

Running Head: PRE-SERVICE TEACHERS' EXPERIENCES OF ANAPHYLAXIS

Seeking a Respec(table) Environment: A Phenomenological Inquiry into Pre-Service Teachers' Lived Experience of Anaphylaxis

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Abstract

This phenomenological inquiry delved into the lived experience of what it is like to have anaphylaxis, a severe and potentially fatal allergy, for those in the teacher education context. Hence, an understanding of the phenomenon of living with a severe allergy as well as the impact it has on the professional development of teachers emerged. Three pre-service teachers with first-hand experience of anaphylaxis participated in a series of in-depth interviews over the course of five months. Guided by the hermeneutic approach to phenomenological research outlined by Max van Manen as well as the philosophical writings of Bernd Jäger on the social experiences of eating, several essential themes surfaced. The lived experience of anaphylaxis can thus be understood through two actions: 'The Inhale' which is associated with perceived barriers of anaphylaxis and 'The Exhale' which is a sense of relief one experiences when one is managing an anaphylactic allergy. The three most significant contexts where these actions notably hindered or empowered pre-service teachers were: 'The Habi(table) Environment', the concept of safe spaces for those with anaphylactic allergies, 'The Confron(table) Environment', represented by spaces beyond a safe environment where there is a need to confront the allergy, and 'The Respec(table) Environment' which is an inter-subjective space between those with allergies and those without who are able to negotiate their needs with one another, allowing for the creation of respectable community. These themes, comprised of two actions and three contexts, thus serve to offer a sense of what it is like to live with and manage anaphylaxis. They also sensitize educators toward developing thoughtful, pedagogical responses to the increasing rates of anaphylaxis in the classroom.

Keywords: Pre-service teacher education, anaphylaxis, allergies, phenomenology, eating as a social phenomenon.

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Chapter 1: Introduction

Imagine you are eating a cookie, your favourite kind of cookie. Is it homemade, the kind your parents would bake from scratch? Is it a particular store bought brand that you would want to have packed in your lunch each day in elementary school? Imagine eating that cookie right now. Is it soft and chewy or is it the kind that crumbles and leaves little traces in your mouth for an adventurous tongue to track down and find once the cookie itself has already been consumed? What flavour is this cookie? Chocolate chip? What about peanut-butter? Can you taste the rich, tantalizing flavour of a peanut butter cookie dissolving in your mouth? I ask because I cannot eat what we've just imagined. I have only had one peanut butter cookie in my thirty years on this planet. It could have killed me.

I am four years old when I first bite into what would be my first and last peanut butter cookie. My mother and I arrive at the hospital and I am admitted quickly. The doctors take me to a room with a chair in the middle with white walls and instruments that surround it. The chair is intimidating. It seems too big for me but I am hoisted into it. What will happen to me now is shelled in permanence. This memory, moments away from entering my life, will never leave, never dissipate and never concede itself to my past. The doctors bring in a winged infusion set. The thought of the needle sends me into panic. I eject myself from the chair and seek refuge anywhere I can. The doctors struggle with me and attempt to restrain me. I hide myself behind the chair, a game of hide-and-seek that I believe I can win. I have never received a needle for my peanut allergy before though one is always present. My epinephrine auto-injector hovers over my daily life, always ready to pierce my body should it be needed. The needle hangs over my existence like a guillotine, never knowing when the day will come that it will drop. Today is the closest it will come in 29 years. My mother turns to me and assures me that the needle will not hurt at all. She calls it a "butterfly needle". The winged end jump starts my imagination. I now see the needle resembling a butterfly, an innocent shape fluttering within the clouds. With excessive restraint, the doctors administer the medication. I am comforted by my mother as tears overwhelm me. This moment ends, yet the sentiment endures. I am able to continue to forget the insignificance of daily events, living on with moments that will be lost to me with every passing year. Yet this one remains.

In the years of personal growth and development that have occurred since the day I ate a peanut butter cookie, my life has acquired new experiences that have transformed me in unison with this event. Through my metamorphosis from infancy into adulthood, the epinephrine

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injector has always been with me. Regardless of what further changes may happen to me as an individual, my doctors have assured me that I will likely always be an individual with an anaphylactic allergy. As the years have progressed, new identities have become a part of my biographical mosaic, such as becoming a boyfriend, and employee to name a few, yet the label of being a person with anaphylaxis remains. As I oriented towards yet another identity, that of 'teacher' as I began a Bachelor of Education (B.Ed.) program, I questioned the impact my allergy has had on pedagogy. I questioned not just my own way of interacting with students but what it might be like for any teacher to teach and thoughtfully respond to a child with anaphylaxis. Hence my journey into exploring the phenomenon of anaphylaxis in teacher education roots itself in my own lived experience, an orientation towards research that is essential for any strong phenomenological inquiry (van Manen, 1990) as I opened myself up to discover what it is like for others in the universal sense.

Orienting to the Phenomenon of Anaphylaxis

To orient you, the reader, towards this inquiry, I invite you to join me and have a seat at two of the tables that have represented moments of significance during my life in relation to anaphylaxis: the table at home where I felt my allergy was safely controlled and the table at school where I felt no control at all.

The peanut-free table at home. I wash my hands and pull up a seat; my seat. I sit in the corner of the table that hugs the kitchen wall, a comforting and sheltered spot. I am not exposed at this spot; my spot. My brother sits opposite me and my mother sits between us. This is how we have eaten dinner together for years. These are our spots at the table. I have come to know this spot over the years. The chipped piece of table that feels ridged when I run my fingers over it, the yellow support bars underneath that I slide beneath my toes, and the stool my mother

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routinely props her feet onto though my own legs are not yet long enough to reach it. There is comfort within the four walls of the family kitchen, even during the cold nights of winter or the rainy days of spring. It is a place where I breathe easily. I bring home problems from my life outside and feel the nurturing support from my family. It is within these walls that the doubts, insecurities and the feelings associated with adolescence become kneaded and untangled with every passing year. It is a place of unadulterated safety. The walls of my kitchen that surround our dinner table are unique. These are the only walls in the world that house my family, that have my family's pictures hanging on them, that have the coloured bowls my mother has had for countless years. It is the only kitchen that is uniquely my kitchen.

What exists within this kitchen is not at all unique. The phenomenon of eating is a universal one and though the ways in which we individually gather to eat can be as different from one individual as they can be to the next, the need to eat is something shared between everyone. This need brings me to the kitchen table every evening. It brings my family together, interweaving all of our lives for an hour each night. There are times where we fight and every moment at this table is aching with tension. There are moments of celebration when birthdays and graduations come to pass. This off-white, chipped and often wobbly piece of wood has hosted some of the most significant moments in my life. I have cried over hardships at this table. I have laughed so hard that milk has come out my nose at this table. Gathering at this table is a phenomenon that has extended itself outwards into my life as I have matured.

The peanut-free table at school. The bell chimes in three separate notes signalling that it is time to go for lunch. My class enters the hall as countless other students are headed towards the makeshift cafeteria that also serves as the school gym. My friends arrive ahead of me and sit together. Mark unzips his Power Rangers lunch box and begins pulling out the foods his parents

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made for him. Kristoffer proudly displays his new Batman lunch box and my friends take a moment to inspect it over. They sit in the same spot they had the year before and the year before that, a group of my friends at the end of the lunch table in the middle of countless rows filled with students just like them. They do not leave a spot for me. They know that they are not supposed to. I walk past my friends to an adjacent table. This table is empty. This is the peanut-free table. I take a deep breath and remove my own lunch with a sheet of plastic wrap that covers the cafeteria table. This thin sheet of plastic is just another precaution in case someone else has had peanuts at this table before. I attempt to sit with one leg under the table and one leg in the aisle, turning towards my friends as I join in the conversation about cartoons and video games. A teacher routinely walks by and reminds me that we must sit with our legs under the table. I turn back and face the empty spot across from me. My brother is not there. My mother is not there. The seat beside me remains open as well. I sit alone until the teacher seems out of sight and I turn back to face my friends. Almost as if he predicted it, the teacher returns and I am turned back to face the peanut-free table, the friend-free table.

“I hate you”, I think to the teacher for raising the barricades between my friends and me. These barricades are not the walls from my home that wrap around the family table at the kitchen. The walls at home were open, representing a place of safety and security where I could come and go as I please. The walls of the school are drab and colourless. The walls here feel like a prison, a view common among many of the other students here as they regretfully march into school each morning. This prison continues into the lunchroom, confining me to a space as I plead innocence to my need to be at this empty table. I have long since learned that my escape attempts are always foiled as I am sent back to sit alone. “For my own safety”, I am told.

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The open row of students in this lunchroom gives an illusion that others may come and go as they please. This reality does not extend itself to me. Each turn, each deviation from my table is met with another teacher reminding me to face forward. These walls are cold and isolating. They lack the bright and open atmosphere I find when eating at my own table at home. There is no one in this space to share my anger. No family is here for me to vent my frustrations. These walls are not visible but still manage to be impenetrable compared to the ones that surround my kitchen at home. "I hate this table", I think to myself each day when I walk in to sit at it alone. "I hate having a peanut allergy", I think to myself as seven more years of bullying and barricades take me through my experiences with the public education system.

Table for One

Despite the experiences caused by my anaphylactic allergy, I find myself having returned to the realm of public education. I am a recent graduate of the B.Ed. program at the University of Ottawa and in becoming a qualified teacher, I have acquired a new lens through which I view the world. I was a part of the Comprehensive School Health cohort during my education. The cohort is a voluntary program that consists of students who all take the same classes together, in this particular case, with an emphasis on "healthy living, healthy environments and healthy relationships" (http://uottawa-comprehensive-school-health.ca/?page_id=11, 2014). I remember the cohort as focusing on being empathetic and mindful of students with special needs. I welcomed this new approach to education in reflection of my own unique needs as a student with an anaphylactic allergy. For my own purposes, the cohort was an opportunity to learn about creating an inclusive classroom for every student.

I wonder about anaphylaxis from the perspective of a new teacher. I wonder about teachers handling students with anaphylactic allergies and their comfort in responding to a child

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should a reaction occur. How prepared were the teachers who handled me during the pre-school event where I was given a peanut butter cookie all those years ago? Was responding to children with allergies part of their job training? Was my experience perhaps their on-the-job training? These questions have me wonder to what extent the experience of living with anaphylaxis has influenced my journey, or the journey of others, in becoming a school teacher. Allergy rates are increasing (Ben-Shoshan & Clarke, 2011; Fraser, 2011; Rous & Hunt, 2004) and I have particular concern that school-aged children living with this condition are properly cared for, not only medically but pedagogically, with sensitivity. It is easy to forget how habits that have become so commonplace throughout adolescence and adulthood were once difficult to master. Children with anaphylactic allergies, particularly in younger years, may not have refined habits for handling their allergies.

In my eight months of teachers college, I do not remember which professor or which class managed to so deeply root this belief for inclusive education but I left the B.Ed. program knowing that it was, without exception, my goal to find ways to reach those marginalized students. When I see this desire in myself, I begin to wonder how my own experiences of marginalization have affected this goal. How many times have I sat at the peanut-free table, away from my peers and wanted to fit in? What I am left to wonder is how others with similar experiences feel. How do others with allergies develop throughout the B.Ed. program? How has my allergy impacted the sensitivities that are coached throughout the process of becoming a teacher? How do others, in their own individual experiences, approach this empathetic and deeply sensitive profession and relate themselves to their roles within the classroom?

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Thesis Overview

To set the tone for my research as I begin to orient (van Manen, 1990) towards these questions, I will first turn to the literature that already exists on the subject of anaphylaxis. I will discuss how anaphylactic rates have become a more predominant issue in the population and what procedures, responses, and policies are already employed to better handle this growing concern. I will then discuss the pre-existing trends related to special needs education and determine to what extent anaphylaxis has been addressed in teacher education.

In addition to reviewing the literature, I will also learn firsthand, experiential knowledge of what it is like to live with anaphylaxis from interviewing three participants. The importance of seeking out participants to engage in this purposeful inquiry is to understand the phenomenon of anaphylaxis in a universal sense. My own experiences with anaphylaxis will not form the emergent themes but will be acknowledged through reflections and references to experiences such as sitting at the peanut-free table at school. This is done due to phenomenology being both a methodology and a conceptual framework, a way to approach the research. As a phenomenological researcher, I cannot simply present a “question at the beginning of the study” but must “pull the reader into the question in such a way that the reader cannot help but wonder about the nature of the phenomenon” (van Manen, 1990, p. 45). As I navigate my way through the perceptions of the participants, I will seek out themes that interconnect their experiences as the truly universal nature of this phenomenon. These themes will serve as the “experiential structures that make up that experience” (van Manen, 1990, p. 79) and provide an understanding of the lived experience through “phenomenological descriptions” (van Manen, 1990, p. 90).

As I engage in the writing process, as writing and re-writing is very much a part of the phenomenological approach (van Manen, 1990), I will also pose questions regularly as a means

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of cultivating moments of in-depth inquiry on anaphylaxis. This will be done to draw us in closer to the subject of this inquiry and the participants, Lilith, Sabrina, and Kathryn, who have the lived experience of both anaphylaxis as well as the B.Ed. program.

I anticipate that the shared moments and themes drawn from the participants would greatly benefit teachers who plan to work with students with anaphylactic allergies as it will sensitize them to understanding the experience of living with anaphylaxis.

Chapter 2: Literature Review

What is Anaphylaxis? A Medical Understanding

Anaphylaxis stems from the Greek words ana (against) and phylaxis (protection) and was first used in 1902 to describe a set of symptoms that was the opposite of immunity. Based on the World Health Organization definition, anaphylaxis is a severe, life-threatening generalized or systemic hypersensitivity reaction (Ben-Shoshan & Clarke, 2011). Individuals who have a reaction can experience “hives, itching, flushing, swelling, difficulty breathing, hypotension, or gastrointestinal symptoms” (Burks, 2008, p. 81). Though there are a range of triggers that can cause an anaphylactic reaction, such as bee stings or medication, dietary allergies are more commonly encountered in social settings, such as eating in classrooms or with others (Lebovidge, Strauch, Kalish & Schneider, 2009; Monks et al., 2010; Primeau et al., 2000). Furthermore, social inhibitions are enforced outside of the classroom in the experiences of going to new restaurants, attending social gatherings where food is present and traveling to areas where unfamiliar food is available but medical attention is not easily accessible (Monks et al., 2010).

Epidemiological Research into Anaphylaxis

The years leading up to anaphylaxis and policy development in the 2000s saw allergy rates rise steadily (Fraser, 2011, p. 1). Researchers on anaphylaxis began expanding and assessing the long term and short term trends as well as how it affects large communities and smaller, local study groups (Ben-Shoshan & Clarke, 2011). One study assessed 8% of children as having some form of allergy or intolerance in the United States (Jones & Burks, 2013). A study conducted in Canada suggests that “peanut sensitization, as measured by a standard positive skin prick test, has increased by 55% while allergic reactions have risen 95% over the last 10 years” (Rous & Hunt, 2004 p. 827). As these rates often vary, explanations can be found through

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multiple studies with self-proclaimed limitations. One particular study isolates a single anaphylactic allergy, peanuts, and assesses that in the United States, Canada, Britain, and Australia, the rates average to around 1-2% of the population (Fraser, 2011, p. 1), while another states a similar estimate of 2.7% in Finland, but only through parental confirmation of the allergy (Kallio, Salmivesi, Kainulainen, Paasilta & Korppi, 2011) and 3% of children assessed as having a food allergy in Kyoto, Japan (Kusunoki et al., 2009). While a multitude of research methods have all produced similar estimates, the studies reveal limitations as a result of medical professionals trying to assess a new issue in public health without established methods for standardisation. Of even greater concern is the suggestion by one study that “there is no definitive ‘test’ for determining a diagnosis of food allergy” (Nettleton, Woods, Burrows & Kerr, 2009).

Assessing anaphylaxis rates. Researchers investigating anaphylaxis reveal that it is a complex undertaking in assessing what percentage of the population has anaphylactic allergies, mild allergies or food sensitivities. In 2003, statistics comparing allergies and experiences relating to an anaphylactic reaction were not readily available (Rous & Hunt, 2004, p. 827). In the decade that followed this statement by Rous and Hunt, the medical research expanded on the topic of anaphylaxis, contributing to the accumulation of empirical knowledge on allergies. Kagan et al. (2003) was the first study in Canada to differentiate between allergies and sensitivities, a less severe form of reaction. The study by Ben-Shoshan et al. (2010) was the first nationwide study in Canada on allergies. While these studies observed an increase in the rates of allergies throughout Canada, many of them acknowledged that research into allergies was still in its infancy. Flawed techniques were revealed in early studies such as using telephone based surveys, which saw lower participant rates and a lack of medical history to support the

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participant responses (Ben-Shoshan et al., 2010). Respondents of some of the surveys were revealed to be self-diagnosing or did not allow practitioners to provide their medical history to the researcher to confirm their allergies. The results are considered to be conservative compared to what the actual statistics might be (Ben-Shoshan et al., 2009). Recently published work shows that assessment strategies are evolving and standardisation is becoming a part of the research and diagnostic process (Jones & Burks, 2013; Kljakovic et al., 2009). The need for standardization in epidemiological research presents the reality that growing anaphylactic rates are an issue that require attention.

How Anaphylaxis Affects Families

In the wake of anaphylaxis policy applications, researchers began looking at the routines and anxieties that are associated with having a severe allergy. Studies revealed that both parents and children alike felt a great deal of stress and anxiety in relation to anaphylaxis. Investigations into school policies, practices and management strategies for the well-being of a child with a serious allergy were factors which caused stress to parents (Sanagavarapu, 2012). Other studies conducted on the psychological burdens of having a child with anaphylaxis reveal that the social ramifications can be equally stressful as the physical concerns (Fenton, Elliot & Clarke, 2013; Mandell Curtis, Gold & Hardie, 2005; Waggoner, 2013). Many other provided surveys and questionnaires which allowed for comparative results of the main issues families faced when caring for a child with anaphylaxis (Bollinger et al., 2006; Cohen, 2004; Cummings et al., 2010; Lebovidge et al., 2009; Monks et al., 2010; McGovern, Pierce & Lee, 1971; Obeng & Vandergriff, 2008; Pitchforth et al., 2011; Primeau et al., 2000; Stewart et al., 2012). These studies make it evident that parents and children alike were feeling the impact of having an anaphylactic condition. There is little emphasis in any of the research, or in some cases none at

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all, as to the role of teachers in the management of social anxieties caused by anaphylaxis. In one particular study, a group of children listed “mothers, doctors, and friends” (Stewart, et al., 2011) as the primary sources of support. Though expected to care for children, educators are noticeably absent in this role when not mandated by policy.

Emerging Education Policy for Anaphylaxis

As anaphylaxis emerged as a greater concern, researchers took note of how severe allergies were affecting school classrooms. A study conducted in 2013 has estimated that 18% of students with an allergy have had a reaction within their schools in the last two years (Groetch & Nowak-Wegrzyn, 2013). A similar study in Montreal found comparable results of 14% of students with allergies having some form of reaction per year (Yu et al., 2006). As classroom reactions were becoming more frequent, attempts at creating regulations to prevent these events began to emerge.

In one particular study in the United States by Powers and Finnegan (2007), comparisons were made between school emergency plans for individuals with anaphylactic allergies and the Food Allergy and Anaphylaxis Network's prescribed action plans. The study revealed that only 15% of the schools used the prescribed action plan and many aspects of the school plans were missing. A later article by Greenhawt and Weiss (2012) sees a call for the standardisation of anaphylaxis policy throughout the United States in order to better safeguard the needs of students.

For those with allergies, one could conclude that the classroom was seen as a threatening place where food was not being managed. Throughout Canada, provinces have different policies related to anaphylactic allergies in the classrooms. Manitoba initially had a policy in place in 1999 that, while not identifying the needs specifically of anaphylactic students, had an

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encompassing effect which protected anaphylactic students. The policy dictated that educators were to provide “support for children with special health care needs when they are apart from their parents/guardians” (Canadian Society of Allergy and Clinical Immunology, 2005-2014, p. 2). It was not until 2002 that a directive was made to include anaphylaxis as an issue that required preventative measures within the classroom. This became a common trend with the exception of Newfoundland and Labrador.

Though some education boards made these policies obligatory, others such as Alberta, Newfoundland and Labrador only set about voluntary guidelines as to how schools should implement anaphylactic procedures. These guidelines are set to be updated for “the safe management and response to students at risk of anaphylaxis” by late 2014 (Canadian Society of Allergy and Clinical Immunology, 2005-2014, p.53). Perhaps the most notable case of anaphylactic policy is the development of Sabrina’s Law in May of 2005 (Canadian Society of Allergy and Clinical Immunology, 2005-2014, p. 2). Sabrina’s law is unique in Canada as being the only law named and enacted as a direct result of an anaphylactic incident. In September of 2003, Sabrina Shannon died at the age of 12 as a result of an anaphylactic reaction to peanuts while at school. The reactive creation of Sabrina’s Law revealed a lack of preparedness for anaphylaxis in the classroom. While policy has helped develop legal measures to ensure student safety, the diverse needs of students with anaphylactic allergies continue to evolve. While peanuts and nuts were once the recognizable allergen, allergies are now developing in non-traditional foods (Obeng & Vandergriff, 2008). This unstable public issue has led to more thoroughly outlined methods for allergy management in the classroom.

In the realm of anaphylaxis, peanuts and nuts have often been labeled as the most common form of allergy, with fish, shellfish, milk, eggs, wheat and soy making up the remaining

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allergens which have been called “the big eight” (Obeng & Vandergriff, 2008, p. 73). As a result, some schools in Canada have banned peanuts and nuts entirely or established peanut-free guidelines which help regulate the lunches brought to school. A study reports that peanut-free schools are 9% less likely to have students bring in lunches with traces of peanuts (Banerjee et al., 2007). While peanuts are most frequently discussed in allergy related research, they are in close contention with other allergens that are also becoming more common (Obeng & Vandergriff, 2008). This raises the question as to when other food limitations may be incorporated in public schools.

Implications for teachers. Written policy and peanut-free guidelines were not the only developments to come from the increased awareness of anaphylaxis. Organizations, governments and researchers offer suggestions on how to handle the issue of anaphylactic allergies in the classroom. A variety of tools and training manuals are readily available for teachers, support staff, principals and daycare workers. Health Canada and the Canadian School Boards Association released *Anaphylaxis: A Handbook for School Boards in Canada* in 1996. The development of this training document dealt with symptoms, treatment, and avoidance strategies for teachers to use in the class. Included in the handbook was a document called: The Anaphylaxis Emergency Plan which outlined the allergies needs any given student. Pictures of the student are also often affixed to these posters to inform others of the students' needs. While there was a time when parents of anaphylactic students had to create similar documents themselves, the increased rate of student allergies in the classroom saw attempts at standardisation in response to these issues.

While the handbook thoroughly informs teachers of proper procedures for dealing with an anaphylactic based incident, there are drawbacks to the guide. The handbook is vague in the

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specifications on the legal positions of teachers with statements such as “it is likely that a court would hold that educators have a legal duty to administer an injection” (Canadian School Board Association, 1996, p. 2). What is also noticeable in the training guide is that sections on the social aspects of an allergy, such as how it affects the individual, lack reference to any studies to support these claims. Compared with the medical and policy documentation, the social guidance for educators is based entirely on assumptions with no references to support the claims. This is a characteristic common among other articles which provide instructions to educators on anaphylaxis but lack thorough research on the experience of being an individual with a severe allergy (Cohen, 2008; Graville, 2010; Pistiner & Lee, 2012). The research by Fenton, Elliot and Clarke (2013) looks closely at the experiences of students with anaphylaxis but, in looking at twenty participants in a brief article, the significance of the experiences as they occur to each participant is minimized. Content knowledge on anaphylaxis was now being made available but not all educators have experiential knowledge extending beyond these training guides. Assumptions on the emotional and psychological state of individuals with severe allergies lend credence to the idea that their experiences related anaphylaxis were not being thoroughly explored.

While not provided by the board of education or provincial government, a variety of articles from organizations, researchers and individuals further the potential for anaphylaxis training. Some studies advised school nurses and medical staff on ways to aid the implementation of anaphylaxis policy (Behrmann, 2010; Cavanaugh & Strickland, 2011; Litarowsky, Murphy, & Canaham, 2004; Sander, 2002) while others revealed that policy based guidelines were not being followed properly. Of particular emphasis is the lack of training for educators and documentation of students with a severe allergy, a topic which several researchers

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and authors emphasise (Garrow, 2011; Morris, Baker, Belot, & Edwards, 2011; Robinson & Ficca, 2012; Thelen & Cameron, 2012; Simons, 2006).

Special Needs Education and Implications for Anaphylaxis Training

As anaphylaxis rates increase, more students bring epinephrine injectors, a concealed syringe that delivers epinephrine to treat severe allergic reactions (Canadian Society of Allergy and Clinical Immunology, 2005-2014), to school. Teachers, principals and support staff are all being asked to remain informed on allergies in the public schools in response to this increase in the anaphylactic population. However, the needs of a student with anaphylaxis are not necessarily the same as those of the average student. The development of policy as it is related to anaphylaxis has mirrored other challenges and the resulting strategies exhibited by the public education system. Special needs education is an example of how teachers and educational institutions are addressing a growing issue among their students.

During the 1980's, the Canadian teachers' association made a push for a more inclusive environment in their classrooms for special needs students (Winzer & Mazurek, 2011). These changes involved legislation and policies that "diminished the line between general and special education and broadened the responsibilities of general classroom teachers" (Winzer & Mazurek, 2011, p. 1). These changes meant that teachers were required to take on more tasks during their day-to-day routines. There was also a need to train teachers on special needs education which posed a shift in the attitudes of some educators (Avramidis, Bayliss & Burden, 1999). A study by Sharma, Loreman, & Forlin (2012) revealed that confidence in teaching special needs students was one of the primary predictors in the attitudes an educator would have towards special needs education. The "attitudes" of educators was "one of the main barriers to the implementation of integrating students with significant disabilities" (Avramidis, Bayliss & Burden, 1999, p. 278).

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This barrier, however, was shown to be surmountable as research has “noted that teacher commitment often emerges at the end of the implementation cycle, after teachers have gained mastery of the professional expertise needed to implement inclusive programmes” (Avramidis, Bayliss & Burden, 1999, p. 280). The matter of initiating this cycle of learning is problematic as some studies have noted that pre-service teacher education in special needs is minor or non-existent in some teacher education institutions (Frankel, 2012; Symeonidou & Phtiaka, 2014; Bain & Hasio, 2011; Symeonidou & Phtiaka, 2014; Marder & deBetterncourt, 2012)

Being able to adapt to an inclusive classroom approach can happen in a variety of ways. Primarily, this adaptation is most successful when teacher “candidates are socialized by their workplace and through prior experiences (Young, 2008, p. 907). The notion of attaining empowerment through previous experiences means that experiential based education has potential to develop teacher confidence.

In teacher education, there are a number of steps that can improve special needs education. A study by Golder, Norwhich & Bayliss (2005) in the United Kingdom saw pre-service educators working with special needs students individually. One of the key aims of the study was for “trainees to build up a personal relationship with one pupil in order to develop a positive attitude which could be generalised to their teaching” (Golder, Norwhich & Bayliss, 2005, p. 92). The participants noted “working one on one” was an essential component in developing confidence in “assessing individual needs” (Golder, Norwhich & Bayliss, 2005, p. 97).

Within the classroom, changes have provided a strong environment for special needs development. Winzer and Mazurek (2011) emphasize the need for both the student and teacher to have a stronger chance at meeting special needs education. These include student supports

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which consist of “anything that helps a child to pursue educational goals such as materials, adaptations, or the assistance of a paraeducator” (Winzer & Mazurek, 2011, p. 10) as well as supports for teachers such as “extra personnel, planning time, and class size reduction” (Winzer & Mazurek, 2011, p. 10). Sensitization is also valuable in the teacher education program. A pre-service teacher who had struggles with dyslexia shared her experiences with her classmates. The class was noted as having “responded with support and encouragement” and that the story “gave the class insight that each child with a special needs story is unique” (Bain & Hasio, 2011, p. 37). This empathetic approach to special needs education can provide the foundation for how anaphylaxis can be introduced during the B.Ed. program.

The implications of special needs education can mean a stronger environment for both teachers and their students. Studies from around the world have noted the benefits of pursuing a stronger orientation to special needs education. Some teachers in Israel were noted as making their students “self-perception” a priority and to “strengthen their enjoyment of school and advocate for their rights” (Kass & Miller, 2011, p. 792). A study in England commented that all trainees should have mandatory special needs education prior to entering the classroom as there is an “over-reliance on school placements to provide training” (Nash & Norwhich, 2009, p. 1473). The need for special education training in both a formal and practical setting could potentially provide answers as to how anaphylaxis could be taught to pre-service teachers.

What has been noticeably absent from policy and research is the representation of individuals with anaphylactic allergies through their own words and experiences. By directing our attention towards who these policies and procedures are oriented towards, we may begin to sensitize ourselves to the lived experience of anaphylaxis.

Chapter 3: Research Problem & Conceptual Framework

Research Problem

This literature review reveals several trends in the way anaphylaxis has been studied and conceptualized as a research topic. The issue of anaphylaxis was first assessed as a medical issue (Fraser, 2011; Jones & Burks, 2013; Kljakovic et al., 2009; Nettleton, Woods, Burrows & Kerr, 2009; Rous & Hunt, 2004). Political and legal steps were then formulated based on the growing awareness of anaphylaxis (Banerjee et al., 2007; Canadian School Board Association, 1996; Canadian Society of Allergy and Clinical Immunology, 2005-2014; Greenhawt & Weiss, 2012). Subsequently, sociological research examined the problems related to being an individual with an anaphylactic allergy (Fenton, Elliot & Clarke, 2013; Mandell Curtis, Gold & Hardie, 2005; Waggoner, 2013). This inquiry will serve to deepen the understanding of anaphylaxis further, understandings that are relevant to teacher education. My own experiences in the B.Ed. program lacked any reference to anaphylaxis and I am left with feelings of concern that this serious issue did not find a place within the teacher education curriculum. The purpose of this research, therefore, is to examine phenomenologically the experiences of three pre-service teachers who are living with anaphylaxis.

The main research question that will guide this inquiry is: “What is it like for pre-service teachers to experience anaphylaxis?” And as a related sub-question, “How do these experiences inform their views concerning pedagogical responsiveness to anaphylaxis?” Note that in posing these questions in an upfront manner they serve to orient us towards as well as navigate this inquiry into anaphylaxis in teacher education. These questions are not asked to provide definitive answers as phenomenology seeks to “construct a possible interpretation of the nature of a certain human experience” (van Manen, 1990, p. 41). Hence, these research questions are outlined in

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advance to orient the reader to “wonder about the nature of the phenomenon” (van Manen, 1991, p. 44), yet there is an openness, as in any phenomenological inquiry, to remain open to other questions that surface along the research journey.

Phenomenology on the Table

This study marks the beginning of my transition to becoming a phenomenologist, a philosophical orientation that seeks to gain “a deeper understanding of the nature or meaning of our everyday experiences” by asking “what is this or that kind of experience like?” (van Manen, 1990, p. 9). A phenomenologist does not objectify the student with anaphylaxis as a statistic or solely as part of a larger group of individuals. Phenomenology offers “the possibility of plausible insights that bring us in more direct contact with the world” (van Manen, 1990, p. 9) making these lived experiences the connection from researcher, to participant, to the reader. These connections form around the individual and their experiences, a divergent approach from medical research and policy development. To the phenomenologist, lived experiences are the “starting point and end point of phenomenological research” with the goal to “transform the lived experience into a textual expression of its essence” (van Manen, 1990, p. 36) and, in turn, make it accessible to others. I seek the essence of living with anaphylaxis and how this insight might draw educators into more direct contact with the anaphylactic world.

In his written work on *Researching Lived Experience* (1990), Max van Manen discusses the unique characteristics of conducting research from a phenomenological standpoint. Phenomenology, as explained by van Manen, approaches research in a “presuppositionless” way (van Manen, 1990, p. 20). To approach the research of anaphylaxis without preconceptions will be achieved by writing my own experiences and opinions prior to conducting interviews. These writings, such as my experience of eating the peanut-butter cookie, will serve as a method of

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drawing in the reader but will not influence emergent themes which will develop from the experiences of the participants. This will allow van Manen's "presuppositionless" stance on phenomenological research to bracket my experiences from impacting the themes drawn from the interviews. I observe this as the strength behind van Manen's approach to phenomenology and the reason I so readily adopted it for this study as it provides an openness to gain new insight and understanding into anaphylaxis. The participants in this study will shape this inquiry unlike positivistic studies which follow a specified protocol or pre-set method (Pinar, Reynolds, Slattery, & Taubman, 1995). Max van Manen (1990) further states that phenomenological inquiries "cannot be determined by fixed sign posts, they need to be discovered or invented as a response to the question at hand" (p. 20). As the interview process develops, themes and new questions will emerge to better understand the experiences of the participants. It is this emergence that will influence what questions are asked in subsequent interviews and what themes will develop as central to the lived experience of anaphylaxis.

The concept of sitting at certain tables at various times in life emerged as the organizing structure for this inquiry, a significant experience for those with anaphylaxis that perturbs the taken-for-granted attitude many have towards the act of gathering with others to share food. For me, the peanut-free table when I was in school represented isolation and resentment, feelings that contrasted what I felt at home with my family. As my writing and reflections on my own experiences emerged, a methodological guide to orienting to the phenomenon as recommended by van Manen (1990), I began to realize that the process of gathering around the table had significant meaning. Gathering at the table could hold different meanings for someone with an anaphylactic allergy, dependent on the location and purpose of that gathering. It is through these different meanings that I assign the 'sign posts' for this study. I have thus organized this study

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around particular tables: tables at home, with friends, at school, with extended family, and in public restaurants. For someone with anaphylaxis, these tables can provide comfort, anxiety, fear, and in the case of one of my participants, an anaphylactic reaction. It is these tables that frame the organizational structure, the 'sign posts' of my study into the lived experience of anaphylaxis.

Jager and the Significance of the Table

In deepening the thematic structure of the table to this inquiry, I turned towards the writings of Bernd Jager, a phenomenologist who studies the roles of eating as it relates to social trends throughout humanity. In his article *Eating as a Natural Event and as Intersubjective Phenomenon*, (1999) Jager delves into the concept of hospitality as it relates to eating. Jager introduces the two ways in which food consumption can be viewed: as a) a biological act which he refers to as universal and as b) a social process which he refers to as cosmic. Jager applies much of his phenomenological study to mythology and philosophy, acquiring his usage of the cosmic and universal lenses from Alexander Koyré (1966).

Koyré had been struck by the fact that almost without exception pre-modern astronomers ascribed a different lawfulness to the heavens than they did to the earth. They understood the unity of heaven and earth as a *cosmic* unity made up of essentially different but interactive and complementary parts. By contrast, modern astronomers understand the unity of heaven and earth in *universal* terms as resulting from the fact that the same natural laws operate everywhere in the natural universe. (Koyré, 1996 as referenced in Jager, 1999, p. 3)

In a strictly biological sense, Jager explores food as a process by which the body completes requirements. Jager notes this similarity as creating equality between people who are eating,

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establishing a *universal* between all people. “This order does not maintain ontological distinctions and it places all natural phenomena within the same order of being” (Jager, 1999, p. 3). The contrasting viewpoint he presents is how food also occupies a sociological standpoint within human society. We share dinner with family members during the holidays. We go to restaurants on weekends not necessarily to eat but to provide a setting in which to see our friends. It is here that the process of eating is something beyond biological which Jager ties to the spiritual concept of ‘cosmic unity’ which he refers to the “union of self and other, host and guest, man and woman, mortal being and divine being” (Jager, 1999, p. 2).

Jager utilizes the cosmic perspective to relate the role of hospitality in the way food consumption is used in society. It is this cosmic unity, the joining of the self and other, guest and host, where all who sit at the table exist together in this social experience. Think back to the last seat you held at a dinner table. Was your role that of guest or of host? What exchanges were made during this time? What moments seem all the more memorable since that time has come and gone? Is memory rooted in the experience of eating or is it in the sharing of the meal with another? The roles of ‘guest’ and ‘host’ may establish differences on what is offered at this social table but the experience is in the freedom to sit in union at this table. It is in this cosmic unity that the anaphylactic allergy can present issues.

The universal meaning of eating. It is Jager’s idea of cosmic unity that I not only want to investigate but to also challenge when the nature of anaphylaxis is discussed. Eating is a universal phenomenon as everyone needs to eat but anaphylaxis, much like diabetics or those with Celiac disease, limits to some degree what may be construed as universal experience. It is in this respect that having anaphylaxis poses an obstacle to the universal. The experience of eating without worry is not something that can be so readily achieved. So I begin questioning, ‘What

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experiences are universal for individuals with anaphylactic allergies? What resonates with everyone when they are prevented from sitting at a table? How does the social experience of eating become limited when anaphylaxis is a reality? In seeking this cosmic unity, the sharing of food can play a significant role. Relationships emerge as a central characteristic to the event of eating. For example, we connect with the server at restaurant who brings food to the table, the parent who has made the family dinner, and the friends who host a potluck together. Food is the hub that creates relationships amongst this exchange, where the habi(table) environment is created.

It is between these worlds, between the universal and the cosmic, the biological and the social, that individuals with food allergies find themselves uniquely positioned. It is in this confron(table) environment where social needs conflict with biological needs. For an individual with an allergy, there is a deeply rooted connection to the biological and the universal. Regardless of how desirable a social setting may be, ingesting an allergen could result in a potentially fatal biological reaction. This approach and overcoming of thresholds can serve to prohibit us from the “dream of unlimited access, of timeless togetherness” (Jager, 1999, p. 22).

It is the dichotomy of Jager’s dream of unlimited access and timeless togetherness that I approach my inquiry as well as the analysis of my research questions. How have others been limited in their pursuit of timeless togetherness? What is it about having a severe allergy that makes this goal difficult to achieve and how have others overcome this throughout their maturation? Do educators who have worked against the social limits of having an allergy have lessons that could be valuable to other educators? These are the questions that have framed my approach to this research and have challenged me to seek out what makes educators with anaphylactic allergies unique and what it is about their own history that has allowed them to join

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others at the social table. I seek understanding of how educators can create a respect(table) environment where differences among students are acknowledged and accepted. This respect extends between the guest and the host, the teacher and the student, and the individual among their peers.

The problems eating poses to those with anaphylactic allergies. Though sustenance is a requirement of everyone, there are thresholds and barriers that prevent this sustenance which are dependent on different circumstances. Sometimes a barrier is present because of finances or time. Sometimes we are unable to eat because of religious or dietary reasons. Thresholds may keep gatherings delayed due to work schedules or school but these thresholds can be overcome with effort and application. Jager defines the threshold as differing from an obstacle. "What announces itself as missing from a cosmic or dialogical perspective does not take the form of an obstacle that demands to be dislodged, but rather that of a threshold that demands to be respected" (Jager, 1999, p. 5).

For the purpose of anaphylaxis, the threshold is an achievable medium between the guest and host, the teacher and the student, the individual with an allergy and the individual without one. The threshold is conveyed by the mutual respect created by discussing issues related to allergies. It is the true sense of community shared by the guest and the host. However, what if the host is offering food that is not allergy safe? This is not a threshold for the individual with the anaphylactic allergy. It is a wall, an insurmountable barrier. The universal seat at the table is where the gathering for food is no longer a cosmic (social) experience where different relationships are formed. The universal approach to eating is where individuals with anaphylactic allergies must deal with their biological needs first. It is in this limbo between biological and social that the individual with the anaphylactic allergy waits with bated breath.

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So how does this relate to others who join the social tables? How have others with anaphylaxis managed the exchange between their social experiences and their needs related to their allergies? My phenomenological inquiry aims to find what universal experiences emerge amongst people with anaphylaxis. To not only understand what it truly means to have a severe allergy but how those who do not have one can begin to understand the experience.

The Inhale: The Work Involved In Maintaining an Allergy

This dichotomy of guest and host has helped create a frame through which I will analyze this present research. It is a relationship that is shared between hosts at the eating table and teachers within the classroom. The host invites others to attain nourishment, be it nutritional or intellectual, in a mutually habi(table) environment. The teacher and the host must exercise caution for individuals with unique needs, granting a safe space where this nourishment can be achieved. In splitting this theory into the realms of guest and host, scientific and cosmic, there is a concept that Jager discusses in another article *Concerning the Festive and the Mundane* (1997) which has come to frame how I will interpret the views of those with anaphylaxis and their attempts to lead their lives in as normal a way as possible. Jager discusses the “quotidian attitude” which represents the working world where tasks and even barriers are confronted (Jager, 1997, p. 1). For handling an anaphylactic allergy, the management of defensive strategies requires much care. Managing an allergy involves habits and nurturing social readiness when dealing with the allergy. The act of breathing lends itself greatly to physical labour, an event that Jager compares to the farmers as they plough the fields (Jager, 1997).

The way we breathe can often be a reflection of the labour at hand. In living with anaphylaxis, this notion of inhaled breath signifies the confrontation of barriers. With each dialogue with a server and each list of ingredients on packaged food being read, the allergy

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conscious individual is preparing for the reward of sustenance which carries with it the safety of being allergen-free. It is with the participants that the tensions, the inhaled moments, of anaphylaxis will be explored. The questions arise as to how these moments are then released, as the body exhales this tension. What inspires these moments of catharsis? Where is it that the exhale, this sigh of relief, finds itself so common? It exists as a response, providing reprieve from the inhaled moments of tension in life which we endure with the alluring anticipation of release.

The Exhale: Festive Moments to Share and Celebrate Food

Unlike those who gather to celebrate with food, preparatory work is always involved for the individual with the anaphylactic allergy. There is a need to achieve a sense of comfort in eating establishments. This is the experience of the “festive attitude” (Jager, 1997, p. 1) which Jager compares to the weekend with an exhale, where enjoyable social encounters are symbolized by the overcoming of “the distance and difference between subjects” and is a space of “truly inter-subjective relations” (Jager, 1997 p. 16). It is in this respect where those with anaphylaxis stand out amongst the other visitors of the festive lifestyle symbolized as the weekend. There is pause before this union can be achieved. Jager strengthens the significance of overcoming the threshold to create this comfortable, inter-subjective space. “The invitation from the host, and the acceptance of that invitation by the guest, establishes a covenant of the threshold that safeguards their unity without eroding their essential differences” (Jager, 1997, p. 21). It is in this unity that those with severe allergies can join at the social eating table with their needs being respected. These communities exhale with one another and breathe in the festive experiences of companionship instead of tension. This relationship of others is one of safety and

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security where the needs of each guest at the table are welcomed, acknowledged and safeguarded.

It is in Jager's work that offers a perspective and a lens for this research. The individual with anaphylaxis does not fit so easily into Jager's concept of the festive or mundane, the universal or the cosmic. Instead, Jager offers a question as to how an individual with anaphylaxis is able to join the festive table and experience the cosmic union.

Chapter 4: Methodology: Recipe for an Allergy Aware Thesis

Hermeneutic Phenomenology

Although there are many approaches to conducting phenomenological research (Pinar, et al., 1995), this inquiry into researching pre-service teachers' experiences of anaphylaxis is best guided by van Manen's phenomenological methodology for several reasons. van Manen's hermeneutic phenomenological approach (1984, 1990, 1997, 2002) is widely recognized for its scholarly contributions to the fields of education, health care and the human sciences (Pinar, et al., 1995). Max van Manen is also well known for his ability to phenomenologically orientate towards the relationship between children and adults, an important lens for looking at the teacher-student relationship. Max van Manen "worries that much research functions to cut off the 'ordinary' relations adults have with children" (Pinar et al, 1995, p. 428). A study by Rous and Hunt (2004) reveals that more school children are dealing with anaphylaxis than in the past. The publications in the Canadian Society of Allergy and Clinical Immunology (2005, 2011) identify increasing trends in policy making to manage anaphylaxis in schools. Noticeably lacking from these publications is the experiences from the students themselves. van Manen critiques the way "conventional research tends to objectify children, converting them into categories and jargon" (Pinar et al, 1995, p. 428). By adopting van Manen's hermeneutic phenomenological approach, this study offers a new perspective on anaphylaxis by allowing the reader to absorb the lived experience of anaphylaxis. This is done "in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own experience" (van Manen, 1990 p. 36).

Max van Manen draws his own approach to phenomenology from the School of Utrecht (1978). The School of Utrecht was noted as having a pedagogy that was "uncommon to North

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American educational researchers” as it was based on a “set of unfamiliar criteria defining what is important in educational research” (van Manen, 1978, p. 48). Where phenomenology stands independent is in the quality of “ongoing interpretation of the meaning and purpose of what it means to educate” (van Manen, 1978, p. 51). This meaning is deeply rooted in the experiences of the research participants. It is the need to fulfill this deep understanding that I have chosen multiple interviews with three participants. The phenomenological understanding of anaphylaxis draws strength from in-depth interviews as opposed to a larger participant group with shorter interviews. This concept is central to this study as it answers what impact anaphylaxis can have on an educational setting as well as how it can influence pedagogical response to growing anaphylaxis rates in the classroom. The phenomenological practices of the Utrecht School are noted as being analyzed in three components: “1) they are made up of the life-world, and 2) they provide descriptive-analysis of some aspect of the life-world, and 3) the phenomenological descriptions contain recommendations for pedagogic practice” (van Manen, 1978, p. 61). As it relates to this study, phenomenological pedagogy is strengthened by providing answers as well as questions that can direct further research. This study offers an understanding of the lived experience of anaphylactic allergies but also offers potential venues where research can expand and develop in future studies.

Hermeneutic phenomenology is “a descriptive methodology because it wants to be attentive to how things appear” while simultaneously an “interpretive (hermeneutic) methodology because it claims there are no such thing as uninterpreted phenomena” (van Manen, 1990, p. 180).

Through my own conceptualization, phenomenology serves to help us understand the nature of experience. It looks directly at the phenomenon in question to attempt to understand it through

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pre-reflective perception. To understand this perception, it is through the use of language that interpretation is possible for the researcher.

In the process of capturing this lived experience in language, van Manen suggests that the “phenomenological method consists of the ability, or rather the art of being sensitive - sensitive to the subtle undertones of language, to the way language speaks when it allows the things themselves to speak” (van Manen, 1990, p. 111). Research conducted with this concept in mind is strengthened by the experiences shared by the participants. In allowing each participant to discuss their experiences openly and with a sensitive understanding of the emotion behind these shared experiences, a ‘living’ experience is captured as opposed to documenting key words or phrases that only fit the needs of the research. This methodology was adopted to counteract some of the issues that Max van Manen outlined in capturing the experience in language.

Max van Manen expresses that there is potential for “committing the sin of overwriting” and that “it is sometimes more important to leave things unsaid” (van Manen, 1990, p. 113). The valuable lesson drawn from this statement is that providing too much analysis and editing around each lived experience deprives the participant narratives from having a strong sense of voice. The empathetic tone in this research gains strength from the voice of the participants and is accomplished through offering moments of reflection and introspection by asking the reader to question what is a universal understanding of eating and how anaphylaxis disrupts this universal understanding.

The significance of language and the understandings it can convey of human experience is a central concept associated with phenomenologist Martin Heidegger. My research will connect with individuals as “they exist in language” and it is in this existence that each individual is granted the power of “being” (Heidegger, 2001, p. 80). Through language generated from

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experiences and events, the nature of being associated with anaphylaxis and education is established. Heidegger's views on language serve to conceptualize the ways in which each interview has been approached as well as the analysis of the resulting transcripts. "We do not wish to assault language in order to force it into the grip of ideas already fixed beforehand" (Heidegger, 1971, p. 190). To counteract these pre-formed ideas, interview transcripts and theme analysis have been written and re-written to better allow the language and narratives from my participants to direct this final product. As Heidegger has provided guidance in drawing meaning from language, van Manen offered a method for conducting the research itself. Although phenomenology is a form of research without strict methods of conduct, van Manen's themes of phenomenology were well catered to this study on anaphylaxis.

As phenomenology is an orientation that is not easy to apply method to, van Manen outlines the following six methodological themes to help establish appropriate guidelines for this investigation. The six themes are as follows: 1) turning to a phenomenon which seriously interests us, 2) investigating experiences as we live it rather than as we conceptualize it, 3) reflecting on essential themes which characterize the phenomenon, 4) describing the phenomenon through the art of writing, and rewriting, 5) maintaining a strong and oriented relation to the phenomenon, and 6) balancing the research context by considering parts and whole (van Manen, 1990, p. 31). These themes served to formulate the methods for phenomenological research. It is these themes that pushed deeper into the analysis of anaphylaxis as a lived experience. These themes were a reminder that although I am someone who has had experiences with anaphylaxis, I am not the primary voice of this research. I interpreted the experiences of three participants who have each had their own lived experiences separate from

my own. It is in this sense that the research gained much of its shape in reflection of what the participants have shared.

The Participants

In turning to a phenomenon that interests me, I sought out participants who have similarly invested interests in exploring their lived-experiences. The phenomenon of firsthand experience with anaphylaxis and enrolment in the B.Ed. program are the purposive criteria (Creswell, 2013) that circumscribe the participants of this inquiry. Semi-structured interviews were conducted with three individuals who were in their final semester of the B.Ed. program during the interviews. To facilitate recruitment, posters and emails (see Appendix A) were used as well as distributing the posters to three B.Ed. classes. The posters (Appendix A) specified that participants were to have had firsthand experience with anaphylaxis. Firsthand experience with anaphylaxis was defined as: someone who has an anaphylactic allergy, someone who is a relative of someone with an anaphylactic allergy, or someone who has worked in a care-providing role, similar to teaching, in which someone with an anaphylactic allergy has been regularly under their supervision. The criteria of having firsthand experience with anaphylaxis as well as being a teacher enrolled in a B.Ed. program were thus met by the three participants.

To properly conduct a phenomenological study, I pursued multiple interviews with the three participants. Each session was audio-recorded. Written notes were also taken in regards to body-language, idiomatic phrases or any other observations that would not be captured through the discussion itself. The emphasis on moments beyond dialogue with each participant was drawn from Linda Finlay's (2009) article on intersubjective space during phenomenological research interviews. Finlay suggests that phenomenological research is about "being with" the participant and "becoming fascinated with and immersed in the other" (Finlay, 2009, p. 2). In becoming

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immersed in my participants, I was able to draw on body language, repeated words and changes in tone to draw out significant moments during the interviews. This intersubjective stance on research implies that my own voice be present during some of the results and analysis section. This is a result of the conversation between the researcher and the participant. These conversations were, in some cases, moments in which the participants were able to dive deeper into their own experiences.

Pseudonyms were used in this research as well as in the transcripts to protect the anonymity of these individuals. The three participants were part of the Comprehensive School Health cohort, a group of pre-service teachers voluntarily enrolled in the same classes together, as mentioned earlier. As defined by the cohort website: "Prospective teacher-candidates with an interest and passion for health are invited to enroll in our Comprehensive School Health (CSH) program of study. The three pillars of CSH are: Healthy Living, Healthy Environments and Healthy Relationships" (Comprehensive School Health Cohort, 2014). The cohort noticeably develops a strong sense of community created by professors and fellow students. Spending countless hours each week with the same people, the same courses and working together on the same projects helps solidify many connections throughout the year. Though each interview was conducted separately, this sense of community that was created in the Comprehensive School Health cohort was evident in each participant.

This connection between the participants strengthened my ability to observe their opinions on allergies. Each participant shared a common characteristic in being part of the Comprehensive School Health cohort as well as having first-hand experience with anaphylaxis. Outside of these similarities, differences emerged in the personalities of the participants that both complimented and contradicted one another. These differences ranged from opinions on how

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allergies were discussed in the classroom to more jarring, personal experiences. One of the participants did experience an anaphylactic reaction during her time in the program. It is in this small community of future educators that common traits in anaphylaxis began to emerge as well as how multiple individuals, each with their own history related to allergies, can experience the phenomenon of living with anaphylaxis.

Kathryn. Kathryn is 22 years old and has grown up with a severe peanut allergy. She was diagnosed when she was 18 months old and has luckily never suffered an anaphylactic reaction. Although she has had a number of airborne related reactions which have caused her to experience laboured breathing and nausea, she has never had to use her epinephrine injector.

Kathryn engaged each of our interviews with a strong sense of self-awareness. She was able to articulate her experiences without hesitation or lack of honesty. She approached our discussions directly, similar to her approach to conflict with her allergy. She describes herself as an educator who is “caring and open-minded” (Interview, February 1, 2014). When asked what matters most to her as someone who one day hopes to work with children, she expressed that “everyone’s different, everyone has their own issues and I think they all should be at least addressed or listened to” (Interview, February 1, 2014).

Kathryn has been working as a server throughout her academic career. It was during this employment that she decided to pursue education. “I was always like, let’s go to law school and let’s do this and let’s be a big business woman” (Interview, March 1, 2014). It was a faculty member from the University of Ottawa that noticed her outgoing personality while she was serving and recommended she enrol in the B.Ed. program. Now, on the other end of that program, Kathryn reflects on her experience: “my entire life is 180° from what it was a year and a half ago and this program is a huge part of it” (Interview, March 1, 2014).

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Kathryn and I met for three separate interviews, each taking place in Lamoureux Hall at the University of Ottawa. The interviews were conducted in the Lamoureux Hall cafeteria during the weekends when it was quieter. The first interview served to create a foundation for my understanding of Kathryn's experiences with anaphylaxis. This was done by using the interview questions in Appendix B. Notes were also taken throughout the interview in regards to body language, tone, repeated words, and revisiting significant events. These notes served to emphasize some of the experiences Kathryn had shared that were not further discussed during the first interview. These notes, as well as the transcripts created from interviews, were analyzed between each meeting.

The second interview was conducted to discuss Kathryn's interpretations to moments that stood out as significant during the first interview. Questions were asked to elaborate on the emotions, senses, and thoughts that were tied to her experiences with anaphylaxis.

The final interview served to conclude my interpretations from the prior meetings, clarifying that the essential moments that had been drawn from the interviews were appropriately representing Kathryn's experiences with anaphylaxis.

Sabrina. Sabrina is a 26-year old student who has also grown up with an anaphylactic peanut allergy. She, like Kathryn, was part of the Comprehensive School Health cohort. She has spent several years pursuing her passion for music. It is an influence which she says continues to impact the necessity of voice in her life. Contrary to Kathryn, Sabrina has had multiple reactions throughout her lifetime. When thinking back on her experiences with anaphylaxis, she estimates that she has had around twenty-two allergic reactions, some of which have required her use of her EpiPens [a common brand of epinephrine injector] and a subsequent trip to the hospital.

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Sabrina approached our interviews with a very positive and open personality, deeply invested in exploring the themes of anaphylaxis with me. She remained optimistic throughout our interviews, often finding positive life lessons when the subject matter became morose. This desire to push forward through difficult discussions was needed as Sabrina was the only participant to have suffered a severe anaphylactic attack. One of Sabrina's anaphylactic reactions occurred during the B.Ed. program at a restaurant on campus. Sabrina's experience revealed the impact that an allergic reaction can have on an individual as well as the friends and classmates that are part of her educational community.

When discussing her experiences with anaphylaxis, Sabrina presented a strong link to her passion for music and writing. The moments related to anaphylaxis she has shared with me were often incredibly self-aware and thoughtfully expressed. Sabrina required very little questioning during the interviews in order to dig deeper into the values of her experiences. Her ability to find her voice in music had skilfully transposed itself to our meetings as she was clearly someone who could hold an introspective lens up to herself.

Sabrina and I met for two interviews that took place in Lamoureux Hall at the University of Ottawa in an office space allocated for graduate students. The third interview was conducted online as a result of Sabrina moving away from Ottawa. Similar to Kathryn, the first interview created an understanding of Sabrina's experiences with anaphylaxis and was guided by the same interview questions that were asked of Kathryn. Notes were taken throughout each interview and these were analyzed along with interview transcripts prior to our next meeting. Subsequent interviews followed similar approaches to my interviews with Kathryn. The second interview delved deeper into Sabrina's interpretations of significant moments from the first meeting and the final interview clarified what interpretations would be drawn from our meetings.

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Lilith. Lilith is unique from Sabrina and Kathryn in that she does not have any allergies. She is a mother of two and though she does not have an anaphylactic allergy, her participation in this study was inspired by her younger brother Mike who has an allergy to nuts, eggs and fish. Lilith, being Mike's older sister, offered a unique perspective on the impact allergies can have on someone's life, showing how allergies and the weight they carry are not solely limited to the individuals who have them. Having grown up in a time where peanut-free classrooms and allergy programs were not common in Canada, she is able to speak to the transitions she has seen in her brother as he has adapted to the obstacles present in his life. She has witnessed policies and practices come into place and how the modern classroom has adapted to better accommodate individuals with allergies or different dietary needs.

Lilith approached our interviews with a sense of duty. She spoke of her relationship with her brother and his needs through the role of a caregiver. Although her brother is now 35 years old and lives on his own in a separate province, Lilith voiced her concerns and ongoing experiences of worrying about him. Although she has watched her brother develop into an adult, she was able to discuss ways in which his allergy has affected herself, her family, and Mike as they have matured.

When Sabrina suffered her anaphylactic reaction, Lilith was able to witness the event both as a classmate and as someone who is personally invested in the experience of anaphylactic allergies. She was a student, much like the others in the cohort, who had never had an anaphylactic reaction and was now suddenly dealing with the impact it had on the community. Simultaneously, she was someone who has seen the affects anaphylaxis can have on someone's life, having grown up with a younger brother who has a number of severe allergies.

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Lilith and I met for two interviews that took place in Lamoureux Hall at the University of Ottawa in the graduate student office. Similar to the other two participants, the first interview utilized the interview prompts from Appendix B to develop an understanding of Lilith's experiences with her brother's anaphylactic allergies. Notes were taken throughout the two interviews and were analyzed with subsequent transcripts. The second interview with Lilith not only served to deepen the analysis of the first meeting but added experiences that Mike had discussed with Lilith that were not brought up during the first interview. Contact with Lilith continued beyond the initial research process so the requirement to schedule a third interview was facilitated by ongoing meetings and emails in which the development of this thesis was discussed.

Environment of the Bachelor of Education Program. These three participants each have a unique connection with anaphylaxis. Kathryn has shared her fear of having an anaphylactic reaction and often wonders what it would be like. Sabrina has, in turn, shared these harrowing experiences during our interviews. Lilith, though she does not have an anaphylactic allergy of her own, has witnessed what it has been like for her brother to grow up with this experience. These differences in personal history have revealed similar perceptions, approaches and opinions on anaphylaxis and the influence it can have on an individual. While each participant is unique, they have all arrived at the same location at the same time: the B. Ed. program at the University of Ottawa. It is these strong similarities and strong differences that offer what experiences are shared, what experiences are unique and what it truly means to have firsthand experience with anaphylaxis.

Data Collection

Each participant engaged in two interview sessions as part of this research. Two of the participants participated in a third interview which served to clarify interpretations and comments that had been made in prior meetings. Interviews were not conducted in any predetermined order. Each interview was scheduled around the participant's availability and subsequent meetings were arranged once analysis of the previous transcript was completed. All of the interviews took place at Lamoureux Hall at the University of Ottawa, 145 Jean-Jacques Lussier Private. Semi-structured interviews were conducted with the first round of interviews being based on prompts referred to in Appendix B. These interviews served as the initial data collection as "lived-experience descriptions are data, or material on which to work" (van Manen, 1990, p. 55). These first-round interviews were considered completed when the questions (Appendix B) had all been posed as well as any immediate discussions that they prompted. These interviews took between one and three hours. The variation of time between interviews was mainly a result of the personalities of the participants. Both Kathryn and Lilith were very direct in answering the first round of interview questions, resulting in shorter transcripts. Sabrina engaged in a more conversational dialogue during the first interview which resulted in more experiences to discuss. The lengths of the interviews with each participant were longer in all subsequent meetings. This was a result of developing an understanding of what experiences were of significance to each participant and engaging in reflective discussions about these meaningful moments.

The transcripts were then analysed for thematic elements, a process further discussed under the section *Data Analysis*. These thematic elements were also coupled with significant moments that had occurred during the first interview but not thoroughly explored. Notes on repeated

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phrases and physical responses, such as a change in tone, roll of the eyes, or a heavy sigh, were marked in conjunction with the topics being discussed. The significance of the thematic elements, as well as the emergence of personal responses to some questions, created the foundation for subsequent interviews. The participants were presented these findings and discussed how these themes related to their own experiences with anaphylaxis and the teacher education program.

The data collection throughout each round of interviews was modeled after van Manen's recommendations for producing rich descriptions of lived experience: "1) Describe the experience as you live(d) through it. Avoid causal explanations, generalizations, or abstract interpretations, 2) Describe the experience as a state of mind the feelings, the mood, the emotions, 3) Focus on a particular example or incident of the experience, 4) Focus on an example of the experience which stands out for its vividness, or as it was the first time, 5) Attend to how the body feels, how things smell(ed), how they sound(ed), and 6) avoid trying to beautify your account with fancy phrases" (van Manen, 1990, p. 65). This model served to organize my phenomenological writing and to guide the interviews in drawing out phenomenological data.

The second round of interviews served to discuss and deepen the notes and transcripts from the first set of interviews as well as significant moments that had not been initially observed. Responses such as eye rolling, deep sighs, changing tones of voice, and hand gestures allowed for moments to stand out as significant and were discussed in the second round of interviews. This revision of the first interviews strengthened my ability to adhere to van Manen's model for producing phenomenological research, particularly the ability to "focus on an example of the experience which stands out for its vividness" and acknowledging "how the body feels, how things smell(ed), how they sounded" (van Manen, 1990, p. 656). This observation of significant

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moments was noticeably successful in the second round of interviews as seen through longer interview times which generated more discussions from each participant.

Data Analysis

Significant statements emerged from the data when participants were asked questions such as: What was said? How was it said? What body language was used when the participant was discussing a specific subject? What common words or emotions repeated themselves throughout the interview process? The theme analysis of the phenomenon incorporated van Manen's method of "free imaginative variation" (van Manen, 1990, p. 107). Free imaginative variation questions the essential characteristics of each phenomenon, asking if the phenomenon itself changes if themes are significantly altered. An example of this would be the theme of the safe environment for individuals with anaphylaxis. In imagining an anaphylactic individual who has no controlled environments is to imagine an implausible lifestyle where any meal could have potentially fatal consequences. Therefore, having controlled environments is an essential theme to anaphylaxis. However, these environments may flow and recede when confronting the restaurant, the family dinner table or the school lunchroom. The safety of controlled environments becomes a necessity when food is considered a biological need as mistakes could cause an anaphylactic shock. The universal need for food can also cause controlled environments to shift as social groups such as friends or families create different environments where eating can take place.

Creswell (2013) offered further guidance for a procedural method for establishing themes as they relate to a phenomenon. He suggested that as interview transcripts are read on numerous occasions, statements of significance are extracted from the transcript based on notable characteristics such as repetition, emotional responses to the subject matter or emphasis by the

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participant. As the themes begin to take form, a researcher then may write descriptive passages to summarize the experiences of these individuals, grouping them into thematic clusters. A culminating passage employs these themes as the “true essence of the lived experience” (Creswell, 2013, p. 79). Through notes that had been made during each interview, these repetitions and emotional responses provided insight into what each participant saw as being significant to their experiences with anaphylaxis. These emergent themes served to deepen the understanding of anaphylaxis during subsequent interviews with the participants.

Chapter 5: Results: The Themes of Anaphylaxis

As recent graduates of the B.Ed. program, Sabrina, Kathryn and Lilith have completed a journey, the result of which has allowed them to add the title of 'teacher' to their identity. The role of someone connected to anaphylaxis has also accompanied Sabrina, Kathryn and Lilith through their time in the B.Ed. program. It was in investigating this relationship that one of Sabrina's questions set the tone for this research.

During one of our interviews, Sabrina had asked if I had ever heard the saying "how you do one thing is how you do everything?" (Interview, March 14th 2014). The direct quote to which she was referring, a concept introduced in one of her B.Ed. classes, was, "How you spend your day is how you spend your life. It matters" (Meyers, 2006 as cited in Wieb & Fels, 2010). The quote infers that the thoughts, feelings, and stresses one experiences on a particular day may be representative of how you live your life at large – a notion that the macrocosm lives within the microcosm. Thus anaphylaxis is something that is lived with daily and, as a result, how these daily routines are handled is often a reflection of how individuals with anaphylaxis live their lives.

As we discussed this concept, we agreed that the approach to handling anaphylaxis can vary from person to person. Sabrina followed this question by saying "I would be surprised to meet somebody who treats their allergies differently than they treat their life" (Interview, March 14, 2014). The statement served as a guiding point for our interviews, routinely observing how personality influences all aspects of life, including allergies. This was a concept that helped draw out the themes of anaphylaxis as Sabrina, Lilith and Kathryn each revealed a personality entirely individualized from one another as they shared feelings, thoughts and beliefs in regards to anaphylaxis. These differences in personality are ever evolving as Sabrina, Kathryn and Lilith

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have discussed adapting to different parts of life through maturation and how their approach to their allergies has changed as well. What remains unique is that their shared relationship with allergies as well as the B. Ed. program has served as another point of contrast for how differently they each viewed the world of anaphylaxis. It has allowed for a number of questions to emerge: What is living with an anaphylactic allergy really like? What role does personal growth have on handling anaphylaxis? How has the B.Ed. program affected the perception of allergies for each participant? Examining these questions established what is universal between Kathryn, Lilith, and Sabrina as well as how they diverge from one another as they relate to anaphylaxis. The resulting answers established the themes of anaphylaxis; the inhale and the exhale, as well as the sub-themes of the habi(table), the confron(table) and the respect(table) environments. These themes are what have remained common despite the influence individual personality has had on each participant's history with anaphylaxis.

The Inhale and the Exhale: Understanding the Two Worlds of Anaphylaxis

Having an anaphylactic allergy often means a duality between moments of concern and the management of the allergy that subdues this panic. The barriers and concerns related to anaphylaxis require effort to remove from common social settings such as dinner with friends. This management of barriers is discussed in the article *Concerning the Festive and the Mundane* by Jager. Jager explicates the concept of the quotidian attitude which is concerned with the “workaday world structured by mental and physical barriers which require to be leveled or removed” (Jager, 1997, p. 1). In the realm of anaphylaxis, the barriers that are present carry with them the risk of death as any anaphylactic reaction could prove to be fatal. This is the world managed by reading labels to see the contents of food. It involves asking servers about allergens when visiting a restaurant. For some, it has meant sitting at the peanut-free table in school. The

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process of levelling and removing each barrier allows for this risk to be minimized. It is this inhaling moment where preparations are made for resistance. This inhaled breath could come before telling a server about an allergy. It could be a held breath when someone at the table has an allergen in their lunch. Any area where food is being served can remove the feeling of the festive shared by others. The work that needs to be done is necessary to ensure safety. It is in this feeling of safety, once the effort has been put in, that a sense of the festive can be attained.

The work involved in managing an allergy is not a permanent experience. There are moments where the consciousness of the allergy subsides. This relinquishing of the held in breath is presented in Jager's festive attitude which gives "access to a world of the threshold in which we play the role of host and guest and in which it is possible for things to make their personal appearance" (Jager, 1997, p. 1). It is in this festive attitude where there is space to exhale and let our guard down, revealing the individual as opposed to the friend, the family member, the teacher or the student with a severe allergy. It is in the festive atmosphere where anaphylaxis need not be at the forefront of the mind, governing decisions or fears. It is found among friends who know of dietary needs and it is a spot at the table during family dinner. It is in this space that the exhale occurs, a sigh of relief where no resistance is present for those with allergies to defend against.

The Inhale: Barriers for Anaphylaxis

For the individual with an anaphylactic allergy food is not only a social event, it is a universal one. Food plays a role in every life, in different forms, at different times and in different ways. It is in this social setting that variables are introduced to these habits and routines, where comfort and control are relinquished to others and anaphylactic needs must be expressed,

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the thresholds to the world outside of the individual with the allergy. It is a moment that can often bring tension, where the air is drawn in and held in suspense for the experience to pass.

Moments of fear. The tension associated with anaphylaxis is a result from fear that an anaphylactic reaction may occur. Though preventative measures can be taken to manage an anaphylactic allergy, others can still be influential in how safe an eating environment can be. It is a reality that something as common as food can have two very different realities for an individual with an allergy and an individual without one. When asked about the impact food can have on the life of an individual with anaphylaxis, Lilith comments: "It's like Russian roulette" she said with a sense of urgency "food could be like poison or a weapon" (Interview, May 3, 2014). Her words hang in the air of the small office where we are conducting the interview. The urgency in this statement gives way to a sense of care that Lilith feels towards her brother. The perception of anaphylaxis to Lilith begins to unfold as one seen through the lens of a nurturing older sibling. Lilith dives into the experiences of growing up with a brother with anaphylaxis and the markers that have made his allergy stand out. As we share experiences I discuss some of the more memorable moments in my own allergy such as Halloween. My memories rest on sorting through the night's acquisitions and exchanging them with my brother. I share these moments and Lilith, as if in response to connection that has just been made, responds. "I do remember the Halloween stuff. I remember that it was our job to kinda sift through, take all the Reese's Peanut Butter Cups out. I remember that's kinda something that we did before anything was opened" (Interview, May 3, 2014). Lilith pauses as she reflects on the significant moments for her brother Mike and his allergy. She draws in another breath. "I do remember when he was getting tested and he, you know he was quite young, maybe two or three. I do remember being in the room when he was being tested and it took five doctors to hold him down. He's this little boy but the

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strength that he had, he just was not having it.” Lilith pauses for a moment. Her role as the older sibling is on display here as she speaks sympathetically about the experience allergy testing, an event that requires pricking the skin to see how it responds to allergens. Though Mike was the one subjected to this allergy testing, it is clear that Lilith has had a lasting impression made on her. She dives back into the experience of watching her brother receive his allergy test.

You know all these needles being put in him. So I do remember that moment and thinking this is serious and feeling a lot of sympathy for him. It was torture for such a little a guy and how could you explain to him why you were doing this to them, that it’s for your own good, right? I do remember my mom telling me the story about the second time cause you always have to go back. They were taking him back to this building to get tested again and he remembered the building. They didn’t tell him where they were going until he actually got there and he came out and he saw the building and he knew. He basically started running and crying and screaming because he realized that he was going to go through that again. Those were defining moments of his allergy for me, realizing how serious it was and how traumatizing it was for him, you know, as such a little guy.
(Interview, May 3, 2014)

She ends her narrative on a sensitive note. Her characterization of her brother as a “little guy” only serves to embolden her role as a care provider. Her empathy for her brother, a child who was afraid and unable to control what was happening to him, has only served to strengthen her resolve to make Mike feel safe.

The relationship between Lilith and Mike is common in which both the individual with the allergy (Waggoner, 2013) and the family (Sanagavarapu, 2012) experience significant amounts of stress related to managing anaphylaxis. These moments trigger thoughts and

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experiences witnessed through other students in the elementary school gym when receiving flu shots. Some students cried, some needed to have their hands held and some were visibly holding their breath until it was over, waiting to exhale a sigh of relief. Jager describes the process of inhaling as a necessity. "This breath fills us, amplifies and solidifies our body, and gives us, as it were, a greater resistance to the pressures we confront in the workaday natural world" (Jager, 1997 p. 23). The held breath for Mike, the "frightened little guy" receiving his allergy testing, is needed so that a healthy life may follow. The way in which Lilith perceives Mike's allergy testing relates greatly to one of Kathryn's experiences with her allergy and how Merleau-Ponty's notions of perception can create a barrier.

Kathryn and the barrier of the other. Kathryn admits to herself that much of her fear comes from the unknown. Her last reaction was in her infancy and many of her experiences with anaphylaxis come from these moments of being zeroed in on the danger around her. "I think it is worse" Kathryn theorizes "cause I haven't actually had a reaction since I was a baby. I've never eaten it so I don't know what would happen" (Interview, February 1, 2014). This inexperience is something that guides Kathryn's fears, never wanting to know exactly what it is like to have an anaphylactic reaction. It is a mental barrier that Kathryn now accepts as part of living with her allergy. This unknown 'other', as in the person having an anaphylactic reaction, manifests itself through Kathryn's moments of hyper vigilance. A philosophical questioning by Maurice Merleau-Ponty, one of the founding philosophers of phenomenology (Pinar et al, 1995, p. 407), offers an understanding of this barrier: "How could I conceive, precisely as his, his colors, his pain, his world, except as in accordance with the colors I see, the pains I have had, the world wherein I live?" (Merleau-Ponty, 1968, p. 11). Her barriers and defenses are what prevent the intervention of this 'other' Kathryn who knows the experience of anaphylactic shock. Kathryn's

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barrier exists as a moment of perception, an inwardly questioning “what if?” scenario where she weighs the possible outcomes of an anaphylactic incident. It is a barrier that presents itself at her place of work, forcing her to wait with bated breath in a moment where she contemplates her safety.

Kathryn has worked as a server at one of the local bars in Ottawa for some time now. The fast paced atmosphere clearly suits her personality as she rarely wastes a moment during our interviews. Her responses are direct which reveals a great deal of self-awareness. Her acknowledgement of her own strengths and weaknesses come out as she humours about her pursuit of work in the food industry. Each experience she shares cuts straight to the point, a fast paced approach expected of someone who works with hundreds of customers each night. She admits that working in the food industry has complications for someone with an anaphylactic allergy. As a student who is providing for herself throughout school, she jokes with me about the predicament she finds herself in. “I make good money and I don’t want to lose that so I’m risking my life” (Interview, March 1, 2014) she says with a laugh, disarming the severity of her admission. Our meeting is filled with moments like these. We frequently return to humour and sarcasm in keeping the conversation light while discussing topics such as anxiety, fear, and even death.

Kathryn’s humour recedes as she tells of an event that recently transpired at work. Her words begin to slow as she retraces an evening at work. A co-worker is eating a pizza that is on special this week with crushed peanuts as one of the toppings. It is a fact that causes Kathryn discomfort. The sudden awareness of being so close to her allergen triggers a blanketing state of mind for Kathryn. Kathryn inhales. Her humour dissipates as the severity of this moment for her becomes achingly clear. “I’ll tense up for sure if I see something. It’s like you’re anticipating it”

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(Interview, February 1, 2014). Kathryn speaks of this deep breath of anticipation. Being employed in the food service industry, this tension is something that manifests from time to time at her work. One such occasion of Kathryn encountering this tension involves her having watched her co-worker doing something as seemingly harmless as eating his pizza while she was working a busy, Friday evening shift.

He had been sitting at the bar eating. I'm just looking and it's just like I'm watching the situation happen. I watch him grab it [the pizza], sitting there eating, I'm watching him grab his glass with it in his other hand. He's eating his pizza with his hands. He's grabbing his glass and then I'm watching him finish his beer. I'm watching the bartender who I interact with grab the glass, put it in the dish washer, then make my drink. It's like it's all connected whether or not I'm touching it and then I freak out and I have to wash my hands but then I also don't know what's going on around me. I'm zeroed in, I'm centred in on that moment and everything around it and that's all my brain focuses on.

(Interview, March 1, 2014)

The world of the busy restaurant slips away as Kathryn's routines and guidelines for living with her allergy are rendered ineffective. This moment silences the roar of the customers as, for those few moments, she assesses the danger she might be in. The exchange of moments, inhaling one experience and exhaling the other, between Kathryn and the world around has ceased and she breathes in this moment alone. Once the thought of danger enters into the scenario, it reveals the cracks to deeper levels of thought, analyzing potentially severe outcomes to commonplace experiences. "I used to bite my nails" Kathryn admits "or put on lip balm, like anything, especially touching your lips" (Interview, March 1, 2014). An endless stream of "what ifs" come to the surface as cross contamination of an allergen could put Kathryn at risk. Kathryn's

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experiences have prevented her from taking in the world around her as she watches the potentially contaminated glass traverse the bar. This notion offers a contrast to the festive and social process of breathing-in which “signals the welcome to the other” (Jager, 1997 p. 24). Kathryn is not ‘breathing-in’ the social atmosphere of her friends or the foods being offered at the community table. She is only focused in making sure the ‘other’ Kathryn remains only existent in her perception. She is placed at the ‘disposition of the other’ by holding her breath, her moment, her shift at work while she analyzes the threat of her allergy.

The process of breathing in can be an act of preparation. The held breath of watching a potential allergen come into close contact with food is a pre-emptive breath. It is a moment of questioning what might happen. Further questions arise in moments of panic. Imagine the questions that are asked during these deeply focused moments of panic. What if something happens to me? Will I be ok? Can an ambulance get here in time? Now pause for a moment to imagine the experiences of someone suffering from this panic during an anaphylactic reaction. Would there be hesitation before slamming an epinephrine injector into your thigh? What if it is broken? What if it is not used properly? Will you die? Sabrina, being the only participant to have suffered a serious anaphylactic reaction, has had the unfortunate circumstance of being faced with the question “What now?”

On her birthday, Sabrina joined her friends for lunch at a café on campus. A break between the heavy workload required of the B.Ed. program. The café was a relatively new addition to the campus. For an individual with an allergy that meant inquiring about their policy on peanuts. Sabrina, having executed this dialogue a number of times, asked her server, “Do you have peanuts in your kitchen?” Sabrina employs a direct approach to asking about the food. Sabrina has learned over the years that “when you say I have a peanut allergy, they say ‘oh yeah,

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that's fine'" (Interview, January 27, 2014). A defense mechanism she has acquired, learning that an entirely peanut-free kitchen is very different from one that is said to be peanut-safe. Sabrina has learned this technique to allow herself to breathe a little easier and exhale. The released breath dissolves the current situation and prepares for the inhalation of the next moment. Reassurance from the server that the kitchen is peanut-free allows the moment of being an individual with an anaphylactic allergy to be released and shift focus back to the social gathering of her friends for her birthday. Following the meal, Sabrina's friend notices a selection of desserts are on display. Though guaranteed that the kitchen is peanut-free, the dessert section is too familiar a scenario for Sabrina. "I asked if those are made in house or from the bakery, 'cause if they're from the bakery you just don't eat it, in case you don't know" (Interview, March 14, 2014). Sabrina makes these decisions based on years of knowing how common nuts and peanuts are in bakeries. She is once again assured that they were made on site in the peanut free kitchen. "It's just such a beautiful phrase" (Interview, January 27, 2014) she shares with a sense of elation that meets these words. Sabrina joins her friends in ordering the rarely enjoyed dessert item. There is hesitation when the treat arrives, "I can't remember what I was thinking but there must have been some self-doubt because I didn't just take a bite. I took my fork and took a tiny little bite" (Interview, March 14, 2014). Sabrina holds her hand up before me and presses her thumb and finger together to represent the insignificantly small piece she ate. It was not as insignificant as she had hoped and her doubts were soon confirmed. It was not long after that small bite that familiar symptoms began to set in. "I think people were just talking and then my tongue got a little bit like sandpaper or like there's sand on it" (Interview, March 14, 2014). The panic begins to set in as Sabrina realizes this is not her self-doubt playing games with her. "My chest gets tight. I'm really anxious" (Interview, March 14, 2014). Sabrina pauses for a moment as her

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hands hover over her lungs as she expresses these feelings of tension. Sabrina has inhaled the moment of her anaphylactic reaction.

I can feel the sensation, like the jaw goes a little bit lower and the tongue gets tense.

Tenseness in my chest and my belly kinda clenches and like my whole body reaction would be reclined. Then that sinking feeling, for sure, my gosh my whole body is like a pit. I'm not even falling in the pit. I'm just darkness. (Interview, March 14, 2014)

While Sabrina had taken all precautions necessary to breathe lightly among her friends, her body is now holding her breath for her. It is a sensation that Sabrina emits as her tone becomes tense and suffocated. It has become clear to Sabrina that this is an anaphylactic reaction.

The revelation dawns on her and her group and the situation has reached a turning point. Before leaving for the hospital, Sabrina seeks out one last refuge of consolation, confirming with the waiter that she had just eaten peanuts. "I just have this image of his body language and his whole body went tense" (Interview, January 27, 2014). The waiter returns and confirms what Sabrina has admittedly known already. One brief moment of uncertainty being overlooked and Sabrina could have died. If the server had made this effort to ask the kitchen in the first place, this entire ordeal could have been avoided. Sabrina's life could have remained panic-free on her birthday. The weight of the situation and of Sabrina's need to act quickly leaves little room for anger or confrontation. It is a confrontation that Sabrina does not have time to come to terms with. Sabrina and her friends prepare to leave and head for the hospital. Sabrina's friends quickly run for their car while she and her friend wait. Sabrina has elected to not take an ambulance, feeling that it would be handing over too much of the responsibility to others. She quickly administers her epinephrine injector while waiting for the car to arrive. In this moment of pause, Sabrina's emotions, and finally her breath, are released.

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Sabrina is admitted to the hospital and recovers from her experience. As her breathing regulates and her hives dissipate, the experience of anaphylactic shock passes from Sabrina's life. She is able to exhale this brush with anaphylaxis. It is important to observe that Jager's notion of the "held-in breath prepares the body to remove an obstacle" (Jager, 1997, p. 25) is not only a state of mind. Sabrina's body was preventing her from breathing as she experienced her anaphylactic attack. It is in this aspect that having an anaphylactic allergy can bring someone back into the biological aspect of breathing. Though Sabrina had prepared herself for the exhale and the gentle breath of social festivities, anaphylaxis had thrown her afternoon back into the world of bated breath.

The Exhale: Finding ways to manage the allergy

The exhale is the release from one realm before stepping into another. "Once the strenuous job is done we exhale with vigour, wipe our forehead, and sit down to regain our breath" (Jager, 1997, p. 23). Jager identifies this process of exhaling as a period of rest before starting anew, joining the festive world where "breathing in signals a welcome to the other. It clears an hospitable space within which the other is invited to fully manifest himself" (Jager, 1997, p. 24). The process of inhaling an experience can be a positive one but the exhale of the previous moment must first precede it. To achieve this, the individual with anaphylaxis must first exhale their moments of tension and find their 'period of rest.' Lilith's younger brother Mike endured allergy testing, his moment of tension before being able to exhale the experience and continue his life. Kathryn, once she felt secure in how her food was being handled, was able to return to her work without anaphylaxis preoccupying her mind. Even during Sabrina's anaphylactic reaction there was a need to exhale and to have full control of her breathing once

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the anaphylactic attack was over. The exhale is the ability to leave anaphylaxis behind and to inhale into another moment where there is no requirement to be so mindful of the allergy.

Hiding in plain sight. Living with an allergy is filled with habits, routines and coping mechanisms. Some of these are unintentional while others are trained habits that are acquired over the years. These habits form a barrier, either intentional or intuitive, which enable life to continue as normally as possible. “The taking and the holding of a deep breath,” Jager suggests, “prepares for countering the resistance of a natural world” (Jager, 1997, p. 25). It is in this common trait of defensive techniques and comfort that the exhale is able to come more readily and the barrier can come down. Achieving this exhale is not so that the allergy can be entirely forgotten but so that it is not ever present in our consciousness. Sabrina does not begin every morning re-reading the labels of the food in her kitchen. Though there are times where reading labels is required. Lilith does not call her brother daily to make sure he is eating at an allergy safe restaurant. Though there are times where she asks about his eating habits. It is a delicate balance between the inhale and the exhale that offers a sense of comfort. Though the methods of managing an allergy are not the same between each participant, the sense of comfort, balance and control is exercised by Sabrina, Kathryn, Lilith, and her brother Mike.

When asked, Kathryn could not initially think of any habits that were common in managing her allergy. She did not wear a medic alert bracelet, had not carried a fanny pack for years and, when asked about her epinephrine injectors, admitted that they were more than likely expired. Kathryn had distanced herself from her allergy as her method of management. She was achieving her exhale by not making others aware of her allergy. “Well it started when I was younger cause I had that stupid fanny pack that haunts me” (Interview, March 1, 2014). We laugh together, each of us remembering the years when fanny packs were a necessary means of

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carrying around an EpiPen but still brought ridicule in the school yard. Kathryn had her own brand of fanny pack which she remembers with a tone of repulsion.

That pink and purple Barbie one. That's not even me. I was a friggin' tomboy. Anyways so that was always on me. People always associated me with it. 'What's in there? You need something on you cause you're gonna die in a second?' My EpiPens, I always had to have them on me. I always have my bag on me or whatever purse I have. So I do always have them but it's not something where I'm like 'look, I have this right here. It's on me right here.' (Interview, March 1, 2014)

Kathryn's experience touches on several moments from adolescence. How often does the desire to fit in outweigh safety? How often do we see ourselves as perceived through the gaze of others?

"My bracelet" she says as her eyes glance down to my medic alert bracelet, an alert to any medical professionals about my allergy if I ever have a reaction, "I remember being younger and my mom actually got me that one." It is a small and silver bracelet with my allergen written on the back. "Like the silver or stainless steel one and then my mom got me the sport looking ones so I could play soccer and I was like 'this is ugly.' I threw it in my drawer and I never wore it. She never forced me to wear it" (Interview, March 1, 2014). Kathryn's distance from her allergy has allowed her to exhale more readily. Her moments of comfort are found in the appearance of being an everyday student. Kathryn is seeking acceptance through her style, removing the labels of anaphylaxis. It became clear when discussing the matter of anaphylaxis as a visually identifiable issue with Sabrina that projecting a difference to the world was not a popular decision in public school.

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Sabrina, much like Kathryn, had preferred a distance in displaying her allergy to the world. She acknowledged that accomplishing her exhale came from her ability to control her allergy. Sabrina speaks of her distance from her allergy with a sense of confidence. While Kathryn had been critical of her choices to not wear her medical alert bracelet or display her epinephrine injectors, Sabrina finds her management of her allergy as having evolved with her own needs throughout her maturation.

Well fanny packs, I did have one in elementary school. I remember it was kind of a big deal to get it. My mom was like 'Well you have to carry it so what are you going to put it in?' So we went to Mountain Equipment Co-op and got a little red one. I remember thinking I didn't want to wear it. I think by the time that I really wanted to impress people, like grade 7, I feel like I wanted to impress people kinda later in life. I didn't need to in elementary so the red fanny pack was fine. Grade 7, by that time it was already cool to have a purse so I just always had that with me. Yeah, there's always just been kind of a negotiation, like 'how am I going to make this work?' and then making it a routine and always having it in the same spot. I've muscled it out of myself but I'm disorganized. So to keep the EpiPen in one spot has been tricky. Now it's so natural. (Interview, January 27, 2014)

Sabrina, in sharing a similar trait with Kathryn, has found the exhale during her younger years by keeping her allergy from being openly displayed to others. "It's kind of like disowning your allergy or just making it normal. Like I've made every attempt to act like this is not happening" Sabrina revealed with a sense of determination. "Then I just implement the practical aspect like, you know always questioning what's in the food or just not eating if you don't have the opportunity to question. Yeah, I feel like I've tried to make it a non-deal" (Interview, January 27,

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2014). Though Kathryn has become more open to the idea of wearing a medic alert bracelet, Sabrina still sees it as a sign of vulnerability.

I had one. I just stopped wearing it and I think for that reason, that's where I'm like 'I don't want to wear that' and like when I see I don't obviously judge people. I think I just don't like the idea that I'm showing my vulnerability. Yeah, I don't like that anybody walking by would know that they could kill me. (Interview, January 27, 2014)

The statement lingers with a sense of foreboding. Imagine this sense of vulnerability as it exists for Sabrina. This tension caused by the power granted to anyone who is aware of her allergy. Imagine this vulnerability in the classroom and the loss of control associated with displaying a life threatening allergy to your peers? How would it feel presenting such frailty to a classroom of thirty students? How would you be able to retain a sense of control after having done so? Is distance from an allergy the only option for maintaining control? Sabrina has approached this possibility with deliberate control. Her decision to keep her allergy from others is a means of self-protection. She controls her own breath so that the inhales and exhales are both set at her own pace. This notion of independence and control takes a unique shift when observing Lilith and her brother Mike.

For Lilith, defense was not something she could always put onto her own shoulders. Many of her defenses were about making sure her brother Mike was taking the right precautions. Citing fears of when her brother would go to a friend's house or to school, Lilith's family adopted several tactics to ensure her brother's safety. "We lived close enough to the school that he could come home for lunch so that was a must" she says and asserts that "there were no peanut free schools so kids brought whatever they wished" (Interview, May 3, 2014). Much like the comfort Kathryn found in being at home, Lilith was able to exhale more readily in knowing

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that her brother was returning home to eat lunch. As Lilith and her brother Mike have grown over the years, their relationship has evolved in a number of ways. Mike no longer lives with his sister, returns home for lunch or has his allergies supervised by his family. Meetings are not arranged with neighbourhood parents before play dates to discuss allergens. Mike has become an independent individual who decides where, when and what he will eat. What has remained constant over the years is the fact that Lilith is still Mike's older sibling, a fact that is evident in the habits Lilith continues to this day. "He travels a lot," Lilith says of her younger brother with a sense of concern. "Before he travels he always calls and my first thing to say is "make sure you have your Epipen" (Interview, May 3, 2014). Lilith's statement is followed by the realization that this is not the same child who would return home for lunch each day. "He's a man, he's gotta take care of himself and he has his fiancé" (Interview, May 3, 2014). Her understanding of her brother's development provides some comfort even though she acknowledges that the concern has never truly dissipated "I have to admit" she says "it is on the back of my mind all the time" (Interview, May 3, 2014). For Lilith, the concept of home has provided a safe-haven for her brother, a counterpoint to the concern she feels towards his frequent traveling. Traveling is often difficult as issues related to anaphylactic allergies can arise when dealing with unfamiliar foods (Monks et al., 2010). It is this reasoning that Mike's spot at the kitchen table has not only been a sanctuary for Mike's well-being but peace of mind for Lilith. Though watching her brother mature has offered her a much more gradual exhale, the fact that she must leave Mike to live his own life shows that she will always have a linger of breath held for his safety.

What is clear between Sabrina, Kathryn and Lilith is that there is a held breath when the subject of anaphylaxis is at hand. There is a need to pause, to prepare for resistance and sometimes desperately wait for the moment of release, the exhale in which life may resume as

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normal. Jager visualizes this process of exhaling in the social atmosphere as drawing our “attention to the appearance of the other, and this appearance makes us forget ourselves” (Jager, 1997, p. 23). The exhale serves as a marker in which the anaphylactic experiences are left behind and attention can return to the world outside of anaphylaxis, the world of the festive. In Sabrina’s case, the moment of exhale may come in this biological sense as the result of a reaction. For Kathryn, it is the sense of comfort in knowing that an allergen is no longer present. For Lilith, the exhale comes as a family, allowing both herself and her brother to breathe freely in taking on additional responsibilities. However, as the held breath can be adopted, it can also be relinquished.

The Habi(table) Environment

The habi(table) environment is one where the allergy does not need to carry so heavy a weight. It is in this environment where families gather for dinners on the weekend. It is an environment where a sense of security permeates throughout the area. The habi(table) environment is the idea of ‘home’ and the sense of unwavering safety that it provides. This notion of the habi(table) environment where the role of the allergy in everyday life can be forgotten was common amongst all of the participants.

Draw back to your thoughts of home that were touched upon earlier. What does the concept of home mean during a meal? How does this concept exist both inside and outside of simply being inside of house? Can this environment be recreated outside of those walls? It is a concept that, though was not always created in a house or a kitchen, is shared amongst each of my participants.

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At home. Kathryn's experience with anaphylaxis at home has not been without conflict. She speaks of going home to her father's house and the continuing disagreements over how her allergy is handled.

I go back to like my dad and his wife. I have other allergies too but they just aren't anaphylactic. I'm allergic to other foods and she's so ignorant to anything. So she said 'Why can't we have peanuts in the house? I don't get it.' My dad's like 'No. I gave it up when she was a baby and we're just not doing it.' You know, that's almost saying that I don't want her to feel comfortable in my own home. So even though I come home like four times a year he's like, 'No, there's absolutely nothing.' (Interview, February 1, 2014)

There is a sense of anger and frustration in Kathryn's voice. Her eyes roll as she voices the impact of her father's wife in her questioning of the peanut-free household. This anger dissipates as she explains her father's defence of Kathryn's needs. Despite this conflict, Kathryn still admits that there is a reduced amount of stress when eating at home. "I'm happy because I'm safe. I'm calmer when I'm at home. I'm not as anxious" (Interview, February 1, 2014).

Kathryn's frustrations withdraw from the conversation as she finds comfort in the way her father has defended her. Though she has gradually distanced herself from home as she has matured, Kathryn acknowledges the exhale of relief during times when she returns for annual visits.

In his writing on the festive and the mundane (1997), Jager delves into the process of weaning in which a child is gradually distanced from their home and becomes "accustomed to new circumstances" (Jager, 1997, p. 29). These bridges to new homes allow the individual to move between thresholds and occupy different homes at different times. Jager argues that social eating in these different circumstances "celebrates our ability to shift from one perspective to another, without infringing upon either one's integrity" (Jager, 1997, p. 30). It was in between

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our interviews that I began to question Kathryn's unique situation at home. Her father is seemingly able to create a sense of safety though she still faces a certain degree of conflict. She is able to maintain her perspective of needing a safe space in her home. However, her integrity is not entirely free from being infringed upon. In our subsequent interview, I decided to ask again about her home.

I used to get really pissed off and I was. I think it was even more that I was angry because it's like 'Dad, why aren't you saying anything to her?' Now he's started to. He really took a stance on it cause she said. 'Well Kathryn doesn't live here anymore. Why can't we have peanuts in the house? I grew up with peanuts and she's only been in my life for 10 years.' So, not only 10 years like half my life but yeah my dad's just like, 'No, absolutely not. I don't care. My daughter, when she comes home, I want her to feel completely safe in this house like she always has and you're not having a can of peanuts sitting there. Eat them elsewhere.' Even when I'm going to Australia, he still won't budge on that rule. He's like, 'No she's family, she's coming back to our house and I don't even care whether we cleaned it up or whether you think it's ok to put them in the cupboard, I want them gone.' So it's kinda cool he took a stance on that. (Interview, March 1, 2014)

Kathryn remained consistent with how she saw her home as a safe environment despite the remaining conflict. She was able to adapt to the circumstances and still find the substance needed through her relationship with her father. Kathryn, who has long since made the shift to another home, still experiences respect for the integrity of her needs when she returns home. Though there is a moment of inhaled tension when the subject of peanuts in the house is brought up, Kathryn's father adopts the bated breath of conflict to help relieve this tension so that Kathryn feels safe at home.

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The process of weaning a child from one set of circumstances to another is comparable to Sabrina's experiences in her own home and the choices she made to help create her own habi(table) environment. Sabrina discussed how her mother had helped shape her perception of her allergy. "My mom is a paediatrician so I think that played heavily into how she kinda cultivated my philosophy about allergies. So from the beginning: nobody needs to protect me, I just need to protect myself and like advocate for myself wherever I am" (Interview, January 27, 2014). Sabrina makes this statement with a sense of pride. It is clear to me that her allergy will not control her life and she has learned how to manage it. Though she has achieved a level of confidence in her abilities, she remarks on how they are rooted in problems that had happened when she was younger. "At home it was test it to your tongue and if you get a hive then don't eat it. That philosophy went on for quite some time to the point where I, truthfully, had 22 reactions in my life" (Interview, January 27, 2014). The shock of such a statement stops my breath for a moment and lingers in the air. I ask her how it felt using this approach to test her allergy.

Not cool. Somewhere in high school I was like 'this sounds so crazy.' I said 'Mom, this idea of testing it is shitty.' Once you've tested it, you're gonna have a reaction. My allergy is that serious now so that doesn't work and the fact that I had had so many reactions means that now I have a very serious reaction. So the process is extremely flawed which is sad to say. I know everyone says this but I really admire my mom in so many ways and as a medical physician but for her it was like 'let's not be the crazy people who need to be all scared.' So yeah, home was very different because of that. I don't have so many tiny food sensitivities and I was an anxious child so I always saying like 'this feels weird in my mouth, it might be allergy' and then eventually my allergy to peas got so bad one time I just had hives and threw up and she was like, 'oh, I guess you

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have an allergy.' So yeah, very different approach. Very experimental, no fear approach.

(Interview, January 27, 2014)

It is here that Sabrina contrasts from Kathryn's experiences at home. Sabrina has taken on the conflict at home and managed to create a situation that allows her habi(table) space to suit her own needs. Jager, in describing the development of the individual, notes the transition "takes place at the moment when the sucking mouth of the infant is transformed into the speaking mouth of the young child" (Jager, 1997, p. 33). Sabrina is no longer taking substance from her mother's suggestions but is, instead, voicing her own disapproval with these methods of allergy testing. She adds assertively

I'm gonna make choices that feel right for me. I'm not just gonna blindly read the labels.

Otherwise I couldn't eat anything in a package. So the *no fear* is there but I think my self-protection and independence is in part instilled from my mom but in part in the action.

That turning point where I realized I can't trust your system. This system sucks.

(Interview, January 27, 2014)

In developing into the individual that speaks instead of demands sustenance, Sabrina has allowed herself to define her habi(table) space and create the environment she believes best suits her.

Though she comments on the values of the *no fear* lifestyle that her mother has offered her, her

ability to self-regulate her habi(table) environment has allowed her to have control. Though

Sabrina has found a system that works for her, imagine how others may adapt to a no fear

lifestyle in the classroom. How can a student be encouraged to feel as though they are in control

when the teacher is running the class? How can a room of thirty students allow this *no fear* to

exist when snacks are brought in from different families with different dietary needs each day?

Such a challenge would require cooperation among a number of individuals. To gain a better

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understanding of this, I turn to Lilith's relationship with her brother and how she has adopted the workload of managing an allergy to benefit her brother.

As Mike's older sibling, Lilith is concerned with providing a safe environment for him. It is perhaps this concern that drives Lilith to take on additional responsibilities to allow her brother to feel more readily able to eat in a controlled setting. "My kids know that their uncle is allergic to these things and so I teach them that if they're gonna use a knife in peanut butter that they don't mix" (Interview, May 3, 2014). Taking on these additional barriers as her own allows Mike the chance to sit at his sister's kitchen table without having to worry about what he is eating. There is no dialogue or questioning attitude he must adhere to in order to ensure his own safety. There are no servers who may potentially mishandle his allergy. His moment of inhalation, of held breath is passed to his sister. Lilith is able to take on the added work of managing an allergy so that, in her own words "if he does visit, those habits are already in place" (Interview, May 3, 2014). In bridging her home to her brother, Lilith adopts both herself and her children to the new circumstances of supporting someone with an anaphylactic allergy. I asked Lilith about her relationship with her brother and how he views her desire to protect him. Lilith revealed that her family all have their unique approaches to Mike's allergy, all with their own reasoning. "I think that he understands. I think that, you know, it's become second nature that we protect each other as siblings and I think that he understands where it's coming from" (Interview, May 17, 2014). In referring to Mike and his fiancé, Lilith also draws in the relationship her mother has towards the allergy.

In talking to my mom about that, you know, she thinks it's strange that they eat out so much. That's a motherly instinct, you know? She wished that they would cook more at home. But I think that's the lifestyle nowadays. It's a little bit different from her and my

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dad. Their lifestyle was to cook at home but now I think life's more fast paced in terms of the line of work that they both do and I think that it's just easier to eat out. She [Lilith's mother] used to work at a hospital in the purchasing department. She had to take different medical terminology courses and things like that and she also took a workshop about allergies. Something that kind of put fear in her about going to restaurants was an article that was brought to the table about chilli. Someone went to a restaurant, explained to a waiter that they had allergies and they thought they were ordering something that was safest on the menu, like chilli, and yet they used peanut butter to thicken the sauce for chilli and the guy passed away. So she realized that even in a restaurant, even when you're ordering something that you think is safe, you're doing everything on your part as the person with the allergy to explain to the waiter that you have these allergies, but it's not the waiter's fault. They didn't know that that's what they do in the kitchen. So for my mom, you know, understanding and hearing, working in a hospital and hearing these types of stories, she just felt that it's so much better for you to just to make your own food at home. So she very much tried to teach my brother to cook for both reasons, just to be an independent guy and for his allergy. (Interview, May 17, 2014)

Lilith breathes calmly as she shares this moment. Her tone never wavers or gives in to emotions. Lilith is a voice of control and the concern she has for her younger sibling is one that she manages to handle herself. As she speaks of her concern with her brother eating out as well as the fear it causes her mother, it becomes clear that the roles have seemingly switched from Sabrina's and Kathryn's experiences at home. Sabrina and Kathryn have both expressed frustration with ways their allergies have been handled in the home. Lilith is unique in experiencing the frustrations and the concern on behalf of her brother, finding comfort when she

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knows he is home. It is in this comfort that a truly habi(table) environment for individuals with anaphylaxis can emerge.

The habi(table) environment is one where bridges are made and development occurs. The sense of having a safe environment could be a feeling of security and locked doors. It could be a feeling of shelter. The environment could be a family creation where a house has gradually become a home filled with memories over the years. The habi(table) environment could be the concept of home. It could represent an area where family and friends are able to care for one another in such a way that trust and acceptance permeate through social exchanges. This environment can expand into other homes as evident with Lilith and her brother Mike as she teaches her children how to manage their uncle's allergy. It is evident in the ways Sabrina has challenged her mother's method for handling her allergy and allowed herself to set her own needs at home. Finally, it is clear that Kathryn finds comfort in her home in knowing that her father will defend her allergy regardless of if she lives there or not.

The Confron(table) Environment: The Thresholds and Barriers of Anaphylaxis

Stepping outside of the home can be an altogether different experience for someone with an anaphylactic allergy. The comforts and familiarity of home can dissolve as new restaurants, people and foods are brought into the day to day experiences. It can prove to be a difficult task approaching a social eating environment when you have an anaphylactic allergy. In contrast to the dinner table at home, it is an entirely public situation where food is being prepared by individuals who might not be familiar with allergies, people who have not grown up protecting someone with an allergy or who have never been trained in handling an anaphylactic emergency. These are the tables where skills are put to the test. Where the individual approaches the thresholds and barriers of society and decides how and in what manner they will confront them.

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When engaging in a dialogue about anaphylaxis, there were two ways demonstrated by the participants in which the situation can be approached. During these confrontations, there was often a split between the desire to stand up for oneself and assert their needs or to be removed from the situation. In confronting the threshold, the attempt at removing it is taken on by the individual with the aim of achieving an environment where their needs are met. The opposing option is the removal of the individual, stepping away from the threshold entirely to attempt at finding a sense of comfort independently of others.

Confrontation. In handling an anaphylactic allergy, the notion of confrontation was experienced by each of the participants though their approaches were handled differently. The dialogue necessary to handle an interaction regarding anaphylaxis with another ranged from aggressive, discussed as confrontation, to non-existent, discussed as the removal of oneself from the situation. Jager offers that engaging in a dialogue is an approach to the threshold in that the “dialogical perspective does not take the form of an obstacle that demands to be dislodged, but rather that of a threshold that demands to be respected” (Jager, 1999, p. 4). It is the reaching of a mutual understanding where differences are respected as opposed to being destined for dislodgement. The threshold of garnering the respect of others is a trait visible even outside the world of anaphylaxis. Reflect on these moments of seeking mutual understanding with another whose perspective can only be assumed through our own perception. Is it a family that is able to resolve differences after a fight? Is it a resolution between friends? What is needed for this empathetic understanding of another to exist between two individuals? Is it possible to create this community of understanding in a classroom? Can two students approach the threshold and ask for the respect to allow mutual thresholds to exist? Approaching the threshold is a plea for

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empathy and for someone to attempt to understand the position of someone else. Through separate approaches, Lilith, Sabrina and Kathryn have all asked for this understanding.

Working in the food service industry has provided Kathryn a number of opportunities to confront others about her needs as someone with an anaphylactic allergy. "I don't have a middle ground" she says in regards to how she handles confrontation now. Long since passed are the days where Kathryn would hide her allergy from others in an attempt to exhale the tensions of anaphylaxis.

I think that's where I'm struggling is finding the balance but I am getting there. It's just my comfort level. So now that I can explain the whole situation of it, and when people do finally understand it, it's like they never knew. So it makes sense but it's funny when I fight it cause people think I'm crazy. They're like, 'Whoa, what happened? Someone's a bitch.' (Interview, March 1, 2014)

Kathryn laughs at her comment, revealing an acceptance in the ways she has managed her allergy. By the end of our first interview, I had already begun to notice that 'ignorance' and a lack of understanding was a common occurrence that Kathryn saw as a source of her conflict.

The obstacle of ignorance was noted as bringing up feelings of tension and anger that she associated with how people responded to her allergy. To Kathryn, attempting to level the obstacle means more than just informing others to the severity of her allergy but it is also a way to overcome this ignorance. On multiple occasions, Kathryn has had to confront co-workers who have placed her in a situation where confronting ignorance was needed. In one of her recent nights at work, Kathryn has had to speak with a co-worker who had brought an Oh Henry bar to work. For Kathryn, her approach was more direct as she attempted to take control of obstacles that have put her in harm's way.

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I think it was frustration coming through because people don't understand the severity of it so I want to make them realize that. My doctor who was like, 'each one [referring to her epinephrine injector] the adrenaline only lasts for about twelve minutes'. I remember they're like, 'You have twelve minutes to get to the hospital?' So that numbers always stood out for me that twelve minutes and I'll always tell people like 'Twelve minutes'. What can you do in twelve minutes cause you need to get me to a fucking hospital.

(Interview, February 1, 2014)

It is clear that her approach to the ignorance of others has had success as she knows her technique quite well. "I feel kind of empowered when I do it" Kathryn says of her most recent confrontation "It's just a matter of if I get taken seriously or not and when I do that, sometimes I get taken seriously" (Interview, March 1, 2014). Kathryn's development with her allergy has allowed a sense of confidence to emerge in engaging others. She is exhaling her tensions and allowing the breath to pass between herself and others. In doing so, her allergy becomes an exchange, a threshold which she can move beyond and allow others through as well. Kathryn's approach to the threshold offers her a great deal of empowerment through her ability to defend her needs to others. It is in this respect that Sabrina manages to find empowerment in managing her allergy in a completely opposing manner.

Sabrina conveyed a personality where bold statements in approaching the threshold did not seem to embody her philosophy on life. Opting to remove herself from the situation or to communicate her own feelings seemed more in tune with her personality. What was prioritized was her ability to control how she breathed in and breathed out each experience and to not relinquish this sense of control. It was not until we re-evaluated her anaphylactic reaction on campus that I noticed a confrontational take on her approach to the threshold.

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I'm just so careful. I just won't take a chance if I don't trust the person, if I don't trust the food, if there's any little hint that this isn't safe I have no problem not eating even for long periods of time just to keep my sanity and health. I had gone to Vienna by myself and I learned the phrase 'do you have peanuts in your kitchen' but of course my German is sickly terrible so the first day I was there I didn't have successful interactions and I didn't know if it was safe to eat anything so I didn't eat. (Interview, January 27, 2014)

Sabrina has taken her allergy seriously and has systems in place that help her manage her day-to-day interactions. As she breathes life into this concept, she expresses how the incident on her birthday had inspired such doubt.

I felt so confident about my system and then somebody comes and lies to you even though you have a good system, you know? Even to the point of tailoring your questions. I didn't ask 'what can I eat if I have a peanut allergy?' cause that's not the issue, especially if you don't understand allergies. Ask: 'Are there peanuts in the kitchen?' so that even someone who doesn't respect allergies can answer that question. Yeah, I just felt like, 'Oh my god, I exhausted everything I could and you tried to kill me'. But it just sounds so dramatic but it feels true. (Interview, January 27, 2014)

The conversation turns to the server who assured Sabrina that there were no peanuts in her food. The subject continues to carry a tone of resentment in her words. What would you do if someone negligent had caused you harm? What response would you feel in knowing someone had put your life in jeopardy? The option to unleash these thoughts on the server never came to fruition as Sabrina had to concern herself with getting to the hospital. Though Sabrina had missed the potential for confrontation during the incident, her reflection on the matter displays these lingering emotions.

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You know life is fragile but just seeing it in play, especially when she [the server] doesn't know me. I just, yeah, I felt so insulted. Like all that I'm trying to do here [referring to being in the B.Ed program], yeah and like it did get selfish or like it doesn't have to be negative selfish but it was very much about me, that dialogue. I'm going to teachers college. I'm really trying to do something here. Who do you think you are? (Interview, January 27, 2014)

Sabrina asks the question to the open air in the office. These words reveal a sense of severity that was not fully understood by the server. How could the server flippantly risk Sabrina's life over a simple matter of uncertainty? Sabrina had approached the threshold of her allergy in a public restaurant and done everything she had taught herself to do to communicate her need for respect and understanding. The resulting trip to the hospital is all the evidence Sabrina needs to know that one act of ignorance can completely undo all of that conscious effort. As we continue with our discussion, Sabrina notices a change in her perception. Her previously positive outlook on things has been challenged by her more recent experience with anaphylaxis.

Yeah, so then that has definitely been a paranoid experience cause it was, in my mind, malicious. I really value, like it brought to front a sense of pride about my life. Yeah, so it wasn't like I'm just really happy to be alive it's like 'I'm mad'. Everybody has their kind of life stories and I've already had several events in my life that made me question 'why are you here' and so I've already kinda made peace with those things and celebrated those things and I'd already been living a very grateful life and like a very 'I'm here for these reasons' kinda thing. But that, this was like an invitation to be like that side of human that I hadn't been before. Like that 'protect yourself' side and the 'I'm just mad

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and people are rude'. Like I was not, I didn't see the world as benevolent as I did before.

Yeah. So it was an interesting mindset to try on. (Interview, January 27, 2014)

Though Sabrina continues to champion the concept of self-advocacy, her brief experience with a more 'malicious' mind frame leaves a sour note in the interview space. All of this impact from one server who did not take Sabrina's allergy seriously. Sabrina, however, did make it to the hospital and did get to continue the teacher education program. It becomes clear that even though there is this anger and challenge to Sabrina's beliefs, the situation could have ended much worse. Sabrina could have died over this incident. She manages to continue handling her allergy in the way that allows her to feel empowered but she is now forced to remember the fallout from this one experience. All of her methods of control were simply not enough because of one careless server.

The confrontation involved in handling an anaphylactic allergy can be both an empowering and demoralizing experience. Lilith, being Mike's older sister, has not been afforded the opportunity to confront every obstacle to his anaphylactic allergies. Though protective of her brother, it is clear that she has taken a step back and allowed him to develop as an individual, granting him the power to breathe each experiences of anaphylaxis in. I asked her how she felt about the ways in which Mike has grown and adapted to his allergy.

I think that it's taught him to speak out. I think that it had a positive effect because it's not something that you should take lightly. It is his life so I think that even in talking to him about it on the phone recently. I could hear in his voice how he's a little bit more stronger when he talks about it as opposed to when he was a little bit younger. I think he is a little bit more assertive about it. I think now and probably just maturity too. I mean over the years you learn to speak up for yourself. I think yes it was, definitely a part of

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our family member's anxiety, the fact that he was a little bit soft spoken person. But I think that over the years he's matured and he's probably able more now to articulate to someone about his allergies. (Interview, May 17, 2014)

Her analysis of her brother's development over the years carries a gentle approach to it. As if being an older sibling adopts all the moments of a proud parent watching their child gradually become an adult and face the challenges that come along the way. Lilith speaks of her brother as he developed into someone who was able to approach his own thresholds without having his family handle the matters for him. Though she admits she still harbours her concerns, it is clear that Mike has developed into someone who can demand his own respect.

To approach this threshold is to acknowledge the existence of another and that they might view anaphylaxis as an entirely different concept from Sabrina, Lilith, and Kathryn. It is a return to Merleau-Ponty's (1968) views on perception and the other: "It is indeed impossible to grant access to the world to the others perception" (Merleau-Ponty, 1968, p. 9). Those who do not have an anaphylactic allergy may not fully understand the perception of living with one. Though each participant deals with their allergies in independent ways, what has remained unique is the ways in which they have all approached this threshold and asked that the other offer a sense of understanding or empathy. This is beyond the experiences of anaphylaxis and allergies that I invite you to reflect on. It is the universal experience of presenting the world with individual needs and perceptions and asking for a sense of understanding in return. What is it like to ask to be respected? What emotions arise when this respect is ignored or confronted? Now imagine that this lack of respect could be life threatening. These three participants have requested that others view these concepts beyond their own lens and take on the role of someone who experiences anaphylaxis on a daily basis. As has been evident in some of these experiences, the results are

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not always positive and there are times where the threshold operates as an obstacle, preventing mutually beneficial respect. It is in these scenarios that the option to simply remove oneself from the situation is also exercised by the participants.

Removal. In the removal from confrontation, Jager notes that “the obstacle speaks implicitly of possible future perspectives that will no longer be limited by that obstacle and that therefore will permit a fuller, more complete access to the real” (Jager, 1999 p. 4). In this sense, the obstacle is not something that can be overcome and limits the potential of developing a truly sociable and mutually beneficial experience. As Sabrina, Kathryn and Lilith have noted moments of encountering obstacles, they also remarked the ways that they avoided confrontation and took on additional weight on their own.

For Lilith, the public table of the restaurant is one that worries her when thinking about her brother. Unlike Sabrina and Kathryn, the situation is not in her control whatsoever. Her brother, who is now 35 years old and lives in another province, has his own life and Lilith’s influence is not always present when he transitions from home to the public realm of eating. When describing the eating habits of her brother and his fiancée, Lilith comments

They go out to eat a lot and they have to be very choosy with their restaurants. They have to make a lot of requests. Even if utensils that have touched fish touch his food that could make him sick. As his sister it’s been very scary. Through the years I’ve seen him have a reaction so, it can be very scary. (Interview, May 3, 2014)

Not only does Lilith fear what may happen to her brother at a restaurant, she experiences greater discomfort in knowing how often he is eating in places that a reaction could be more likely when compared to eating at home. “My brother he’d go to Red Lobster with his girlfriend and I’m just thinking, why?” (Interview, May 17, 2014). A brief pause asserts the impact of this question:

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why? Why would someone with such a severe allergy risk going to a restaurant where allergens are present. Lilith continues and answers what she believes is Mike's potential answer. "But you're in a relationship. She {Mike's fiancé} likes it and you know give or take, sacrifice, whatever, but he actually goes to a fish restaurant" Lilith repeats with a sense of shock in her voice. "A seafood restaurant. So he obviously is very brave and he obviously puts a lot of trust in those people's hands" (Interview, May 17, 2014). The worry in her voice reveals this to be an obstacle she continues to withdraw from though her brother may have let his guard down on this matter long ago.

Lilith acknowledges her own fears about eating at a restaurant with potential allergens. "I'd be a little bit less trusting and I'd be a little bit more concerned about going to restaurants" (Interview, May 17, 2014). Lilith is not able to perceive this experience through any views of anaphylaxis but her own. What reasoning could Mike have to continue to go to these restaurants when Lilith clearly understands the danger? Lilith notes that the outcome would be much different if she were the one with the allergy. "I think it would be difficult for me. I think that I'd be one of the people that would stay home more often" (Interview, May 17, 2014) she muses, putting herself into her brother's lifestyle. Though Lilith is able to assess the obstacle through her brother's eyes, she acknowledges that it is his decision to make. Her approach, though suited best for her own needs, is not universal. For a brief moment, Lilith reveals the future educator she will one day be. A student who has been under her care her entire life has told Lilith that his needs are different. Despite her concerns, Lilith has accepted that Mike is the only one who can truly decide what is best for him.

Though Lilith has had to watch silently as her brother approaches the thresholds and obstacles of anaphylaxis, Kathryn has experienced these events first hand. As a child, Kathryn

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took piano classes, a hobby that regularly involved community gatherings for recitals. Following each recital, there would be a reception where members of the local community would bring food. "It would be this whole ordeal of finding out who brought this, going up and then being like 'my daughter has an allergy' which is so embarrassing. I think that really attributed to me not wanting to talk about it" (Interview, March 1, 2014).

The obstacles for Kathryn that led to years of choosing to avoid the dialogue as opposed to fighting for it were very real to her. Obstacles such as embarrassment caused during her concert receptions kept Kathryn from engaging in this dialogue, one of the reasons she believes that she so readily engages in it now. "Yeah so maybe that's why it comes up more cause I've been holding it back" (Interview, February 1, 2014). This development is a recent one for Kathryn. "I had a fear of admitting that I had an allergy for the longest time. I don't know why I was just so embarrassed. In high school, like, no one knew" (Interview, February 1, 2014). Though the obstacles were there, Kathryn elected to step away from them and keep her allergy to herself. Though this meant less confrontation, it also caused a great deal of distress.

When Kathryn was asked about the stressful moments of choosing not to discuss her allergy, she recounts her experience of eating in the lunchroom at her high school.

Yeah, I don't know, just a lot of anxiety. I'd be sitting there. I'd be eating and then, I would actually stop eating my lunch because I would be like 'Oh my god, is there peanut residue coming over to my food?' Yeah. I would just watch them all eat in front of me and we had a small cafeteria for 1500 kids and we're just packed in there and I'm like 'it's everywhere' and then I would stay there cause you're in high school and you don't wanna lose friends at lunch. You don't wanna sit there by yourself. It was everywhere I went. It was just so not controlled. And I went through the same suffering cause I went to

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the Boots and Hearts country music festival in the summer. Before we went it was Thursday and I was at my friend's house and we're all sitting on her patio and they all brought out snacks. Her mom brought out a big bowl of peanuts cause that's the coolest thing in the world eat when you're hungry and they're all sitting and there's four of these girls that I've been best friends with and I guess none of them knew or realized or forgot. They were all just sitting there eating them in front of me and I'm like 'thank god we're outside'. It makes it a little bit easier to breathe. (Interview, March 1, 2014)

As Kathryn removes herself from the obstacle of confronting her allergy to others, she is noticeably forced to endure anxious and stressful moments as a result. Though the benefit here is seen as maintaining her friendships, she acknowledges that her current strength and empowerment is not gained through avoiding confrontation but by being able to approach it in the demand for respect for her allergy. Her approach to the threshold has allowed her to prosper with her allergy as she finds her way in having her needs understood by others.

Much like Kathryn, Sabrina has also opted to avoid confrontation in some situations rather than have a dialogue in regards to her allergy. Where Sabrina stands separately is that she finds personal empowerment from not having to face these confrontations. Though the process is the same in that she encounters scenarios with friends, coworkers and educators who do not know of her allergy, the way in which she perceives the situation is what allows her to step away from the obstacle and still find something to gain from the process.

During her practicum placement, Sabrina had opted to not tell her associate teacher about her anaphylactic allergy. Towards the end of the practicum, Sabrina's associate teacher found out that she had a peanut allergy. "I can't believe you have an allergy. Why didn't you tell me" (Interview, January 27, 2014)? Sabrina says in acting out the role of her associate teacher.

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Her voice carries implications of shock, anger and confusion. The worry expressed by the associate teacher is certainly grounded in policy. The Canadian School Board association (1996) has stated that it is probable that an educator would be held responsible for administering a dose of epinephrine during an anaphylactic shock. Sabrina shares her observations to this response as portraying a number of different perspectives on behalf of the teacher.

It's genuinely half and half compassion and fear. If not, just fully about them and their reputation. Say it was with a teacher I would think we were always going to be fine cause I have this under control. And it's not like a long term thing where I need to tell you ten weeks ago or else now we won't be prepared. If there's a peanut right here I can tell you this is a problem. I can see, like it taps into a person's need to do the right the thing and I've let them down so that they've already done the wrong thing and they need to correct it. So that must feel bad as people want to be perfect, generally. I can see the compassion piece. It's hard though. 'Why didn't you tell me?' (Interview, March 14, 2014)

The question resonates as the disbelief over how it came to fruition shows on Sabrina's face. She shakes her head. Though there is clearly room for frustration here, Sabrina reflects on the experience and is able to try and understand the reasoning behind her associate teacher's response. Sabrina is not seeing this moment as a barrier between her and her associate teacher. She is acknowledging the thresholds of what being an associate teacher means and the potential responsibilities that could fall on her if something were to happen to her student teacher. Though Sabrina can understand the response, she furthers by explaining a better way to respond to such an incident.

I mean now being a teacher of course that makes sense. Like if a woman, say a mom brings in cupcakes and I'm like 'that's so nice, none of my kids have allergies' and then

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they're like 'no, I do' I'd be like 'oh my goodness. I'm so sorry I had no idea.' That would be my reaction. I don't think I would say 'you should have told me.' That just does not work with my framework. Yeah, I see it as like 'help me be perfect all the time so I can't make a mistake'. (Interview, March 14, 2014)

Sabrina sees through the initial shocked response of her associate teacher and stands by her decision to have kept her allergy to herself. She reveals that in a student environment, concern for the well-being of the student should come before the reputation of the educator. Is this not what teacher's should strive to be? Should the safety of the children not be the priority in each classroom? How could such a situation be handled if a student decides not to reveal an allergy? In Sabrina's case, this situation remains hers to control. It is her inhale and exhale to regulate.

While Sabrina knows that her associate teacher responded in a common way to finding out about the allergy, she still opted to keep this information to herself, choosing to avoid the dialogue all together. Her rationale is that there is no need to involve her associate teacher. She has the situation "under control" (Interview, March 14, 2014). In keeping this potential confrontation to herself, Sabrina has both acknowledged the associate teacher's threshold and her own, choosing to respect her own needs in the situation. For Sabrina, this is the process of relinquishing control to another. Choosing to engage in a dialogue with another individual and choosing to avoid it presents barriers in their own respective ways.

The Respec(table) Environment

There is tension between living a life in shelter, preserved within the safety of home, and yearning to emerge from those confines and to fly freely as others do. The desire for joining the rabble of others who do not read every label, engage dialogue with every server or question each item on the table during social gatherings. This is a desire that is not firmly rooted in the reality of individuals with anaphylaxis. It is vital to read labels, to inspect foods and to exercise caution when necessary. However, being a student also means being part of a community. As each teacher candidate is only in the B. Ed. program for eight months, each student is seated at the learning table as a guest, a temporary visitor in the academic setting. It is in this role of guest that risks can emerge, contrasting from the comforts of home that are lost. Creating a balance between the safety of the home environment with the personal rewards of the social environment allow a new realm to exist where both guest and host can breathe in one another's company without bated breath. It is here that I questioned Sabrina, Lilith and Kathryn as to what elements create a healthy community. What creates a respect(table) Environment?

Finding comfort with self. Kathryn had routinely expressed her embarrassment with her allergy. Her experiences were often hidden behind her silence, desiring more to stay with her friends than to admit her allergy.

I pretended I didn't have an allergy and not be safe when I was in school. I would put myself in these situations to have, to keep my friends almost. I would be sitting at a table with a bunch of people in a packed cafeteria where stuff is everywhere and I just couldn't even eat. (Interview, February 1, 2014)

As time went on, Kathryn learned different techniques for handling her allergy in a more social climate. One such solution has been her sense of humour. Though Kathryn muses that taking her

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allergy lightly is not an ideal goal, it has helped her improve her relationship with the allergy. “I know it’s serious and I should be treating it as serious but it’s just lightened the situation. I guess it helps me. So maybe there’s like a balance that I could find. I think I’m finding it” (Interview, March 1, 2014). Kathryn is experiencing the transition from the table at home to the communal table where thresholds are respected between those who are seated at the eating table. What’s more is Kathryn’s transition to a situation where she is comfortable entering the role of the guest in a new community, beyond the comforts offered by home.

“Honestly, I think it’s probably this year (referring to her time in the Comprehensive School Health cohort). Just being accepting and knowing that it’s not my fault” (Interview, March 1, 2014). Kathryn expresses her newfound acceptance of her allergy with vigour in her words. She smiles as the meaning of this transition erodes the former years of hiding her allergy from others. Kathryn has learned to advocate for her allergy and, in doing so, has learned to approach the world and confront the thresholds and barriers with confidence. She has also displayed her comfort with allergies in the role of the host, inviting others to live in a safe, respec(table) environment.

I was working the downstairs bar and we bring food and have it there and since I have an allergy I’m very aware of other stuff. I’m observant so I pick up on stuff and there was a mom and a dad that came in and they had a nine year old daughter. She’s sitting there and the daughter was allergic to pistachios and like a couple of pine nuts and random stuff but no peanuts and the mother told me that. I made sure the food was fine, you talk to them about it, talk to the kitchen and then the dad came up after and I was about to eat the walnuts and I was like ‘before I eat this is your daughter allergic to walnuts’? Because I know she has a nut allergy and I just forgot what the other nuts were and he had no idea.

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He had no idea so I had to go ask the mom. The Mom's like 'No that's fine you can eat it. Thank you for asking' and I was like 'If I'm getting a pop for her I don't want to contaminate it'. (Interview, March 1, 2014)

Kathryn has noticeably transitioned to being more comfortable with having a dialogue about her allergy in contrast to her younger years. Her sense of control is now being exhaled into her work, revealing an ability to establish community understanding with her customers as well as her coworkers. She is displaying empathy through her interaction with her customers. It is a statement to her growing acknowledgement of her allergy and her distance from the student who would sit hungry and tense in her high school lunchroom. Now she welcomes others into the respect(table) environment. She is becoming a community creator.

As our discussion pushed forward, it became clear that Kathryn had a defensive stance on her allergy when she was younger, shying away from confrontation and the threshold of others. During our first interview, Kathryn admitted that, throughout much of her younger years, she did not know what peanuts looked like. "I just had this anxiety growing up because I didn't know what it was" (Interview, February 1, 2014). As touched on earlier, Kathryn knows the barriers that fear can cause. Kathryn acknowledges both the value and limitations of how she was raised to deal with her allergy. "It definitely got better but I think it also sucked how much I was protected when I was younger cause in high school that didn't help cause my mom wasn't there to protect me" (Interview, February 1, 2014). The transition from the safety provided by her mother to the public tables of the high school lunchroom was a stark contrast from her elementary school experiences. "In high school it had absolutely no impact. There were no guidelines to what you could bring or couldn't bring and even if there were, who's going to enforce it in a school of 1500 kids?" (Interview, February 1, 2014). Kathryn's questions open the

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way to others regarding managing allergies in a school. How would this be handled in a classroom of thirty? What if students have conflicting dietary needs? This conflict of allergies is an issue that may become more common as it has been noted that non-traditional foods are now becoming potential allergens (Obeng & Vandegriff, 2008). The alienating atmosphere of the high school lunchroom encumbered Kathryn's ability to address her needs. In contrast, the community-based approach of the Comprehensive School Health cohort has helped her better confront her own obstacles of anaphylaxis.

Creating comfort around others. In the realm of personal milestones, every individual with an allergy has had that moment of confrontation. A moment to face the world and tell a server, a teacher, a friend, or a chef: I have an allergy. For some people, this moment comes after years of parents or other individuals having this dialogue for them, delaying the moment where they must face this conversation on their own. Others have been encouraged to have this dialogue early on and become more comfortable with entering into this exchange on a regular basis. Imagine this first experience with confrontation. Is it as a child, an adolescent or even a young adult? Does that sinking feeling happen in your stomach like the one Sabrina expressed during her anaphylactic reaction? Do your palms sweat with nervous anticipation? Remember the first time you said to the world "this is me". Did the world listen? Now imagine that this confrontation was a matter of your survival. This is a truly lived experience of anaphylaxis. I invite you to be a guest in this world to better understand how significant it is when a host welcomes others with anaphylaxis to sit at a new table.

For Lilith, taking on the role of guest to the world of anaphylaxis is not always as simple as it is for Sabrina and Kathryn. Both Sabrina and Kathryn are able to invite others into their situation when it is needed by informing them of their needs or confronting them of the severity

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of their allergies. For Lilith, the role is multifaceted as she can act as either host or guest by choice. She is able to decide when and if she will become a part of the world of anaphylaxis and though her brother does not have the same opportunity, she is able to approach the barriers with a greater sense of control. When the need to manage allergies is presented to Lilith, the decision is not complex to her. She describes the process with beautiful simplicity “to me, it just means I’m protecting my brother” (Interview, May 3, 2014). It is as if her entrance into the realm of approaching and removing barriers is as instinctual as any parent who would knowingly protect their child from harm. What if your sibling, child or loved one had a severe allergy? Would you not do whatever necessary to make them feel welcomed in your home? What would you do as a host to allow them to be a guest at your table?

Lilith, much like Sabrina and Kathryn, has found ways to manage her brother’s allergy without approaching the barrier presented by others.

Sometimes you have a big Christmas party and you have a table setting of food and people are picking up things as they go along. There was a time when I remember my sister and I switched some plates around because we noticed that people would dip something and then pick up something else with that spoon. To avoid that we just put the fish further away. (Interview, May 3, 2014)

In doing so, Lilith has not removed the social barriers created by other people at her Christmas party but has, instead, removed the situation for her brother’s safety. Her added work has allowed her brother to continue comfortably in a gathering where he does not experience these barriers. In reflecting on these allergy-management strategies, Lilith speaks to the barriers that people at her Christmas party were creating. “If you don’t live with that person, you’re not really

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conscious of that and you just do it. An accident can happen in seconds, right?" (Interview, May 3, 2014).

Lilith works within a symbiotic relationship between removing the barriers and removing oneself from them. Her brother is "kind of a soft spoken person" (Interview, May 3, 2014). Mike's reluctance to approach these barriers is one of the reasons she has so readily taken on this allergy as her own. "I think that he would be less inclined to speak up and so my sister and I, we tend to take that role on for him a lot of times. We're just a little bit more bold that way" (Interview, May 3, 2014). Her approach to the thresholds and barriers of the situation also reveals her willingness to see the other side of the matter, from the view of the guests who come to her Christmas table to eat without worries related to allergies. "When you invite someone to your house you just want them to be free and be relaxed and enjoy themselves. You don't want them thinking about someone else's life" (Interview, May 3, 2014). It is in this unique stance that we begin to question what the ideal situation is. Where can the individuals with anaphylactic allergies find a spot at the table where they may exhale without always relying on others having to take on that bated breath? It was during an interview with Sabrina that the problems of protecting an individual with a severe allergy could counteract their ability to develop advocacy skills.

My interviews with Sabrina unearthed a general culture around individuals with allergies as victims, associated with her associate teacher's shock in learning of Sabrina's allergy. Sabrina's explanation for this shock was that it was part of this culture of victimization. Sabrina believes that one way of countering this culture can be achieved by encouraging advocacy for individuals with different needs as well as acknowledging these differences as potential strengths, not simply as weaknesses. In an ideal encounter, Sabrina paraphrases what a healthy

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exchange might look like. “If I said ‘oh I have an allergy, would you mind putting that food away’ they’d be like ‘oh wow, you must have a lot of independence and self-advocacy skills’” (Interview, March 14, 2014). In suggesting this approach, her interaction with the associate teacher has the potential to be one of mutual learning and admiration as opposed to fear and control. The opportunity to safeguard the individual’s needs then becomes an opportunity for empowerment. Sabrina continues her argument that voicing fears over strengths and abilities can have a hindering effect on an individual.

‘I have needs.’ I can see how somebody would use an allergy like that. Maybe that’s a trap. Like, you build that into your system of ‘I have value and this is how I show it. I make people outside admit that I’m valuable by saying ‘I’ll take care of you.’ I guess in my own allergy perceptions I’m really conscious not to make that link. Like even with that person who mistakenly, although in such a cavalier way, served me peanuts. That was not about my value, you know? Like I could have gone back there and said ‘Ah, I can’t believe you did this to me’ like many people were saying. ‘I’d be so mad’ and like I was mad for sure and as I said it changed my view about trusting people but like needing that kind of relationship of ‘do I have value?’ Like presenting that question is not on the table for me. (Interview, March 14, 2014)

Diving deeper into Sabrina’s desires to manage her allergies on her own, she reveals her desire to not seek value through her weaknesses. It is perhaps this desire as an educator to “take care” and to provide a safe environment for students which creates confrontations like the one between Sabrina and her associate teacher. What is needed in these moments of conflict is not to address the obstacles but to acknowledge the individual thresholds as well as the respect needed for each

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other. In recognizing the value in creating a respectful environment, the potential for advocacy is able to prosper.

Advocacy. Kathryn, Lilith and Sabrina all covered the issue of advocacy from different perspectives. What remained common between each participant was that despite requiring different needs, advocacy and the sense of self-value was the best solution for individuals struggling with anaphylaxis. This is a solution that is beneficial for educators as younger students might not have the necessary tools equipped to advocate for their own allergy. When asked about the importance of different students needing to understand different needs, Lilith provided an eloquent example to use in a classroom. The statement was rich with the experiences of having seen someone with an anaphylactic allergy come to terms with their needs.

If someone needed to reach something on a shelf and actually physically do it, have them try to reach for something and when they couldn't, give them a ladder or a stool. Then have them reach for it and show them the difference. This stool is your tool for your special need. Your special need is your height and I'm tall enough to get it but you're not so you need this tool. I've always kept that in the back of my mind because it's such a perfect way to explain to a student that a special need doesn't have to limit you for one thing and a special need is not something necessarily to be ashamed of. It's just something you need at that point in time to get what you need. I think in the same way I would discuss that in terms of the allergies. (Interview, May 17, 2014)

Lilith's analogy provides an educational environment where obstacles are overcome with tools, not the garnering or relinquishing of control. It is perhaps in this environment, where needs are not identified as weaknesses but differences to be respected amongst others, that a healthier environment for individuals with anaphylaxis can be created.

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A community reacts to anaphylaxis. Unbeknownst to Sabrina, her classmate Lilith was one of my participants for this research and was aware of when Sabrina had her anaphylactic reaction on her birthday. The events described through Lilith's perspective reveal the ways in which others in the Comprehensive School Health cohort responded to Sabrina's experience.

Right away I was shocked because I thought 'my goodness we could have lost this classmate because she ate something.' That is so, it's kind of mind boggling for me that something that is sustenance, that's supposed to be sustenance can also be something that can take your life. Right away I was shocked. (Interview, May 17, 2014)

Lilith provides insight into the impact anaphylaxis can have on a community. What if Sabrina had died from anaphylactic shock? Place yourself in this classroom of educators. Envision this community of people who share their lives with one another each week, the same faces in every classroom. How would the rest of the class react when one of those faces is gone? How would a community of educators carry forward for four more months knowing one of their own was no longer with them? How would the server who had provided the allergen have reacted? While it is certainly ominous to think about, it had the potential to be a reality.

I don't want to blame this person that was selling the cookie or whatever that she ate because sometimes they don't know either. That's the scary part. Sometimes you're selling something and you say 'No, no it's fine' and yet you're putting someone at risk. You're putting someone in danger so what to do? Say 'I'm not sure.' I mean goodness, that's why I say I don't understand. Adults don't understand the gravity of what they're doing because that person should have said they're not sure cause really they're not. Instead of that, they reassured that there was no nuts in it, which ended up, she ended up in the hospital. So that was my next reaction was thinking of my brother right away and

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the fact that even though you tell someone you still are taking their life into your hands. Then the next reaction I think was to make sure that she's ok. I think I was so empathetic. Was there anything I could do? Does she need anything? I think that was just a natural way because I know her personally. If I had heard of this on Facebook, like of someone who I don't know, maybe I may not be inclined to help but I definitely would make the connection because I have someone in my family. But I definitely was shocked. I don't even know how to explain how, how could something that is supposed to sustain your life also take your life? It's that conundrum. (Interview, May 17, 2014)

What contrasts Lilith's response to how Kathryn's coworkers and Sabrina's associate teacher have responded to the anaphylactic incident is the sense of empathy and concern in her voice. Lilith is not immediately concerned with how the incident has affected her but prioritizes the well-being of the individual suffering from an anaphylactic attack. Though some individuals, as Sabrina has stated, do not want to be cared for nor have their needs handled by others, the respect and acknowledgement Lilith has for the needs of her classmates can still allow both to exist in a mutually beneficial environment. Lilith continued her account of the experience, providing insight into how her classmates reacted to the incident.

I think that the people who were advocating for eating what they wanted in class were really, they felt that they should eat whatever they want. It was about them. It wasn't about the other person. It was about their rights to eat what they want and so it was almost as if that person's allergy was infringing on their rights. It's kind of funny when you think about it but it seems to me that even after the incident happened when this classmate did go to the hospital and had an allergic reaction, this particular classmate felt that 'Oh well, I should still be able to eat what I want.' So when we planned different

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little get-togethers in class and even though some other classmates would say 'oh, by the way please no nuts' this particular classmate felt that she should be able to bring whatever she wants. So in terms of labelling, somebody has suggested we should label it. I think that the real world, you know, you're not going to have everything labeled. I understand that but because we're supposed to be a close knit classroom, I think that we could show more compassion and respect for that person who has allergies and just not bring it for this one time. It's not every day. It's just this one particular class and we've made enough personal connections with these people that we should understand that this is something that they can't control. So we should be more respectful and empathetic. I think that's the word. I think we need to be empathetic for their situation. (Interview, May 17, 2014)

Lilith's account of Sabrina's experience reveals what may be a potential solution to the social needs of individuals with anaphylaxis. Though there are times when thresholds and obstacles alike are present in the classroom, an empathetic approach could help create this habi(table) and respec(table) environment. As expressed by Stewart, et al. (2011) educators are noticeably absent on the list of primary supports for children during younger years. The adoption of an empathetic approach could help insert educators onto that list. It is this distance between the perception of others and their reality that dissolves the idea of community that is so essential in an educational setting. As educators, there is value in stepping outside of pre-existing perceptions and curriculum required teachings to find these moments that carry a sense of empathy within the classroom and recognize that each student is an individual with separate needs. It is in this community that a shared inhale and exhale of one another's experiences, understandings, and beliefs can flow from one individual to another.

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Building up and breaking down walls. It is our second interview and Sabrina and I continue to describe the meaning of anaphylaxis. For Sabrina, it is not as simple as isolating a singular aspect of her life. She paraphrases the significance of her allergy. "I have trouble defining it cause, well, everything is a peanut allergy, you know?" (Interview, March 14, 2014). This statement draws back to her earlier comment she had made during the first interview: "How you do one thing is how you do everything" (Interview, March 14, 2014). Though Sabrina, Kathryn and Lilith have all had their lives affected by anaphylaxis, they are the ones who choose how to confront each scenario when it presents itself. Kathryn, Lilith and Sabrina approach anaphylaxis not as individuals hindered by their allergies but with histories, characteristics, and beliefs that allow them to handle the allergy in the way they see fit. It is during this discussion that Sabrina, a musician, reflects back to how she views her anxiety when standing on the stage. "I always think of performing as like being behind this wall and there's a little hole like this one" (Interview, March 14, 2014) she points towards a wall in the office, littered with holes from posters of the previous students that worked here. "They say 'perform' and you can't. You're behind the wall but see you're supposed to push yourself out of there one little piece at a time and it's so painful" (Interview, March 14, 2014). It is in this moment that a concept emerges for Sabrina, Kathryn and Lilith and many other students who have sat in a classroom before. There is always a wall that sits before the student. There are moments where the opening is large and the voices are heard while other moments are muffled and the voices are lost to those who stand on the other side. The nature of this barrier is duplicitous though. Lowering the wall and opening this voice to the rest of the world encourages a stronger voice but also leaves the student vulnerable. Choosing to hide behind the wall can leave students protected but also unheard by the world around them. The concept of the wall was universal among the events described by

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Lilith, Sabrina, and Kathryn. There were moments where each of them favoured protection over being heard as well as moments where they chose to stand beyond their shells to emit a voice of control and empowerment. As these scenarios came to mind, questions arose as to the nature of these barriers we erect or demolish as we approach others. How does this allergy affect these walls? How has it affected those on the other side of them? What can we, as educators, do to help students come out from behind these walls and find strength in their voice? What can we do to help these students feel comfort in staying behind their walls?

As Kathryn, Sabrina, and Lilith concluded the B.Ed. program, they have all touched on the significance of connecting with students. There was a need in each participant to feel as though no student had been disadvantaged or unable to succeed in a learning environment. After Sabrina had established the metaphor of the wall, she reflected on a personal connection she had with one of her practicum students. A young student who was struggling in his classes had been diagnosed with a learning disability. While this may have seemed like an insurmountable brick placed in this student's wall, Sabrina saw the situation as an opportunity. When asked about how she felt about connecting with the student after his diagnosis, her response was very positive. "I feel like I was on the other side of the wall" (Interview, March 14, 2014). Now that the student, as well as Sabrina, knew what issues were being faced in the classroom, there was an opportunity to help him succeed.

If you have that skill set or have created community enough so that it's safe for you to go behind the wall, learning is constant. It's happening from all sides and you can't just ask for one thing cause that's not indicative of the learning process. (Interview, March 14, 2014)

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It is in this conversation with Sabrina that many of the theories for this research take on a framework. Anaphylaxis does not have a definitive answer in the public education system. There is no singular approach that can help each individual with an anaphylactic allergy. As rates continue to rise, school boards implement laws, policies, and trainings to better handle this growing issue. The reality is that Lilith, Sabrina, and Kathryn have all been through the public education system and the moments that have stood out for them in relation to anaphylaxis are not those enforced by policy or laws. Though the implementation of school policies have evolved in the past fifty years (Canadian Society of Allergy and Clinical Immunology, 2005-2014) what has impacted them most was how they had approached the world with their own set of needs. It is the return to how both barriers and thresholds are approached. Jager's concept of the mutually respected threshold, where two individuals can coexist, is a world where the walls can open themselves to others. Like Sabrina and her student, the goal is not to break down these walls or to reinforce them with policy. It is to create an environment where teachers and students alike can move to and from these walls as they see fit. This is an inter-subjective existence where those in the classroom community can inhale and exhale the experiences, the lives, and the lessons of those among them.

What is left at the table. “We do not open new doors before having closed the old ones. Satisfaction participates wholly in this movement from house to house, from one embodied situation to the next” (Jager, 1999, p. 54). It is the inhale and the exhale of experience, to breathe in and absorb a moment before exhaling it and moving on to the next. It is the nature of growing and developing along individual strengths and vulnerabilities. Sabrina, Kathryn, Lilith, and Mike have all grown and adapted to how they handle allergies throughout their maturation. They have left behind old techniques and methods that no longer work for who they are today.

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Sabrina has seen her sense of advocacy and self-reliance in regards to her allergy strengthen over the years. Sabrina cited her mother's influence as empowering, even when it meant challenging her method of testing for allergies. "My self-protection and independence is in part instilled from my mom but in part in the action. Like that turning point where I realized I can't trust your system" (Interview, January 27, 2014). Sabrina has made her allergy her own to manage. Kathryn has also come to terms with her allergy and it is clear that it was never possible for her to remain at the elementary school table where her mother provided her protection. She reflects on her newly gained perception of her allergy. "I'm glad that I've come to terms with the fact that it's OK to tell people because now I feel way more comfortable saying 'by the way, I have this allergy'" (Interview, February 1, 2014). Kathryn has grown with her allergy and her perception of it has shifted to allow her the ability to exhale freely. This sense of growth was necessary in Mike's case, as well. "We knew he couldn't stay home all the time", Lilith says of her brother's lunches at home. "He'd be a prisoner. We couldn't allow his allergies to make him a prisoner in his own home" (Interview, May 17, 2014). Though Mike's circumstances have changed, he still has moments where his allergy causes fear. The inhale and the exhale continue to come and go as each situation enters Mike's life even though the confinement of eating at home has not transitioned into adulthood.

This transition from one significant milestone in life to the next is a universal trait. Reflect on some of the moments that signify your own personal metamorphosis. What impact did these moments have on your personality? How did you develop as an individual in response to them? Sabrina, Kathryn, Lilith and her brother Mike have all undergone this change while anaphylaxis has remained ever present. Their journey over the years, even noticeable between interviews, is a statement as to how handling an allergy can be such an independent process. It is

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this independence that allowed the participants to utilize their needs as an opportunity to define their vulnerabilities and decide how best to manage them. It is in this process of taking charge that a sense of understanding could prove useful. Perhaps the key to helping students with anaphylaxis is to not dictate their lives through policy and rules but to take moments to pause and attempt to understand their needs as individuals.

Chapter 6: Conclusion

Implications for Educators

What can we, as educators, learn from the shared experiences of three pre-service teachers and their relationships with anaphylaxis? Sabrina, Lilith, and Kathryn have all shared their personal experiences related to anaphylactic allergies. Sabrina's allergic reaction, Kathryn's observation of her co-worker eating peanuts and Lilith's recounting of Mike's terrified experience of allergy testing have all resonated the severity of living with an anaphylactic allergy. These were the moments that each participant felt necessary to share with me when talking of their allergies. What is important in remembering these experiences is that they also served to shape the development of each participant as an educator. Lilith, having grown up caring for her brother, displayed a desire for empathy and understanding in her class community during the B.Ed. program. Kathryn, having initially shied away from confrontation, found confidence in expressing her needs to others and saw student needs as a necessary focus in teaching. Sabrina, though having experienced a serious reaction through a server's ignorant behaviour, continued to champion self-advocacy as vital for student well-being. This research reveals both the impact anaphylaxis can have on individuals but also how these individuals shape and control their allergies in response.

This research offers guidance in the form of emergent themes that may serve to sensitize new and seasoned teachers to what it may be like for their students to live with a life-threatening allergy. The importance of the *Inhale* and *Exhale* as well as the relationships between anaphylactic individuals and the habi(table), confron(table), and respect(table) environments thus showcase the needs of students who suffer from severe allergies.

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The inhale. The *Inhale* is the experience of tension and preparation for work, a universal moment for educators and students alike. The preparation of lesson plans, the meeting of parents and the yearly outlines submitted to principals are all moments where a breath is taken on in preparation of the hard work to come. As a student, the *inhale* is evident in drawing in lessons and knowledge to eventually be brought out in homework, tests, and presentations. The *inhale* is a universal phenomenon in the realm of education. What is evident for students with special needs, learning exceptionalities, and even anaphylactic allergies is that there is an additional breath that must be drawn in. Kathryn experienced this tension while being confronted with a co-worker eating peanuts at her restaurant. We held our breath with her as she watched her glass be handled near an allergen, waiting for a renewed sense of safety. Lilith witnessed this inhaled moment as her brother tearfully endured his allergy testing as a child. We felt empathy for Mike, the scared and vulnerable child, when he ran rather than face subsequent testing. For Sabrina, the held breath was a literal experience during her anaphylactic attack on campus. We accompanied her as she described her descent into her pit of anxiety, the grim reality of having experienced an anaphylactic reaction. These moments served as a reminder that anaphylaxis can demand that an allergy be first addressed, delaying an exhale into the more festive, or even quotidian, experiences. The *inhale* can hold the individual with anaphylaxis in an inhaled moment, delaying the process of becoming guests in the exhaled, enjoyable community. As students enter classrooms as guests on a routine basis, this environment should provide a sense of hospitality while they pursue their education. It is an environment where no student should experience these *inhaled* moments as a result of tension or fear for their own wellbeing.

The exhale. The *Exhale* offers the counterpoint to the phenomenon of the *Inhale*. Students and educators alike who have prepared for work and for their own respective challenges

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seek the elation of resolve. Completing a lesson plan as an educator or completing a test as a student carries with it a sense of closure of many experiences. The preparation, the studying, the hard work put into this process is released as the moment exhales itself and a pause is given before a new inhaled experience begins. This need to *Exhale* is necessary in the world of anaphylaxis to release the allergy from conscious thought and return to an everyday lifestyle.

Kathryn experienced her exhaled release from her anaphylactic allergy by initially distancing herself from it. Her resiliency to wearing medic-alert bracelets and fanny packs allowed her to hide from her allergy as a child. With the support of others during the B.Ed. program, Kathryn has seen her exhaled experiences come from her newfound comfort in her allergy and being able to defend it against others. Sabrina was able to exhale from her anaphylactic experiences by keeping her allergy to herself, having found control to be her sense of empowerment. Though Sabrina has had more experience with anaphylactic reactions, she has not allowed it to compromise her control over her allergy. This refusal to relinquish control to anyone else has allowed her to continue an independent lifestyle. Lilith, in being an older sibling to someone with an anaphylactic allergy, has adopted some of the inhaled moments of dealing with the allergy so that Mike could exhale more readily. Training her children to properly contain allergens and keeping her house as a safe environment has meant Mike is able to release his focus on his allergy whenever he visits. For each participant, the exhale has meant being able to live a normal life and to set the allergy aside.

The habi(table) environment. Finally, the three environments of anaphylaxis present educators the ways in which someone with anaphylaxis experiences their allergy. The habi(table) environment is where an individual with anaphylaxis can feel safe, ideally paralleled with the feelings inspired by home.

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Kathryn experienced this environment in her home when her father ensured that it was an allergen free environment. Sabrina was able to adapt this environment to her own needs by having elected to stop her mother's allergy testing methods and handle her allergy independently. Lilith created this environment in training others, notably her own children, so that safety extended beyond Mike's home and into her own. It is important for those with anaphylaxis to have this sense of home that provides safety, security, and comfort. Similarly, these feelings are essential in any school for a healthy student population. The fact that educators were not noted as being a primary source of support for children (Stewart, et al., 2011) only strengthens the need for a more prevalent sense of safety and support in the classroom.

The confront(table) environment. The confront(table) environment revealed itself to be where individuals with anaphylaxis confronted the world with their needs. This came in the form of having dialogues with servers about their allergy, confronting others about their needs or withdrawing from confrontation all together in favor of handling the allergy independently.

Confrontation was initially the reason for Kathryn to distance herself from her allergy. However, as time progressed, Kathryn became more confident in her needs and the aspect of confrontation turned into a positive experience, giving her the ability to voice her own needs to others. Similarly, Lilith has witnessed how advocating about his allergy has provided Mike more confidence. His noticeably soft-spoken persona has changed over the years as he has become more comfortable with his needs. Finally, Sabrina elected to distance herself from confrontation as a form of her own empowerment, not needing to have her allergy be handled by anyone but herself. Even her rehearsed dialogues about her allergy have been finely tuned to serve her needs as someone with an allergy. Educators should be challenged to help emulate an environment of healthy dialogue where confrontation is not necessarily considered to be an aggressive

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experience. The importance of self-advocacy for all students, not just those who suffer from anaphylactic allergies enables them to decide when a dialogue is important to feel connected to their academic community.

The respect(table) environment. Finally, the respect(table) environment is an area of the utmost importance in any classroom. A respectable classroom is one where students and educators alike are able to feel all of the comforts of the home environment. It is also where students are able to feel the ability to present their needs to others as evident in the confron(table) environment. The added characteristic of this environment is the encouragement of the sense of community where these exchanges are welcomed and respected.

Kathryn found this environment in the B.Ed. program, identifying her allergy as something that she should not carry the blame for. Her acceptance in this community saw her confidence in discussing her allergy flourish. Sabrina saw the respec(table) community as something to be created by an educator, encouraging self-advocacy in the ways she would approach her own allergy by having dialogues or electing not to as she felt necessary for her own comfort. Lilith, having witnessed Sabrina's anaphylactic reaction, saw a respec(table) environment as one where personal needs should be evaluated as a community. Though some of her classmates protested making peanut-free snacks for the class, Lilith saw this as an opportunity to strengthen the B.Ed. community through relinquishing to the needs of others. To create this experience without animosity, fear or danger is how a respec(table) environment can emerge in the classroom. Teachers are tasked with creating a learning environment where each student feels they are able to learn with a sense of security and self-advocacy. Only in these environments can an atmosphere of community and respect truly emerge.

Limitations and Potential for Future Research

As a phenomenological look at anaphylaxis and education, this research is characterized by in-depth interviews with three participants. This approach was deliberately taken as in-depth interviews with fewer participants provided a rich and thoroughly descriptive experience as opposed to the use of a greater sample of participants. While this inquiry does not serve to make claims and generalizations associated with positivist approaches to research, it does orient us to a deeper understanding of what it is like to live with anaphylaxis and what meaning may be drawn from these experiences for teachers and the curriculum of the B.Ed. program.

The majority of changes to anaphylactic policy in Canadian schools have happened within the last twenty years (Banerjee et al., 2007; Canadian School Board Association, 1996; Canadian Society of Allergy and Clinical Immunology, 2005-2014; Greenhawt & Weiss, 2012). As these policies continue to be refined and adapted to the needs of individuals with anaphylaxis, there is potential in better understanding how current students of the public education system experience these changes first-hand. A future phenomenological study of students who are currently enrolled in elementary and secondary classrooms could help create an understanding of how today's students are dealing with anaphylaxis. Comparative phenomenological research could also expand the knowledge of the lived experience of anaphylaxis by viewing different environments for students with allergies. Schools that have allergy awareness policies, peanut-free classrooms, or common eating areas could all provide insight as to how different policies on anaphylaxis can influence the experiences of students with severe allergies.

This research narrowed focus on individuals who continue to deal with anaphylactic allergies. This was intentional as growing anaphylaxis rates reveal that allergies are something educators will likely deal with on an ongoing basis. I pursued individuals who have anaphylactic

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allergies to better understand how the allergy is handled throughout a lifetime and how it parallels itself with life experiences such as becoming an educator. In continuing phenomenological research on anaphylaxis, other studies could investigate the experiences of individuals who have developed severe allergies in later years. This potential avenue for research could analyse the ways in which individuals who have spent their lives without an allergy may adjust to the sudden change that developing an anaphylactic allergy could bring with it. The phenomenological experiences of acquiring habits in later years to manage an allergy could help expand the knowledge on the habits of managing an allergy as a contrast to a previously unmanaged lifestyle.

As noted in the literature review, the social aspects of anaphylaxis are largely underdeveloped in the area of research. Though there is still potential to conduct research on anaphylaxis through other methods of study, my goal has been to provide an empathetic voice to individuals with anaphylaxis in hopes that educators who are presented with this study are able to better understand the experiences of students who are living with a severe allergy. It is for this purpose that only a phenomenological study could provide this rich and deep understanding of the experiences shared by Sabrina, Lilith, and Kathryn.

The results garnered from the in-depth discussions with Sabrina, Lilith, and Kathryn has provided several venues through which the B.Ed. program could strengthen the development of educators in relation to the growing concern of allergies in public classrooms. Primarily, this research has the potential to encourage educators to reflect on their own pedagogical development as well as their awareness of anaphylactic allergies. Presented to other pre-service teachers, the data from this research encourages teacher candidates to take an introspective analysis of their own values towards handling growing anaphylaxis rates in the classroom. This

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study challenges teachers to adopt a sense of empathy and understanding with individuals who suffer from severe allergies. This empathetic approach to teaching can help allow for a shift in the emphasis of teacher education from content knowledge (Loewenberg-Ball, Thams, & Phelps, 2008) and classroom management towards the creation of community-based learning. Asking educators to be more mindfully aware of their students' needs not only offers teachers the ability to step outside of the curriculum but to immerse themselves behind the walls of their students. In doing this, an educator can better understand what are the needs of their students and how, if necessary, students can better project their needs to the world. This has the potential of turning insurmountable barriers into respectable thresholds which students can pass through as they see fit.

Future practical directions for better preparing teachers to respond to anaphylactic needs would be to offer courses in the B.Ed. program at the University of Ottawa focused on how to properly administer an epinephrine injector, how to recognize the symptoms of anaphylactic shock or general first aid training. This was noted as being absent by all three participants as well as during my own year in the program. In response to increased rates of anaphylaxis in the classroom, each province and territory has set out policies for anaphylaxis training and management as listed by the Canadian Society of Allergy and Clinical Immunology (2005-2014). These policies are different for each province and territory. The majority of the provinces require every school board to have a maintained anaphylaxis policy, with varying degrees of organization by the provincial government. However, some parts of Canada do not have such strong guidelines. Nunavut only has anaphylaxis response protocols and no preventative policies. Alberta, Newfoundland, and Labrador also have limited policies with voluntary guidelines to school boards (Canadian Society of Allergy and Clinical Immunology, 2005-2014). Since it has

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been stated an educator would likely be held legally responsible to administer an epinephrine injector during anaphylactic shock (Canadian School Board Association, 1996), this poses a problem for educators who wish to teach in different parts of Canada throughout their careers.

First aid training that covers, among other things, handling a student having an anaphylactic reaction could offer student teachers the opportunity to become familiar with procedures before being tasked with managing their own classrooms. An early introduction to anaphylaxis could provide greater confidence in recognizing symptoms, responding to a reaction and administering proper medication. This could also serve to aid teachers who move around Canada or even internationally and encounter schools that do not have thoroughly developed anaphylaxis policies. An added benefit would be that providing first aid training to pre-service teachers would better prepare them for handling a number of other potentially serious medical emergencies that may occur during their practicum placement.

In addition to first aid training, workshops can be created from this research to further anaphylaxis awareness in the B.Ed. program. An overview of the three environments that anaphylaxis can create for an individual, coupled with the experiences of inhaled and exhaled moments, can provide future educators direct insight into the world of anaphylaxis. Sensitizing new educators through informative workshops could also encourage discussion as to how creating a respec(table) environment for students with special needs can occur. The experiences shared by Kathryn, Lilith, and Sabrina could be carried forward through this workshop to provide teacher candidates with a deeper understanding of the experiences of anaphylaxis, something that may not happen during their practicum placements. Furthermore, the fact that this research came from previous students of the B.Ed. program can provide a stronger connection

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with pre-service teachers than solely trying to connect them to students who may not be as self-aware in regards to their allergies.

This study has the potential to reveal the ways in which individuals with anaphylaxis have needs that extend beyond policy being created by public school boards. As it currently stands, Canadian policy on anaphylaxis deals greatly with emergency plans for how a school must prepare for a potential anaphylactic experience. The majority of these policies were created in response to the recent growth of anaphylaxis rates in the classroom. What these policies have yet to address are the social needs of students with anaphylaxis and how principals, educators, and school communities can better aid the social development of these students. Expressed primarily during the discussions with each participant during the theme of the respect(table) environment, Sabrina, Kathryn , and Lilith all shared the need for a school community where an open dialogue is created within a classroom. A classroom could benefit from teacher led discussions on anaphylactic allergies and how students and their peers can help create a safer environment in the classroom. Educators could also help students develop their sense of self-advocacy by learning what methods best suit each student who lives with anaphylaxis and then pursuing ways to help develop this advocacy. These changes could be brought on by including policy that encourages discussions on anaphylaxis in classrooms as well as teacher workshops that provide training on how to help develop an allergy safe classroom.

How special needs education can lend itself to anaphylaxis training. The recent push for inclusive education in special needs classes has been documented by a number of studies (Winzer & Mazurek, 2011; Ayramidis, Bayliss & Burden, 1999). It has also shown that there are steps that can be taken to improve the training of teachers when dealing with students who have unique needs in the classroom. Managing an anaphylactic allergy is also a unique need that is

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present in the classroom. Kathryn and Sabrina have both shared moments where they elected not to eat instead of potentially being exposed to an allergen. Mike returned home with Lilith during lunch time so that he would not have to eat at school. Educators should not be expected to rely on their students not eating or leaving the school in response to a severe allergy. Adopting some of the knowledge gained from special needs research discussed in the literature review to anaphylaxis could ameliorate conditions for both educators and students alike.

In training educators on the matters of anaphylaxis, the articles by Young (2007), Golder, Norwhich & Bayliss (2005), and Bain & Hasio (2011) note that previous experience as well as firsthand personal experience can help create an empathetic approach to working with special needs. A combination of shared experiences between educators who have a relationship with anaphylaxis could help others in their classes become more sensitized to the condition. The value of having individuals with unique experiences, not limited to anaphylaxis or special needs, could help create a stronger understanding of previously inexperienced conditions in the B.Ed. program.

The B.Ed. program also offers a practicum placement where teachers are able to gain firsthand experience in the classroom. As in the article by Golder, Norwhich & Bayliss (2005), there is value in being able to work one-on-one with special needs students and learning about their difficulties in the classroom. The opportunity to meet with students who have severe allergies could provide an opportunity to learn about their life within the classroom. Pre-service teachers who have the opportunity to work with students with severe allergies could learn of the inhaled moments of tension their allergy might cause. They could also learn of how younger students who have less experience with their allergies manage their exhaled moments as to not live in fear when entering the classroom.

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Finally, the study by Sharma, Loreman, & Forlin (2012) revealed that confidence is one of the predominant factors in shaping the attitudes of educators towards special needs education. In the B.Ed. program, introduction to medical emergencies, such as first aid training, could help create a sense of comfort in pre-service teachers who may have to deal with matters such as anaphylaxis. The development of more training to recognize any given number of medical issues, including having a severe allergic reaction, could encourage teachers to have a greater sense of confidence when facing these issues in the classroom.

Creating Community

Rates of anaphylaxis have been rising in recent years and much of the educational community's response has been political, putting policies and guidelines into place to help control anaphylactic reactions. Anaphylaxis is also a social issue as evident from the lived experiences shared by Lilith, Kathryn, and Sabrina. Educators who are entering the classroom are facing a variety of individual needs with each student and policy does not offer an ideal learning experience for everyone. By taking an empathetic approach to the classroom, educators allow themselves the opportunity to move among the thresholds of their students, bringing them into the community of learning.

This study shows that there are measures that can be taken to establish a classroom community where individuals with anaphylaxis can develop and breathe comfortably with their unique needs. Creating a respect(able) environment in the classroom would not only allow students to self-advocate and decide what their needs are but could also be emulated in other issues beyond anaphylaxis. As educators, we must take on this challenge of creating classrooms where students are able to appreciate their vulnerabilities and feel the support and understanding needed to take them on as their own. As individuals beyond the classroom, we may reflect on

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what we have learned from this research and how there are those who must approach each table differently. Take a moment and think about the tables we eat at and how we may hope for others to join us. Some of these seats are not as easily accessible for a festive experience that can bring inter-subjective moments between families, friends, classmates and co-workers. There are those who must hold their breath before pulling up their own seats and leaving the working world behind. There are those who need help with that breath and there are those who find empowerment from regulating that breath on their own. Consider how sensitizing to others, their strengths and weaknesses, can create a sense of community around the table where there are open invitations to everyone.

New Seats at New Tables

The experience of researching anaphylaxis and teacher education is one that is deeply connected with me as an individual. Though the themes of anaphylaxis extend beyond my own individual perceptions, I am still a part of this community. Similar to Kathryn, Sabrina, and Lilith, I am a pre-service teacher who has first-hand experience with anaphylaxis. I have felt the inhaled and exhaled moments of living with this allergy. I have held seats in the respect(table), confron(table), and habi(table) environments. “Phenomenological research projects require that we not simply raise a question and possibly soon drop it again, but rather that we live this question, that we become this question” (van Manen, 1990, p. 43). Throughout the course of this research, I have become more than just an individual with anaphylaxis and a degree from the B.Ed. program. I have become a part of this research question just as the research has become a part of me.

I have now seen the ways that anaphylaxis can influence the lives of people in the realm of education beyond my own experiences. My interviews with Kathryn have given me a glimpse

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into the life of someone who has achieved empowerment and confidence gained from coming to terms with an anaphylactic allergy. Sabrina has taught me about how owning an allergy, instead of an allergy controlling me, offers the opportunity to change the perspective of 'victim' of anaphylaxis to 'advocate' of my own needs. Finally, Lilith has reminded me that there are people in the community who will adopt practices to ensure that the needs of others are cared for, even at the peanut-free table.

These three participants have provided perspective to that angry and isolated student who I once was at the empty table in the elementary school. I have witnessed a softening of my own perspectives to my anaphylactic allergy in response to seeing how these three have come to terms with their experiences with anaphylaxis. I have learned that the exchange between inhaled moments of tension and exhaled moments of relief are a natural part of the anaphylactic experience. The work required in handling an allergy is needed so that the exhaled experiences can be enjoyed without continued concern. Sabrina, Kathryn, and Lilith have helped me see the value in those inhaled moments as well as the release from them. My allergy has transitioned from something I once resented to a source of empowerment.

The peanut-free table from my elementary school experiences has now hosted three new guests. Three new companions have shared their experiences with me and helped me to learn what it means to have an anaphylactic allergy, how it affects the type of educator they plan to be and it has helped me learn about myself. As Sabrina, Lilith, and Kathryn shared their experiences with the embarrassment, fears, lessons, strengths, and routines brought on by anaphylaxis, I was able to hold each lesson up to my own experiences and question how this new knowledge has impacted my perceptions of anaphylaxis.

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Even with this small gathering of four people, I have felt a profound shift in my understanding of anaphylaxis. This table, isolated from other respectful communities, is no longer for me. Sabrina, Kathryn, and Lilith have allowed me to reconceptualise my allergy and my connection to this old, isolated peanut-free table.

There are other tables, other communities who could benefit from hearing the experiences of three pre-service teachers who have first-hand experience with anaphylaxis. It is time for me, my allergy, my research, as well as Sabrina, Kathryn, and Lilith to find seats at other tables. We might then share our experiences with many others who may host us. Pre-service teachers, university professors in the B.Ed. program, associate teachers in practicum placements, and servers in restaurants are just some of the many individuals who could benefit from sharing a table with Sabrina, Kathryn, Lilith, and Mike. In reading this inquiry into what it is like to live with anaphylaxis, I hope that you would also like to join us so that we may collectively create respectable and hospitable environments for individuals with anaphylaxis. It is on this note that I look back at the table that inspired so much anger in me during my elementary school experiences and question my reserved seat there.

The walls in the elementary school lunchroom are just as dull and gray as they were all those years ago. The peanut-free table remains an off-white rectangle with no remarkable characteristics as it juts out of the lunchroom wall. The table has not changed in all these years. I have. This seat at the table is no longer *my* seat. This seat at the table, this allergy can control me. However, Sabrina, Lilith, and Kathryn have shown me that I can control the allergy as well. I can choose for myself which table to sit at. My allergy is *my* allergy. I draw in one last breath for this peanut-free table and reflect on how I have held on to the emotions it has provided me. One last

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inhaled moment of anger, fear, and resentment. I release a cathartic exhale as I push my seat in and leave that table.

Hence, this inquiry has sought a new environment, a new table to sit at that welcomes the experiences of Sabrina, Kathryn, Lilith, Mike, and I with the respectable approach we come to seek when sitting with a family member, a friend, or a teacher. We have navigated to this unique environment, habited by both individuals with allergies and individuals without them. It is where there is a respect for the needs of each individual who occupies a seat at this table, allowing for a truly inter-subjective experience. Here, we are able to finally sit together where we are all able to be the guest and the host, the friend and the family member, and the teacher and the student, while seated in this respect(table) environment. It is in this respect(table) environment that we uniquely find seating for each of us.

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Appendices

Appendix Item: A – Recruitment Poster

DEPARTMENT OF EDUCATION. UNIVERSITY OF OTTAWA



I AM LOOKING FOR VOLUNTEERS TO
TAKE PART IN A STUDY ON ANAPHYLAXIS
AND THE TEACHER EDUCATION PROGRAM

Are you currently enrolled or recently completed the B.Ed program here at Ottawa U? Do you have an anaphylactic allergy? Have a close family member with one? Have you worked in a care giving position, similar to being a teacher, where you were watching over an individual with a severe allergy?

If so, I want to hear what you have to say!

I am currently writing a thesis on the experiences of individuals who have firsthand experience with anaphylactic allergies and how they perceive the Bachelor of Education program. Are future educators receiving the training they need for classrooms that have seen allergy rates steadily rise?

Your participation would involve 3 sessions, each of which is approximately 1-2 hours.

PRE-SERVICE TEACHERS' EXPERIENCES OF ANAPHYLAXIS

Appendix Item: B - Interview Questions and Prompts

What is the nature of your anaphylactic allergy?

What is the most common issue you have as a result of your allergy?

Do you regularly carry an epinephrine injector with you? How many do you carry with you? Do you carry it at all times?

Has carrying your epinephrine injector ever influenced you at school?

Examples: Your teacher needing to be trained on using it.
Have other classmates been aware of you having it? How did they react?
Do people treat you differently as a result?
Has bullying/social marginalization ever happened as a result of carrying an epinephrine injector? How have educators or other individuals responded to this social marginalization?

Have you ever experienced marginalization, bullying or social exclusion as a result from your allergy even if not at a school? What feelings and personal reactions did you have to this?

What is your reaction when considering your anaphylactic allergy as it relates to the public education system? How does being at school create a different perspective for you as opposed to being at home? What are some of the emotions associated with being in this setting?

Have you ever had an anaphylactic reaction? If not, have there been any incidents where you feared you may have come into contact with your allergen? Can you describe the experience? Were there any feelings of anxiety, fear, stress etc. that occurred after the reaction? Have these fears/anxieties increased or decreased as you left the public education system? Did they have any greater significance while you were still a student?

What has been the most memorable event that you have experienced in relation to your allergy? How did you feel as this even transpired? Were you in charge of your own well-being at the time of this event? If no, how did those managing your reaction handle it? Is there any way you think they could have handled it better?

Have you developed any habits or routines that help you deal with your allergy? How have these developed over the years? Were there any difficulties in acquiring these habits while attending public schools? Were any of these habits more significant as a result of your public education? (ex: not sharing snacks, reading labels)

What are your thoughts on the changes in anaphylaxis policy as it relates to the public school system?

*Policy topics to induce discussion if the candidate is not aware of specific policy changes:

- The majority of anaphylactic policy has been developed in the last 13 years.

PRE-SERVICE TEACHERS' EXPERIENCES OF ANAPHYLAXIS

- All provinces stipulate that teacher training on epinephrine injectors is recommended. Some school boards require principals set out an anaphylaxis emergency plan and that injectors are supplied in each school.
- Ontario anaphylactic policy was created in response to the death of a student in the public education system (Sabrina's Law).
- Manitoba and Newfoundland only have voluntary guidelines for handling anaphylaxis in schools while the other provinces set out mandatory regulations. What are your thoughts on this?

Do you believe that the implementation of these policies would have created a different environment for you when attending public school?

What was it like experiencing public education prior to these policies? Are you more aware of the lack of regulations during your time as a public school student now that these policies exist? What shortcomings, if any, have been made more clear during your education in contrast to the current regulations that are now required?

How do you view the needs of anaphylactic students in the public education system? Are these needs currently being met by your own standards?

What changes or additions do you believe need to be made to improve the conditions for anaphylactic students in schools? Are there significant events that have influenced your opinions on this?

How do you view yourself when it comes to the realm of education? What characteristics do you associate with the role of being a teacher? Has anything in your personal history affected or impacted these characteristics?

Do you believe that any of the characteristics you have mentioned above make you better prepared for handling students with severe allergies in the classroom? How so?

How do you believe your own allergy and the public school experiences associated with it have impacted the type of teacher you plan to be when entering the classroom? Do you believe that your allergy has better prepared you for your profession in any way? How so?

What feelings do you have related to your potential work environment as someone with anaphylaxis? Are there concerns in regards to lack of monitoring of the items students bring in to eat?

What is your impression of students nowadays who have anaphylactic or severe allergies? Are these opinions affected by your own experiences? How so?

How has the teacher education program helped prepare you for dealing with marginalized students in general? How has it prepared you for dealing with anaphylactic students? What are your feelings on this?

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Are there elements of the teacher education program that you believe should be altered in response to rising anaphylaxis rates in children? What alterations do you believe should be made, if any?

Have your experiences of being an anaphylactic influenced any of these beliefs? How so?

How does being an anaphylactic affect your opinion of students with anaphylaxis? Do you believe you better understand these students as a result? How so? Do these opinions reflect your own experiences?