoms (NETTLETON 2006; NETTLETON *et al.* 2010).

This problem is particularly evident with regard to food allergy. In spite of an increasing number of food related allergic reactions, several studies have confirmed that the percentage of positively diagnosed allergies has not changed significantly over the last one hundred years, a figure that has remained steady with around 1–2% of the population being affected (ANDERSON 1991; BELL *et al.*, 1993). Other surveys have indicated that less than half of the individuals included in a sample group who have reported allergic reactions have (actually) presented positive results in double blind controlled trials (currently considered as the most reliable diagnostic methodology in allergology) (SAMPSON 1988; SENNA *et al.* 2005). This gap between clinical anamnesis and diagnostic confirmation with a double blind controlled trial is widely acknowledged (ALTMAN & CHIARAMONTE 1996; HALSTENSEN 1997; KNIBB *et al.* 1999; MÖSGES 2002; PEARSON 1985; SHEPHERD 2006; VAN PUTTEN *et al.* 2006), and yet, as embarrassing as it is for allergologists, it has no clear explanation. It might be rationally justified by the scarce availability of standard diagnostic extracts and the scarcity of standardized diagnostic techniques (AALBERSE *et al.* 1998; ORTOLANI *et al.* 1999), or by the underestimation of other immunological processes (MAC DONALD 1995). Certainly, the existing gap between self-reported allergic experiences and clinically confirmed cases raises serious questions concerning the precise definition of allergy and the role played by social and cultural factors in the comprehension of the phenomenon's sudden growth.

Inside the allergology field there's an increasing call for a new approach to allergy that could explain the phenomenon in its full complexity (DE MONCHY *et al.* 2004; MÖSGES 2002). Recently, an handbook on allergology has been published (VAN PUTTEN *et al.* 2006) with the explicit goal to explain allergy by giving relevance to its social implication (SHEPHERD 2006; VALOVIRTA 2006). The title of the introduction—*Future Developments in Allergy Prevention:*

*A matter of Integrating Medical, Natural and Social Sciences*—immediately reveals a change in the allergology paradigms. The chapter stresses the need for further research exploring allergy's public perception, considered here as a multi-factorial issue that has to be approached accordingly: "There is a need to understand how the public thinks about food allergies. This is particularly true where attempts are made to communicate information concerning allergies to the general public. Considerations of the public as irrational do not help the communication process, but rather a first step is to understand the factors underlying public considerations of allergies. While there are insights from the literature on other types of risk perception, it is also necessary to carry out research specifically addressing perceptions of allergies, intolerances, and adverse reactions from foods." (VAN PUTTEN *et al.* 2006: 159).

In spite of invitations as the above being common, the interpretative anthropological studies devoted to the topic have until now been very few. This is certainly a major gap as anthropology has the potential to provide insights on the debates surrounding the epidemiology of allergy. Indeed, many epidemiological estimations and diagnostic techniques seem to focus on the sole exercise of measurement, rather than on the comprehension of the disease. The anthropological approach to epidemiology, instead, integrates statistical data with the analysis of cultural factors. From an anthropological perspective the wider cultural context, rather than the single individuals, is a more appropriate unit of analysis. Defined as "socio-cultural epidemiology" by RAYMOND MASSÉ (1995), or simply "cultural epidemiology" by SUSAN DIGIACOMO (1999), this type of approach carries the idea that classic epidemiology is unable to account for the socio-cultural construction of a disease. Indeed, physical or psychological symptoms are not considered and expressed in the same way by the various actors. Rather they are recognised as signs of disease only after a process of socio-cultural construction, communication, and reproduction. In other words, if concepts associated to the explanation of a disease (as used by biomedical professionals, heterodox medicines, the media, and the general public) are too different, traditional nosographic systems appear unable to provide precise measurements.

The anthropological contribution to the comprehension of meanings and interpretations of allergy

can help the planning of public health interventions and the analysis of epidemiological researches. It also represents a particular perspective from which to observe the social environment and the crucial transformations of our times. Allergy is an important example of the interactions existing between the biophysical, social and cultural dimensions of the human experience. This paper intends to describe the debate involving the concept of allergy, a debate nested at the crossroad of biomedicine (immunology and epidemiology) and humanities (anthropology, sociology, history). Ultimate goal is to provide analytic resources so as to foster interpretative anthropological studies on the issue. In order to do so this review aims at identifying the relevant literature able to offer the entry keys for the analysis of people's understanding of allergy. The paper derives from a wider research that has been conducted in the northern part of Italy (Verona and its surroundings) in order to analyse how different actors (patients and doctors) explain allergy (RAFFAETÀ 2011a). In this sense, the interpretative perspective has been considered an effective tool to address complex phenomena such as allergy. Theoretically, the paper refers to the "militant<sup>1</sup> middle ground" approach advocated by MICHAEL HERZFELD (2005: 220), lying in between two extremes: materiality, science, facts and empiricism on the one hand, symbols, morality, meanings, interpretation, on the other. This is to show that generally, matter-of-fact situations find support in highly intimate and localized values and that, as a consequence, interpretative anthropological contributions in applied fields, as public health, are possible.

I analyse the concept of "allergy" as employed in everyday interactions: a wide cultural category characterised by blurred borders. My goal is to understand the meaning of the term allergy within the general public. In order to do so, I will examine its current use and cultural domain going beyond the borders of the biomedical approach. Allergy, in the end, is not only a specific type of disease, it is also a general cultural phenomenon and as such it will be my main object of analysis. This paper, however, does not pretend to be exhaustive of all written material produced by the social sciences on allergy. Some studies belonging to the anthropological and humanist traditions are not considered here because they extend beyond the interpretative theoretical

focus applied in the selection of the relevant literature.<sup>2</sup>

The next chapters will review the existing literature on allergy, examining ethnographic cases in remote places, the psychological approach, the anthropological critique of the theoretical basis through which allergy is explained in biomedicine, the qualitative studies on allergy (which to date are mostly produced by biomedicine) and historical accounts. The conclusion will discuss the limits of this various literature, highlighting undiscovered zones of anthropological debate which are still to be explored.

### Allergy and Taboos

Between the 1930s and the 1950s the issue of allergy and food taboos was assessed by some ethnographies whose main references were Freudian theories or empirical adaptive strategies for humans' survival in local environments. These studies derived from observations carried out in Polynesia and Ponape Island, where it had been observed that physiological symptoms similar to allergic reactions occurred as a consequence of the violation of a taboo.

The first anthropologist who thoroughly analysed these symptoms was Sir PETER HENRY BUCK, who spent many years studying the Polynesian society. He noticed that in some parts of Polynesia nettle rash was considered a punishment for consuming meat of totemic animals. From this observation he inferred that taboos might be the mythologized memory of an ancestor's allergic reaction to a specific kind of meat. According to Buck, the taboo's function would be to prevent the consumption of dangerous foods within the community: "Some Rakahangan ancestor suffered in this way eating crayfish and it became his *atua* in the sense of being disagreeable materially and maligned through failure to appreciate natural causes of disease. The ancestor, therefore, tapued the food and ceased to collect it in his fishing operations within the lagoon. As it disappeared from his family menu, it also became tapu to his children." (BUCK 1932: 214, italics in original)

At the end of the 50's the anthropologists ANN & JACK FISCHER criticized Buck's pragmatic explanation, proposing, together with their colleague FRANK J. MAHONY, a slightly different point of view based on a psychological interpretation of the symptoms (FISHER *et al.* 1959). After living for three years on

Ponape Island, one of the Caroline Islands, they too observed that there were similarities between what westerners define as “allergy” and the symptoms appearing when someone in the Ponapean community violated a taboo. Strongly influenced by the cultural mainstream of their epoch, they explained allergy as an unconscious reaction to food-related forbidden acts, situations or meanings. Framing their analysis within the Freudian reflections on taboo, they suggested that allergic reactions might be understood as a physiological expression of release (like throwing up, for instance, or diarrhoea), or shame and sin (for example, nettle rash), interpreting allergy as a universal psychological reaction mediated by cultural norms.

Other anthropologists in the past, such as Sir JAMES FRAZER in his famous and contested *Golden Bough*, have described the existence of food prescriptions and special beliefs among various populations (1950 [1890]: 63–54; 74; 394–395), and historians have linked them to the ritual practices existing among ancient Greeks and Romans (ANDREWS 1949). However, the works of Buck, the Fishers and Mahony represent the first ethnographic surveys establishing a clear link between allergy reactions and food taboos in non-western societies.

A few years later, LÉVI-STRAUSS referred to Fisher and Mahony’s theory, stressing the social role played by diseases such as allergy, and integrating his consideration within the structuralist logic: “The hypothesis of a dietary experience [...] has been recently taken up by Fisher with regard to Ponape natives who believe that alimentary taboo violation results in physiological disorders very similar, according to their description, to allergic phenomena. But the author demonstrates that, for us too, allergic disorders often have a psychosomatic origin: for many they are the consequence of the violation of a psychological or moral taboo. Symptoms, apparently natural, derive from a cultural diagnosis.” (1971 [1962]: 113).<sup>3</sup> According to Lévi-Strauss, prohibited foods are, first of all, “good to think” (1964 [1962]: 126). Food preferences and aversions function as mediators for the interpretation of the social structure, which achieves unity through dichotomies. In other words, according to Levi-Strauss, food taboos do not arise from the empiric observation of some toxic effect, rather they have a cultural quality, contributing to the maintenance of social unity.

## The Psychological Approach

After the above mentioned ethnographic surveys, there were no further contributions in the anthropological field up until the last decade. An answer to the problems of allergology has mainly been researched within the domain of psychology, a discipline whose historical and conceptual roots are to be found in biomedicine. Since the beginning, a fundamental trait of allergology has been a special focus on subjective features able to trigger the appearance of allergic reactions. During the 1930s, psychosomatic theories gained popularity, even among scientists: CHARLES ROBERT RICHEL, a famous immunologist interested in allergic diseases (who received the Nobel Prize for his studies on anaphylaxis in 1913) postulated the existence of a line of continuity between physiological, psychological and humoral balance. His ideas influenced further trends in the study of allergy. By and large, psychosomatic theories emphasized the connection between hormones and the nervous system, as much as the neo-Freudian interpretations did, taking into consideration the role of the maternal influence in generating allergic symptoms (JACKSON 2006). In his monograph, the *Allergic Man* (1942), the Austrian doctor ERWIN PULAY describes allergy as a problem of the reproductive organs. According to Pulay, allergic people are characterised by a hormonal imbalance and could be defined as belonging to an “intersexual state”. He also proposed the existence of a “mental allergy”, a psychological intolerance toward certain emotional stimuli which could lead to severe shock or even suicide. The psychoanalyst Helen Flanders Dunbar, editor of the journal *Psychosomatic Medicine* and co-founder of the American Psychosomatic Society in 1942, was convinced that allergies—asthma in particular—were caused by too much, or not enough, maternal affection (JACKSON 2006: 87). In 1938, the English ERICH D. WITTKOWER with a complete medical and psychiatric education in Germany who later became president of the American Psychosomatic Society and founded the famous Transcultural Research Review Newsletter in 1955, published the results of his studies on the “allergic personality”, arguing that people who suffer from allergies generally are emotionally unstable, middle-high class, delicate individuals, often suffering specially during childhood (1938). LASK (1966) focused on the very



same concepts, analysing in detail the character and disposition of asthmatic people.

The historian OHAD PARNES (2003) emphasizes the temporal simultaneousness between the work of Austrian psychologist Alfred Adler and the creation of the word “allergy”. As the concept of allergy first appeared during the first decade of the twentieth century, Adler developed the idea of “individual psychology”. Within this framework, he proposed the concept of “idiosyncratic neurosis”<sup>4</sup>, an exaggerated emotional reaction to normal situations determined by an infancy-related inferiority complex. What Adler referred to as “psychic hypersensitivity” was indeed very close to allergy. In a recent article, JAWER (2005) has likewise argued that allergic people have a high degree of “psychosomatic plasticity”, that is, a peculiar ability to transform stimuli coming from the surrounding environment into somatic realities. The author suggests that people suffering from allergy have particularly fluid psychophysical boundaries.

The overall aim of psychological studies on allergy has been to detect common psychological features among self-proclaimed allergic people. Yet their outcomes have been questioned. For example, many contemporary studies have demonstrated that well-educated white women are more likely to suffer from an allergy than any other types of group. STRAUSS (1988), however, suggests that this result might be the consequence of a biased sampling process rather than a constitutional trend of the above mentioned category. According to several studies, allergic people would also suffer from some kind of psychiatric problem (BELL *et al.* 1993; BROWN 2003; HOWARD & WESSELY 1993; KNIBB *et al.*, 1999; PEARSON 1985; PEARSON 1988; RIX *et al.* 1984), although it has been demonstrated that their association may be contingent or appears to again be the result of a circular bias (PEVELER *et al.* 1996). In an article published in the *European Journal of Clinical Nutrition*, WOODS and colleagues call for further studies to understand the variability of epidemiological data: “These results confirm that there is indeed a wide gap between perceived adverse food reactions and those with probable IgE mediated food allergy. We did not collect any data that would explain why these adults perceived that they have an adverse food reaction. This study also concluded that the reported association between perceived food intolerances and psychiatric disorder in allergy clinic

patients was likely to be due to referral bias. An editorial on this issue concluded that psychological factors were relevant but their exact role was yet to be established (HOWARD & WESSELY 1993). Other possible causes or contributing factors remain to be identified. Future research studies need to explicitly explore this issue in detail.” (WOODS *et al.* 2002: 35)

Psychological and structuralist explanations of allergy, as the ones described above, reproduce biomedicine’s traditional reductionistic approach, the separation of mind and body. As NAPIER (2003) and WILCE (2003) suggest, an alternative way of thinking about “psychosomatic disorders” is represented by the analysis of the “socio-somatic disorders”, a way to identify a broader social and cultural context within which somatisation takes place.

### “The Age of Immunology”

An indirect but substantial contribution to the planning of an anthropological agenda for the study of allergy derives from the anthropological works on immunology, since allergy is classified in biomedicine as an immunological disease. Immunology’s cultural aspects have been assessed by David Napier, who has defined our times as “the age of immunology”. He considers immunology as a cultural paradigm because it offers the primary conceptual framework for human relationships in contemporary western world: “I have intentionally applied its [*of immunology*] basic assumption – that we survive through the recognition and elimination of ‘nonself’ – as a fundamental category, and perhaps the dominant premise, of modern life” (2003: XXIII). Napier’s considerations are based on his own experience of allergy, which has led him to explore – from an anthropological point of view – the consequences of a “body at war with itself”. He analyses the cultural construction of the immunological paradigm and its metaphors, uncovering some of its theoretical contradictions. Moreover, taking inspiration from his fieldwork in Bali, he proposed an alternative point of view on pathogenicity. The anthropological studies assessing immunology and the related cultural meanings have been pioneered by the work of EMILY MARTIN (1994). She has shown how the notion of the immune system reflects cultural values and how it has acquired specific meaning within pre-existing networks of wider cultural meaning. She has effectively demonstrated how this process goes beyond

the awareness of the individual members of that culture, so that it appears natural, generating verbal communication and behaviours that strengthen expressed values and beliefs.

Valuable insights can also be gained from the studies on the history of immunology (COHEN 2001; CRIST 2001; MOULIN 1990, 1991, 1997, 2001, 2005; MOULIN & CAMBROSIO 2001) conducted by historians and philosophers like ANNE MARIE MOULIN, or by the so-called “theoretical immunologists”, a group of scientists who analyse immunological concepts from biomedical, philosophical and historical perspectives and employ this knowledge to foster change and innovation within the immunology field (CASPAR 1985; LANGMAN 2000; MATZINGER, 1994, 2002; SILVERSTEIN & ROSE 2000; SILVERSTEIN & NOEL, 1997; TAUBER 1994, 2006; VANCE 2000). These studies are characterised by a great theoretical breadth and clarify some important philosophical and cultural implications arising from the adoption of immunological concepts in science and, in particular, the use of the concept of self and not-self.

### Qualitative Research

Qualitative studies that provide an analysis of lay perceptions of allergy have first been published in the field of biomedicine and public health. These studies emphasize the need and the relevance of understanding patients’ interpretations of allergy. However, one of the limits of these studies lies in the fact that they are uncritically framed within the biomedical paradigm. The analysis of patients’ explications of allergic reactions has generally served to better understand their compliance to pharmacological prescriptions (ADAMS *et al.* 1997; KINGFISHER & MILLARD 1998; OSTERGAARD 1998), and to focus on the implementation of strategies so as to prevent and control these diseases (GABE *et al.* 2002; GEORGE *et al.* 2003; RICH *et al.* 2002; SWEENEY *et al.* 2001). According to these approaches, the authoritative perspective of biomedicine remains unchallenged<sup>5</sup>, while the cultural elements are not considered as data *per se* but as mere tools. As a consequence, patients’ interpretations of allergy are given no relevance. On the contrary, lay knowledge is often seen as an obstacle to recovery. SPYKERBOER and colleagues state, for instance, that “the inability of parents to cope with asthma can be explained in part by their misconceptions about the disease” (1986: 553).

Medical anthropologists have always stressed the importance of lay perceptions of illness, without simply dismissing them as “beliefs” (GOOD 1999). Public perceptions are an important factor for the planning of sustainable strategies for the management of the disease. Thus, qualitative studies do not always have validity in anthropological terms.

ROSE & MANDERSON (2000) seem to adhere to this perspective, highlighting the lack of anthropological investigations on the lay perceptions of a particular form of allergy, asthma, which would be actually able to shed light on the existing complex dynamics between patients, doctors and public health. The scholars’ aim, too, is to ensure a better management of the disease, yet their theoretical positioning, characterised by an interpretative-critical approach of anthropology, leads them to different results. The authors show how patients’ experiences often does not reflect biomedical diagnosis and how this situation is exacerbated by the inner ambiguity of the allergology field. According to them, asthma management is difficult because different actors express multiple points of view that cannot be easily reconciled:

“The emphasis in clinical and epidemiological approaches excludes lay models, which emphasize the individuals’ lived experience of asthma. Yet there appears to be a dynamic interplay among clinical, lay and public health models, as we have discussed above, and this impacts on the everyday lives of people with asthma. This interplay emphasizes the conflicts and debates in definitions, diagnosis, management and treatment of asthma between lay, clinical and public health models and with respect to different treatment modalities and therapeutic actions, adherence to prescriptions of preventives and relievers and treatment, and how individuals may chose among or integrate different treatment modalities. The consequent development of a model of health that takes account of and recognizes the differences between lay, epidemiological and clinical knowledge would bring new understandings to asthma—a breath of fresh air.”(200).

Another study that highlights the complex interactions between patients and biomedicine is presented by OLIN-LAURITZEN (2004) who analyses parents’ narrations of their children’s allergies. She observes that when speaking in general about allergy, parents appear able to advance biomedical explanations. But as it is the case of their child, the

interpretative context changes radically: biomedical elements become less relevant as parents rely more on the personal reconstruction of the illness within their family history.

An excellent review of the existing literature on food allergy has been recently published, immediately acquiring a certain relevance in the field of sociology (NETTLETON *et al.* 2009). The focus of the review is wide and mainly oriented to sociological issues like the identification of occupational boundaries, professionalization strategies and social policy analyses. Within this general framework, the authors briefly disclose the preliminary results of their research (in progress) about lay models on allergy. Drawing their analysis upon the complexity theory and postmodernist sociological literature, they state that allergy is a clear mirror of the complexity of modern times.

Indeed, one of the main themes that emerges in allergic people's narratives is the link between allergy and environmental pollution. Since the eighteenth century, allergic symptoms have been interpreted as typical "pathologies of progress". For example, in the nineteenth century George Beard, an American doctor, defined hay fever as a typical expression of "American nervousness": a nervous breakdown caused by modern life styles in America. Its causes were many and as varied as noises, stress, climate change, changes in the relationships between generations, the rise of educated women and more social freedom. He stated that "modern nervousness is the cry of the system struggling with its environment" (see JACKSON 2006: 159).

This thread has not disappeared. Some inspiring recent articles frame allergic diseases within a socio-political critique. The anthropologist Emily Martin and her husband, the medical doctor Richard Cone, link allergy to modern means of food production, delivery and consumption, therefore providing a critical study based on a macro perspective (CONE & MARTIN 2003). JANICE HARPER (2004) has taken a similar approach, with a specific focus on environmental illnesses (especially asthma), to develop what she called a "political ecology" of allergy. She proposes that anthropology should focus on "the cultural meanings and practices through which people perceive, use, and live in their environments" (2004: 297). She points out that the perception of the environment depends on both cultural processes and biological facts, calling for "an exploration of

the ways in which human health shapes perceptions of, and interactions with, the environment", and so challenging epidemiologists who have "devoted less attention to studying the ways in which biological disease processes associated with environmental change intersect with culturally mediated interpretations of health and disease" (298). Recent works of NASH (2006), BROWN (2007) and MITMAN (2007) articulate environment and environmental diseases by framing the current perception of environmental illnesses within a sociological and historical background.

### Historical Contributions

To date, the most comprehensive study of allergy from a perspective other than biomedicine is to be found neither in anthropology nor in social sciences, but in the bordering field of historical studies of medicine. Historian MARK JACKSON has devoted himself to the study of allergy since 2001. In 2003 he edited a special issue on allergy in the journal *Studies in History and Philosophy of Science*, which presented different historical perspectives concerning terminology controversies and debates on the statute of allergology (JACKSON 2001a, 2001b, 2003a, 2003b, 2004; KEIRNS 2003; MITMAN 2003b; PARNES 2003). More recently Jackson (2006) has published a brilliant monograph about the ideological and cultural underpinnings that have contributed to the development of the field of allergology and its understanding among the general public. He provides interesting insights, incorporating aspects of a more general sociological nature through the lens of the intriguing history of allergy. Jackson also addresses economic and political themes, including the alliance of the first allergologists with the pharmaceutical industry, and the role of the World Health Organisation (WHO) in promoting allergy around the world. The scholar deals with all these issues from a strictly historical perspective, at the same time exploring their wider implications in cultural and social processes. In 2009 he also published an account entirely dedicated to asthma (2009), fostering the sociological character of his historical approach.

Among other things, Jackson and other scholars describe the cultural background of allergy: at the end of the nineteenth century its most famous historical antecedents – hay fever and asthma – enjoyed a positive image among the public. While tuberculo-

sis was considered a high-class related disease and perceived as an illness that affected sensitive and creative souls, hay fever had the symbolic connotation of politeness and education. KATHRYN WAITE has shown how hay fever was not only a disease, but also a specific attribute of social distinctiveness, a clear sign of belonging to a high social class (1995). Mitman has reported that the first associations uniting people suffering from hay fever—as the United States Hay Fever Association founded in 1874—were used to organize health retreat visits to exclusive residences in the mountains (MITMAN 2003a). This information provides a better understanding and contextualisation of the symbolic roots of the allergy's contemporary perception. The extent to which a disease is described and perceived as desirable within a given community greatly affects the degree of censorship applied to public disclosure and the adoption of biomedical labels by lay people.

### Assessing New Tracks

One major limit of the existing anthropological literature on this topic is that allergy is often mentioned as a pretext to introduce other theoretical debates (e.g. biopolitics or globalization). In other cases, qualitative studies of allergy have lacked depth of analysis: the focus on allergy is limited to specific practical outcomes connected to the biomedical perspective (such as increasing compliance or assessing strategies for the management of the disease). To date, anthropologists have not assessed allergy as a broad cultural phenomenon with its social and political complexity. Indeed, an autonomous cultural domain around allergy has emerged among the public. Narratives on allergy go beyond the biomedical characterization, connected as they are to broader social and political issues like globalization, environmentalism, individualization.

Moreover, most of the research focuses solely on specific forms of allergy such as asthma or food allergies. Yet the term allergy refers to several different bodily reactions triggered by different substances. To focus on a specific type of allergy narrows down the potential of an anthropological investigation precisely because people name allergy a wide variety of phenomena exceeding biomedicine. Its concept is framed in a much broader context. The word "allergy" is often employed in a metaphorical sense. In other words, if anthropologists define

their research object too narrowly, following the biomedical model, they run the risk to limit their research outcomes.

The current use of the concept of allergy can be seen as a modern means of structuring our relation with the environment, helping define humanity's borders and our own identity. The allergic epidemic revives ancient human beliefs about taboo and danger and provides us with a valuable example of how human identity is constructed through efforts to balance the identification with, and rejection of, what exists outside the individual self. The topic can prove to be useful so as to explain how modern identities are shaped and how they relate to the external environment.

Finally, social scientists who have analysed allergy have usually underestimated the impact, in terms of public perception of the disease, of models and concepts used by the alternative medicine to explain and treat allergies. Surprisingly, the current research on allergy is missing the opportunity to analyse the therapeutic regimes of alternative medicine that people chose to follow, despite the fact that this choice appears to be more and more frequent, especially in the western world (BIELORY 2002; ERNST 1998; SCHAEFER 2004; SCHAEFER *et al.*, 2002). SENNA (2005) shows, for example, that about two thirds of the people suffering from a form of allergy have been using alternative diagnostic procedures. Such a major resort to alternative approaches raises a number of important questions about the way in which the disease is explained by different actors and how this knowledge is reproduced. To date, few anthropological research (RAFFAETÀ 2011b) has explored the role played out by alternative medicines within the therapeutic network of allergic people and related narratives. How do alternative practitioners explain allergic reactions? How do they integrate notions like 'immune system' with different conceptual frameworks, and how do they transmit this knowledge to their patients? How do these alternative explanations contribute to modern ways of thinking about allergy? How are they linked to the wider public perception of environment and pollution? Finally, how do they affect bodily perceptions and lay models of illness? These, among others, remain open questions.

## Notes

- 1 Michael Herzfeld defines his approach as “necessarily militant because, like so many middle grounds, it is harder to defend, and perhaps also harder to sustain in one’s own thinking, than extreme positions.”
- 2 For example, the biocultural studies conceiving of allergy as an adaptive response to the environment and human evolution (ARMELAGOS G. J. & ARMELAGOS K. B. 1999. The Evolution of Human Disease and the Rise of Allergy: Epidemiological Transition. *Medical Anthropology* 18: 187–213 // LIEBERMAN L. S. & BARNES K. C. 1990. *Food Allergies and Adverse Food Reactions: An Anthropological Perspective*. In PERKIN J. E. *Food Allergies and Adverse Reactions*. // POLLARD T. 2008. *Western Diseases*. Cambridge. Cambridge University Press) is beyond our paper’s focus, even if it is within the anthropological discipline.
- 3 Quotations from texts in a language other than English have been translated into English by the author. The same applies to interviews, which were originally in Italian.
- 4 This term was used by Devereux in a similar way.
- 5 For example, one study describes different typologies of patients in relation to their “identity of asthma sufferers”. Those who refuse treatment and appear inconsistent in terms of compliance are defined as “deniers”, while those who accept treatment are referred to as “accepters” (ADAMS S. *et al.* 1997. Medication, chronic illness and identity: the perspective of people with asthma. *Social Science & Medicine* 45: 189–201).  
In the long and rich discourses of psychosomatics in German speaking countries actually a model of bio-psycho-social interpretation of sickness is favoured (see e.g. Uexküll and others

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