

Food Allergies and the Hygienic Sublime

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Abstract

This article proposes a feminist intervention into the idea of the sublime: the hygienic sublime, a terrifying and greater-than-human register of experience that is an important aspect of domestic life for people managing food allergies. In food allergic living, hygienically managing microscopic agents becomes a larger-than-life task, one where perfect hygiene and safety is only imperfectly attainable and a constant reminder of the limits of human foresight and agency. The hygienic sublime draws on and reinforces US imaginaries that link hygiene to whiteness and wealth, constructs women as naturally responsible caretakers, and portrays nuclear families as the best social form for managing risks to health. Drawing on nearly three years of multisited ethnographic fieldwork conducted with food allergic individuals and parents and food allergy activists in the United States from 2013 to 2016, this paper analyzes life history narratives from food allergy mothers and food allergic adults alongside images and text from magazines targeted at families managing food allergies. These stories and artifacts reveal how the hygienic sublime operates in media and in the home, reproducing norms of gender, race, class, and family structure in the process.

Introduction: Purity, Politics and Social Reproduction

In life with food allergies, purity is paramount. The ordinary markers of a lived-in kitchen—crumbs on the counter, a thin sheen of oil on the stovetop, a sprinkling of flour dusted on the shelves—present immediate dangers to someone managing an allergy to peanuts, wheat, or shellfish. To manage such ever-present threat,

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food allergy households turn to intensive management of home hygiene, including management of food sourcing, preparation surfaces, utensils, and other aspects of the domestic space. Practices in the home are modeled in media images of sparkling clean, high-end kitchens and scenes of heteronormative domestic bliss. The imagery and pursuit of perfect hygiene, accomplished through normative family life and the consumption of rarified goods, is an instantiation of what I call the hygienic sublime. The hygienic sublime prompts a confrontation with the limits of purity in the face of the agency of microscopic agents, such as food oils and proteins. At the same time, the hygienic sublime contributes to the reproduction of whiteness, heteronormativity, wealth, and nuclear families as the means through which bodily safety can be assured in the contaminated—and contaminating—spaces of modern life.

The proposal that there is something “sublime” in household hygiene and purity diverges from recent scholarly conversations about sublimity. For example, taking the cue from Edmund Burke’s (1803) treatise on the sublime, originally published in 1757, scholars of environmental communication emphasize that the large-scale and greater-than-human magnitude of landscapes, both pure and polluted, as key aspects of the sublime (Stormer, 2004; Brunner & Dawson, 2017). Within this literature, scholars have identified toxic sublimines meant to push viewers toward environmental activism (Peeples, 2011), marketing-oriented recreational sublimines (Brunner & Dawson, 2017), and even domesticated sublimines, in which nature is tamed by viewing it through the technology of the camera lens (DeLuca & Demo, 2000). Nathan Stormer (2004) enumerates a series of sublimines, including maternal sublimines (p. 218) and a hygienic sublime (p. 230) characterized by a focus on highly gendered, nationalistic mental and racial hygiene.

According to Stormer’s analysis of Ansel Adams’s photographic oeuvre, “sublime scenes” operate in mass media by “constituting a relationship between the spectator as a certain kind of human being and the sublime object as greater than human” (2004, p. 214). Stormer, and other environmental communications scholars, are especially interested in the “affective response” intended or experienced through viewing simultaneously dangerous and enticing, massive sublime landscapes (2004, p. 216). Yet for Jennifer Peeples (2011) in particular, immensity is not the whole story. Mystery, that which lurks off screen, and a feeling of vertigo when confronted with differences in position and scale count for as much as human smallness in the face of the hugeness of wilderness or nature. Peeples’s description of the sublime invites a consideration of how the very small scale, like the very larger, can trigger a confrontation with the limits of human mastery over nature.

What is in question in food allergic living is precisely this: How can food allergic people and their caretakers control the movement of oils, proteins, and chemicals, often present in such small quantities as to be invisible? The pursuit of purity in food allergic living is an attempt to neutralize—to domesticate (DeLuca & Demo, 2000)—the dangers of food substances through scrubbing, washing, wiping, separating, storing, packing, and transporting foods and the objects they contact in ways that maintain or create purity. Though the scale of concern is small, it is not small “on a human scale” (DeLuca & Demo, 2000). Thus, it is not pastoral or beautiful in Burke’s typification of the beautiful and the sublime, but dangerous at another nonhuman scale, the microscopic. In everyday practice, perfect and constant household hygiene is impossible. Indeed, hearing stories about the *impossibility* of subliminal purity, about failure and mix-ups and resulting episodes of illness, often serious, was the seed of this paper. These failures further serve to remind individuals—often in traumatic ways—of the limited capacity of human control over the much-smaller-than-human-scale.

Hygiene has been the best medicine for managing allergies for over a century. Allergies have been notoriously difficult to reverse via medical interventions on the allergic individual’s body, so much so that the field of allergy was long regarded as junk science (Smith, 2015). Instead, controlling the environment has become the focal point for the management of many types of allergies in the United States and beyond since the nineteenth century. Some of these interventions were focused on public space, like the anti-ragweed campaigns led by white, middle-class women in Chicago (Mitman, 2007). Wealthy nineteenth- and early- to-mid-twentieth-century Americans would also travel to replace their ordinary environment with the forests of northern Michigan during hay season or by decamping to Arizona to treat intractable asthma (Mitman 2004, 2007). Controlling the home environment also became a key strategy for managing allergy, particularly respiratory allergy (Jackson, 2006). By the 1930s, the acquisition of specially marketed consumer goods was positioned as a solution to managing the disease that was attainable by the middle classes as well as the rich (Mitman, 2007; Keirns, 2003).

At the moment, there is some debate, both within scientific communities and among allergic people and parents of allergic children, about whether the pursuit of hygiene is the best way to address the condition. For example, recent scientific research demonstrates the importance of exposure to strategically introduced impurities, including the substances that trigger a person’s allergies, for “training” the immune system to tolerate a wide variety of foods (Mondoulet et al., 2010;

Jones, Burks, & Dupont, 2014). Introduction of peanut into the diet of infants using the Israeli children's snack food Bamba, for example, has been demonstrated to reduce rates of later food allergies in children in an international, large-scale, longitudinal study based in the United Kingdom (Du Toit et al., 2015). Yet preventive and curative measures are still under investigation. Two setbacks recently rocked the food allergy research and advocacy worlds: the apparent failure of efficacy of DBV Technologies' Viaskin Peanut immunotherapy skin patch (DBV Technologies, 2017) in a recent clinical trial and the continued accumulation of evidence that Aimmune Therapeutics' orally delivered food allergy treatment still presents a significant risk of allergic reactions for users (Nisen, 2018). In light of these findings, it is unclear when or whether a long-term treatment will be both safe and efficacious enough reach the market.

At the same time, scholars, vaccine skeptics, and skeptics of other aspects of modern life question have suggested the various ways that that allergy is the signature "disease of civilization" (Jackson, 2006). Among patients and activists, some raise questions about whether the prevention of childhood diseases and the hygiene of the modern home is contributing to the "epidemic" of food allergies (Waggoner, 2013; Fraser, 2011). Anthropologist Roberta Raffaetà (2013) has documented similar discourses in her study of Italian allergy sufferers. Indeed, recent epidemiological research suggests that exposure to farm dirt and a greater number of siblings (and consequently greater exposure to childhood illnesses) may be preventive of an array of allergic conditions, including food allergies, asthma, and respiratory allergies (Holbreich et al., 2012; Liu, 2015; Gupta et al., 2016). Nonetheless, none of these potential solutions or future cures do much to help the person who is already allergic and working on getting through everyday life without an allergic reaction. In the day-to-day, strict attention to hygiene remains the go-to tool for managing food allergies for people already diagnosed.

While scholars of technoscience often gravitate toward studying laboratories and scientific institutions to understand how knowledge and technologies order social life, the home is also a site of intensive technoscientific practice and innovation. Science and technology studies scholars have argued that such practices have been specifically aimed at cleansing and strengthening the (social and physical) body of the nation in way that smoothly articulates with heteronormativity and eugenics (Kline, 1997; Bijker & Bisterveld, 2000). Indeed, a frequently touted benefit of the hygienic home in the United States in the first half of the twentieth century was that it was private, free of potentially contaminated and contaminating people, and presided over by a woman whose entire life was devoted to caring for the family (Cowan, 1983; Tomes, 1998). New household

technologies allowed white women to do more household work without outside (and often undesirably racialized, foreign, or lower-class) help, securing the home as a private space where only the nuclear, genetically related family was allowed. In the process, it intensified mothers' moral duty to do housework and further naturalized the idea that a woman's place in the world was primarily as a caretaker. Contemporary food icons, such as Martha Stewart (Bentley, 2001), and trends like "foodie culture" (Cairns, Johnston, & Baumann, 2010) and the ubiquitous Starbucks pumpkin spice latte (Powell & Engelhardt, 2015), continue to draw some of their cachet from the associations with white femininity that attach to them in part as a consequence of longer histories of home hygiene.

This paper is based on nearly three years of multisited ethnographic research, from 2013 to 2016, among people with food allergies, food allergy parents, physicians, scientists, and food allergy activists in the United States. Over seventy interviews were conducted during the course of ethnographic immersion, with some participants interviewed more than once. Interviews were conducted remotely by phone, in person at food allergy events throughout the United States, and in person in two teaching hospital allergy clinics. I also followed the food allergy media, from magazines to blogs and public social media posts, in print and on internet-based platforms to follow the major events and conversations concerning food allergy science and policy as they unfolded in real time.

In the following section of this paper, I will further explain why aspirational home hygiene deserves to be considered a form of the sublime. Then, I will analyze images from a popular food allergy magazine, *Allergic Living*, to begin describing the visual form of the hygienic sublime. *Allergic Living* was the premier food allergy print publication at the time of this research and represented widely held ideas about food allergies and what should be done about them. In the next section, "The Hygienic Sublime at the Intersections of Race, Gender, Family, and Class," I delve into three interviews in depth to explore how race, gender, family structure, and class figure into the experiences of people managing food allergies. The experiences of these participants illustrate what the real-life pursuit of the hygienic sublime looks like, as well as the many complications and failures that come along with its pursuit. In closing, I consider how the hygienic sublime articulates the ethics and implications of purity politics in science, technology, and society, alongside other, long-standing conversations in feminist technoscience studies. While the hygienic sublime is, on the surface, a pragmatic response to the problem of "how to build yourself a body in a safe space" in a contaminated world (Murphy, 2006), the historical record reveals that a politics premised on purity risks limiting the political and ethical imagination of movements for recognition

and inclusion.

1. Domesticating the sublime

The sublime as it has so far been conceived is a figuration that reinforces gender norms and national identity. To date, things identified as “sublime” have mostly been large-scale, outside the home, and coded masculine: mountain vistas, overcast prairie views, powerful waterfalls, and the like. Admitting impure countertops into the family of sublime landscapes is a decidedly feminist intervention into this scholarly tradition. Doing housework in pursuit of a hygienic indoor environment is often entirely overwhelming, yet in Robert Miles’s (2002) terms, for example, such a response to the presence of the sublime would not be admissible to a tradition of sublimity rooted in nineteenth-century literature and philosophy. For Miles (2002) (and seemingly for Stormer [2004] as well), what is sublime is always outside, exterior to the self, and public. Yet analogous to the nineteenth-century American settler who performed masculine toughness in response to overwhelmingly vast landscapes, the call to perform housework is a never-ending task that demands action once affected by the hygienic sublime. Action must go on despite one’s feeling that the nonhuman scale overwhelms even the very best of human intentions, like anticipatory household management. The differences between the hygienic sublime and the existing sublime tradition lie in the direction of the difference in magnitude between humans and their threatening/enticing environs and in the gendering of the particular activities expected in response to the stimulus of the sublime.

Sublime imagery and experiences of the sublime in US contexts inspired normatively masculine feats of endurance and strength, recorded in the diaries and publications of historical colonizers, soldiers, and explorers (Cronon, 1995; Stormer, 2004). Embodying masculinity on the frontier became linked with the enactment of “Americanness,” motivating generations of soldiers, politicians, and enterprising young men to expand the territory of the nation. Masculinity as the proper response to the sublime thus fueled a certain version of national progress, one that was expansionist and concerned with the control of land in the nineteenth century and grew to emphasize the pursuit of technological achievements in the twentieth. American technological sublimines in the twentieth century remained both racial and national, as David Nye (1994) describes. The view of the Hetch Hetchy dam or a rocket launching into space from American soil connoted progress and national unity for the masses. Overlapping with the early years of Nye’s analysis, the continuation of US expansion through colonialism created new terrains for investigating and enacting medical purity in the American Philippines (Anderson, 2006). In Warwick Anderson’s investigation,

racial and bacteriological hygiene are linked, and are elevated to a subliminal coupling of threat and enticement for both the colonizers and the colonized. These technological achievements produced a united faith in the idea that life in the United States could only grow better, healthier, and stronger, and that it must do so through intensified deployment of the latest engineered inventions.

This paper situates the hygienic sublime in a US context in which race, gender, and class take on particular formations individually and in relation to each other. These formations deeply inflect the precise form taken by hygienic sublime. At the same time, the hygienic sublime contributes to the reproduction of such structures of power and visibility in US society. In the hygienic sublime, technology and gender remain significant, though they are feminized. Rather than emboldening wilderness adventurers, the hygienic sublime portrayed in food allergy publications targets homemakers—implicitly women—and entices them to make home improvements and invest in organizing systems, cooking tools, air filters, and allergy-friendly interior paint. The focus on the home instead draws attention inward, intensifying the focus on the private, domestic space. The hygienic sublime is often clearly classed as well: poor people need not attempt it, as the goods, time, and expertise require generously available time and capital. Domestic spaces are inhabited by nuclear, heterosexual families with normatively masculine men and feminine women. In the media version of the hygienic sublime, slim women smile and take care of children, and they shine together beatifically in filtered sunlight. In real life, women quit their jobs to cook, clean, and purify full time, to ward off the dangers posed to their children by microscopic agents.

2. The Hygienic Home Ideal

The hygienic sublime takes on its purest form in media images depicting the perfectly safe and pure food allergy home. One place to find such images is in the pages of *Allergic Living* magazine, the primary magazine of and for the English-speaking food allergy community. Headed by Canadian editor and food allergic adult Gwen Smith, the magazine seeks to present rigorously vetted health information presented by scientific experts alongside features about ordinary families dealing with food allergies. It also includes major food and environmental trends that might affect people with food and other allergies, recipes that omit major allergens, and aspirational features about allergy-friendly homes. Like all print publications, it contains a multitude of topical ads for products for allergy, asthma, and related health concerns. Many of its columnists were also independent food allergy bloggers who I met, followed on social media, and interviewed for my research. The depiction of the hygienic home in *Allergic Living*

provides a window into what people with food allergies aimed to achieve in their own homes beyond its pages. It is a key site in which the hygienic sublime was documented and disseminated among people managing food allergies during the period of my research.

Selling the hygienic sublime: The Fall 2014 issue of *Allergic Living* offers a compelling place to start. This issue included a seven-page feature article about designing an allergy-safe kitchen, titled “Kitchens That Cook” (Van Evra, 2014a). The recommended materials are as “natural” as possible—made of wood, stone, and glass—to reduce the possibility of volatile organic compounds (VOCs, found in higher proportions in plastics and certain paints) off-gassing into the home and irritating asthma or chemical sensitivity symptoms. The top-of-the-line design includes hardwood floors, low-VOC paint, wood cabinets, and stone and glass-composite countertops. Cabinets are spacious and plentiful to store the wide array of kitchen tools and basic grains, flavorings, and vegetables needed to cook all of a family’s meals from scratch with ease. The size and abundance of cabinets would also make it easy to sort, see, assess, and choose the right products for different members of the family when their nutritional needs might vary. The finished kitchen is suburban luxury doubling as medical necessity—the highest expression of the hygienic sublime.

Such a contemporary union of disease mitigation efforts with a hygienic aesthetic has antecedents in the sanitarian movement of the Progressive Era. The “ecological” (Anderson, 2004) orientation of sanitarians, and before them much of nineteenth-century medicine (Valencius, 2002), demanded that serious attention be paid to maintaining and improving the “health” of environments in which people lived. Visual and olfactory cues—the absence or presence of visible waste and the smells of decomposition—were important indicators of healthfulness. Despite the shift of American medicine toward a microbiological understanding of infectious disease that sought to exclude, and later find and destroy, microbes, sanitation (and the aesthetic it promulgated) persisted as an important pillar of public and individual health (Leavitt, 1992; Tomes, 1998, 2000; Platt, 2004). Its persistence in theories of home management provides grounds for the limitless expectations of purity that characterize the hygienic sublime. In food allergic living, the heightened standard of order and purity proffered to food allergy families as a solution to their health problems dovetails smoothly with this fantasy of the home as a smoothly functioning and aesthetically pleasing machine. Using images of the hygienic home to sell solutions to environmental allergies predates the increase in concern about food allergy in the last two decades. Gregg Mitman (2007) documents a variety of technologies used by middle-class families

to combat allergies in the nineteenth and early twentieth centuries. Mitman highlights how early air-conditioning manufacturers targeted allergy sufferers by promising a pleasant indoor climate in summer. Ads promised that cool air could be had (for a price) within the hermetically sealed modern home, thereby keeping pollen away from those with susceptible constitutions. Carla Keirns (2003) goes on to connect marketing tactics surrounding allergy to the subliminal ideal of the mid-century American home as a zone of hygienic purity. Professionals including allergists, homebuilders, architects, and reformers “joined together to create a new aesthetic of absolute cleanliness” as a proposed solution to the condition (Keirns, 2003, p. 524). In the construction of a food-allergy-safe home today, such precedents have served as useful models for managing unruly food proteins.

In other 2014 issues of *Allergic Living*, readers can find images that connect hygiene to a kind of otherworldly transcendence. One ad for 3M Filtrete air filters for heating and cooling systems shows a white woman standing in a dim room looking upwards into a glowing golden light. The light selectively illuminates both her face, recalling beatific imagery of saints and the Virgin Mary. The swirling dust and dirt in the air is beautiful, almost mystical, but also deadly dangerous for an allergy sufferer. It could, presumably, have been filtered out had the woman purchased and installed the advertised filters. In other ads for 3M Filtrete products, a smiling pre-adolescent white girl with tidy, shiny brown hair and a white t-shirt is lying on a white shag carpet. The blurred background varies in tone from white to a light gray patch in the shape and orientation of an open window. The ad features an endorsement seal from the Asthma and Allergy Foundation of America that reads “CERTIFIED asthma & allergy friendly™.” These ads seem designed to instill a desire for health-seeking and self-improvement via home improvement projects. The bodies and faces of white women and girls are offered as enticements, depicted as both beautiful and pure and potentially at risk in the home. Such depictions of the hygienic sublime get across the larger-than-life stakes of the hygienic sublime while positioning specialized and expensive consumer goods as the markers of success.

Gender, family, and race in the idealized home: The ads and features in *Allergic Living* often reinforce an idealized mother–child relationship as the seat of safety and purity in the allergic home. One Fall 2016 feature about allergy-friendly flooring, for example, shows a white woman with long, blond hair sitting on a white leather couch wearing a white shirt, smiling down at a white toddler dressed in a pale denim onesie on a light gray concrete floor. The walls are white, and in the background is a second, gray, minimalist couch and a 1960s-style sideboard stacked with blurry book spines. The image depicts a home from which dirt and

hard work are so reliably excluded that white furniture and clothes are featured prominently. The household also seems to have disposable income to spend on an antique, decorative furniture item that could sell for \$10,000 or more when the article was published. Other images emphasize the otherworldly aspects of the mother–child relationship. A Summer 2015 feature on designing “the better nursery,” for example, depicts a light-skinned, black-haired woman of indeterminate race and ethnicity dressed in white and holding her baby up to her face in a white-washed, soft-focus child’s bedroom. The room seems to be imbued with a mysterious glow, suggesting something divine about the mother–child connection depicted. These images, and many others, use literally white color schemes and careful staging and manipulation to recall medical-grade cleanliness. Further, they seem to suggest that the people depicted have attained a divine state of purity and safety.

The white, wealthy, heterosexual nuclear family in which caretaking and housekeeping roles are designated by gender also figures prominently, especially in advertisements. One of only a few ads that featured men who appeared to be fathers was for peanut-free and tree-nut-free Wowbutter in the Fall 2016 issue. The white mother is still in the foreground, though her back is to the camera. She is sitting at a small dining table in a sleek kitchen lined with hardwood cabinets and countertops. The other participants in the scene interpellate her with the exclamation, “Mom! You have to try this.” The white father stands across the table from “mom” with two young children, spoonfeeding her a taste of the “amazingly peanut free” food as though she is also a young child. Everyone appears uncontrollably happy. The mom is momentarily freed from her caretaking duties by a conscientious man, only to be spoonfed by him like a child. In these images, the heterosexual nuclear family appears to be a safe and happy social element in the otherwise material enactment of the hygienic sublime.

Unspoken yet unavoidable in these depictions of the hygienic sublime are the entwined histories of structural and scientific racism in the United States. In the early twentieth century, the ideal hygienic home was constructed not only through the exclusion of certain materials, but also through excluding or spatially limiting the incursion of racialized and classed bodies into the private space of the white, nuclear family. As historians have documented (Cowan, 1983; Tomes, 1998), the flames of moral panic concerning the disease-carrying nature of immigrant and Black domestic workers coded as non-white helped to drive advertising and sales of products designed for white, middle-class housewives. Public health officials and sanitarians meanwhile debated how to change epidemiological patterns in which diseases such as tuberculosis and smallpox

were endemic in crowded, urban immigrant communities. Behaviors and preferences associated with non-Anglo-American groups were often found to be at fault (Tomes, 1998; Colgrove, 2006). Whether these behaviors could ever be changed was additionally in question, since many Anglo-American elites believed that a presumed inferior intelligence was hereditary and unavoidable for southern and eastern European immigrants. This racist history finds expression in the hygienic sublime in multiple ways: in the white, spacious, tiled bathroom; in the expectation that housewives will do their own cooking and cleaning in kitchens and bathrooms disinfected with Lysol; and in the pricey markets for the household products and services that help mother protect her family from wayward external influences.

Of course, some level of enactment of the hygienic home offers a necessary kind of purity for many people living with food and environmental allergies today. But the ideal solutions that are promoted in the pages of *Allergic Living* magazine (and elsewhere in allergy-related media) have their roots in a racist and patriarchal history that should temper enthusiasm for imagery of the modern hygienic home. My intent in drawing parallels between past and present is not to demonize the helpful solutions that families have developed, nor to discount the genuine goodwill that I know motivates people to share them through writing, stories, and images. Rather, it is to urge reflection about how imagery and discourse concerning the hygienic sublime is used and whose experiences it ignores. In the next section, I will unpack scenes from three life history interviews to examine how overwhelmingly white, heteronormative, and expensive depictions of the hygienic sublime set up people managing food allergies in the home for feelings of failure, irresponsibility, and exclusion in their imperfect enactments of this ideal.

2. The Hygienic Sublime at the Intersections of Race, Gender, Family, and Class

The hygienic sublime entices caretakers and homemakers—especially mothers, or more rarely men who experience their role in the household as distinctly feminized—to participate in histories of domesticity that assign responsibility for the health of a nuclear family to women, position non-white people as potentially contaminating and politically inconvenient, and infuse everyday family life with anxiety about class mobility. For food allergic people, eating foods that are “safe” because they do not contain ingredients that might trigger a person’s specific physiology to become disordered—in other words, foods that are pure—is an extension of the basic reality that food is necessary to live. Failing to eat food that

is pure of one's allergens can lead to a serious, body-wide allergic reaction, called anaphylaxis, which can then rapidly progress from hives to trouble breathing to low blood pressure, to respiratory or cardiac failure and death. In the United States, food safety and preparation has been constructed as one of a broad set of demands placed overwhelmingly upon women. This history shapes how food allergy households distribute responsibility for food purity in and within nuclear families.

Ruth Schwartz Cowan (1983) shows that the assignment of food preparation to women in nuclear households in the United States dates back to the colonial era. In the eighteenth and early nineteenth centuries, food preparation included the growing, harvesting, cleaning, and preserving of raw materials such as corn, wheat, and meat as well as cooking. But this work, even the work women did to complete the final steps of cooking that might today be recognized as "domestic"—hauling water, tending fires, and cooking in heavy iron pots—did not encode the same concerns about the delicacy of the female body that it would later on. According to Cowan, it was the development of more "convenient" household products and tools, starting with mass-produced milled flours, that initiated strongly gendered divisions of labor in the typical American home. By the First World War, housework, including most food preparation, "was to be thought of no longer as a chore but, rather, as an expression of the housewife's personality and her affection for her family... Feeding the family had once been just part of a day's work; now it was a way to communicate deep-seated emotions" (Cowan, 1983, p. 177). Conversely, when things went wrong, "she [the housewife] was entirely to blame, since remedies for those conditions were easily at hand and easy to apply" (Cowan, 1983, p. 187).

The food preparation techniques used to manage food allergies in the home continue this deeply gendered ordering of the work of social reproduction in and through the American home (Abel & Nelson, 1990). One need only to glance at food allergy magazines to witness how this arrangement is idealized, so much so that it can be used as an enticement for the purchase of consumer goods. Food preparation has been subject to intense rationalization and regimentation as part of the effort to make domestic hygiene practices properly "scientific" throughout the twentieth and the start of the twenty-first century (Cowan, 1976, 1983; Kline, 1997; Bijker & Bijsterveld, 2000; Tomes, 1998). Alongside this process, the popularity of cultural icons such as Martha Stewart has helped to cement the association between order and white femininity more specifically (Bentley, 2001). What is more, domestic work such as food preparation continues to drive the responsabilization of many women in the United States today, creating good

caretakers through enticing engagements with, for example, foodie culture (Parr, 2002; Cairns, Johnston, & Baumann, 2010). Cooking nutritious, pathogen-free, aesthetically pleasing food remains a central pillar of the domestic expectations for the homemakers and caretakers in food allergy families in the United States.

Mothering and fathering: One woman's story illustrates the stakes of purity for both health and social life for people with food allergies and how responsibility for maintaining purity is highly gendered. I met Alice over dinner at a conference for food allergy media professionals in 2014 in the southwestern United States. Alice's children were attending college and starting new jobs by the time we met. But when her oldest son was diagnosed with food allergies in 1991, the condition did not have the same level of visibility and community support that it has today. He was often the first child with food allergies whom doctors, teachers, coaches, and other parents had encountered. A white woman married to a high-earning man, she gave up working to be in charge of ensuring her son's safety at home, at school, and at play. The chance to focus on food allergy management in the home was presented to me by Alice as simply a logical choice. Yet her narration made clear that the hygienic sublime shaped the texture of her social worlds and became a benchmark of her own self-worth.

One of the biggest challenges Alice faced early on was the way that foods were labeled in the 1990s. Each of the eight most common allergy-triggering foods in the United States are simple ingredients found in a wide variety of foods: peanut, tree nut, milk, egg, fish, shellfish, wheat, and soy. Alice's son was allergic to peanuts, tree nuts, dairy, and eggs as a child. Since warning labels indicating the presence of these and other foods were rare in the 1990s, it was impossible to know with certainty whether a particular food was free of all of his allergens. To manage this uncertainty, she cleaned out her cabinets of any packaged foods that might contain his allergens and committed herself to cooking all of his meals from scratch at home. Her pursuit of the hygienic sublime entailed keeping close control over her home and her son's body.

The issue of cross-contamination came up repeatedly in my conversations with Alice. In the 1990s, she and other allergy moms, as several women I interviewed referred to themselves, were on their own in figuring out how it happened and how to avoid it. She explained,

There were a lot of things that today are sort of common knowledge in the food allergy world that we were just figuring out. Such as the idea, the concept of cross-contamination...We couldn't figure out why

the kid kept reacting to things. I'd think, but that doesn't have milk in it! It didn't occur to me that he could react to what was on the knife, or what was on the equipment in the manufacturing plant. It didn't occur to me because there were no resources and there was no common knowledge.

Despite her vigilance, near-misses and mishaps sometimes occurred, especially when other mothers tried to help her take care of her son. One day when her son was still a toddler, Alice left him with a friend who she had trained to recognize and treat the symptoms of allergic reactions. After some time, her friend called, explaining that Alice's son was breaking out in hives on his face. Alice rushed to her friend's home and discovered that she had wiped his face with the same washcloth that she had used for her own son. In effect, "she had wiped allergens all over his face." The hives spread onto his legs, suggesting that the highchair he was seated in was also coated in allergenic food residue. Alice summed up these stories by lamenting that "even if you find another mom who's willing to take him on and you send the food and you've gone through the emergency procedures, little details like that wouldn't occur to the average person." For Alice, purity became more than a material property of foods. It was an overarching concern that touched on many aspects of her social life as she sought to keep her son safe. Even the most well-meaning friends were not appropriately versed in the hygienic practices needed to keep her son safe.

A phone interview I conducted in 2014 with a food allergic adult, a man named Michael, offers another view of how the hygienic sublime is enacted in the home. His experience brings into relief how gender expectations are built into the hygienic sublime, whether an individual likes it or not, due to US norms concerning domestic and wage-earning forms of work. Michael was one of only two men I interviewed who were the ones primarily responsible for managing food allergies in their homes, and his was the only family I encountered in which a man was the primary caretaker for a food allergic child. Michael had been diagnosed with allergies three years previously and spent his days looking after an infant daughter who was also developing food allergies.

In contrast to Alice, this did not feel like a choice to him. Being a full-time caregiver was not a responsibility he had even remotely anticipated taking on. He initially took on this role because his own food allergies and environmental sensitivities rendered him unable to work. While being a stay-at-home dad had its rewards, he was still devastated by his inability to have what he considered to be a gender-appropriate social and professional life: to be regularly active outside the home and to bring in a significant, if not a majority, share of his household's

income. Michael was much more willing to talk about the sense of mourning he felt in response to this change in his professional trajectory than most of the mothers I spoke to. The replacement of masculine expectations of success outside the home with a necessary focus on domesticity was a very difficult part of his illness experience.

As we spoke by phone, he toured his kitchen and told me what he saw. Michael's version of the hygienic sublime was very different from that of the mothers I spoke to due to the particular needs of his body. Yet even though his kitchen did not look sublimely pure, purity was still his reference point for comparing what he observed. His kitchen worked for him, but fell short of what he knew others would expect. Boxes of onions, potatoes, and butternut squash from local farmers and his own garden sat on the floor shedding soil, banishing any hope of a "clean kitchen." There were "a few crockpots here and there," and an extra freezer where he stored servings of bulk meals for days when he felt too ill to cook. Modern conveniences like prepared foods and high-tech materials were gone, replaced by stainless steel and boxes of basic, raw vegetables. It was, in his words, "no frills." His kitchen was not, as I envisioned it from his description, particularly neat and tidy. It did not resemble the perfect visions of the hygienic sublime portrayed in the pages of *Allergic Living* magazine. Rather, it was pure *in the right way* to ensure his safety and health. His allergens were meticulously excluded, even though that meant that dirt was introduced. And yet, his reference point for appropriate hygiene was the perfect vision commonly encountered in media portrayals of the safe and happy family home.

Race and exclusion: A third parent's story adds another crucial perspective to understanding the hygienic sublime: how its enactments get inflected by race. Andrea is the mother of a food allergic child and leader of what she described as the only food allergy support group specifically addressing racial, ethnic, gender, and economic diversity and inclusion. She was the only Black person I interviewed during my research (I also corresponded with a Black woman physician but we did not manage to coordinate a one-on-one interview). In our interview, we focused on this question of racial and ethnic diversity. She was the first (though, as it turned out, not the last) person I spoke to who wanted to discuss this dimension of food allergy experience.

Andrea started a support group in the southeastern United States in order to create a venue where issues at the intersection of biological and social forms of difference that matter when living with food allergy could be openly discussed. She had previously attended other support group meetings, but she found those

meetings frustrating because she didn't feel they were willing to speak to how difference inflects the food allergy experience. The meetings struck her as "moms having tea," a phrase that evoked an image of white East Coast elites demurely assembled around porcelain cups. By contrast, she described herself as "more of an action person."

With food allergy, she saw a need for speaking more openly about the variety of racial and cultural attitudes that could shape the management of the condition. For Andrea, that included cultural and religious differences as well as regional differences between people in the northern and southern United States toward food, child rearing, and success. With food allergy, she explained, people of color and mixed race people faced extra challenges in gaining recognition of the legitimacy of their condition and receiving appropriate accommodations in work settings. She reported that she had often heard the claim that "Black people don't get food allergies," despite limited statistical evidence (Branum & Lukacs, 2008; Greenhawt et al., 2013; Jerschow, Lin, Scaperotti, & McGinn, 2014). In her network of Black friends, neighbors, and family, there was also a strong reluctance to seek medical diagnosis or advice for ailments, due to what she described as an assumption, especially among older generations, that the "doctor was trying to take your money." Whereas the white parents I interviewed at other times found strength and epistemic authority when they received a medical diagnosis, in Andrea's personal network the medical profession was seen as parasitic and consequently avoided. This was one of many differences that could be salient to managing food allergies at work and in the home.

In public, she explained, people of color with food allergies did not only have to work against such stereotypes; they also had to navigate "how to change cultural norms" around food and eating in social settings when they were already seen as a "newcomer [and] outsider." She could anticipate some of the issues that might arise for Black, Indian, or Jewish families in her southern city. A wheat allergy would affect an Indian family's dietary changes different from a Jewish family, for example. Different public accommodations might be appropriate for individuals from these background as well. But requests for legally required accommodations for a condition already considered biologically "illogical"—especially ones for foods that less commonly triggering foods—would more readily be interpreted as "rock[ing] the boat" coming from a racialized "outsider." Her work—as a coach, consultant, and then support group leader—thus focused on helping families and individuals navigate their needs for accommodations by presenting their requests in a way that would neither unduly challenge the social norms nor exacerbate suspicions about the aggressiveness of racialized people.

My conversations with Andrea brought into relief how the common preoccupations with hygiene above all else in the food allergy world reflects, in part, a freedom from having to think about race, ethnicity, and other forms of social difference. Promoting a generic vision of pure food requires tabling a serious consideration of the different foods people eat and the different ways one might relate to food. There is, first of all, the very real way in which racialized people like Andrea and others I interviewed later in my research do not feel comfortable participating in white-majority conversations about how to raise food allergic children and how to maintain a hygienic home. In the absence of participation from these groups and individuals, the concerns built into media expressions of the hygienic sublime default to a white, middle-class perspective on how to live and eat well with food allergies. Pure, bland foods with no history, bought at a premium price, are often promoted as broadly appealing solutions. Strategies to adapt culturally specific and regional delicacies are only prioritized by a small number of people for whom these are everyday concerns.

The presumed ability to rely on family resources and to have a caretaker at home also orients the hygienic sublime toward nuclear families. Through nearly three years of research, keeping children safe from food allergies was a duty almost exclusively assigned to members of nuclear, heterosexual families. Extended family members like aunts, uncles, and grandparents were only periodically mentioned in interviews. And with only one exception, extended kin were said to be an impediment to the safety of allergic children and adults, rather than an extra set of helping hands.

Prioritizing nuclear families as a site of safety and care, with all others viewed as threats, speaks to a history in the United States in which diverse family structures that include extended kin have historically been disciplined through the bureaucratic agency of white-controlled social institutions, including welfare and public housing (Collins, 1998). It also speaks to a lack of imagination about the extension of kin networks beyond calculable blood ties (Haraway, 2016). Imaginative kin-making has been both a necessity and a source of power for Black people in particular in the history of the United States, first as a way to manage the factoring of families inherent in the chattel slavery system, and more recently as a way to deal with the effects of state violence (Schwartz, 2006; hooks, 2015). The family arrangements treated as normative for the hygienic sublime thus not only reflect and reproduce gendered roles within the household but also reproduces an epistemology of whiteness at the heart of the American family.

3. Capitalizing on the Hygienic Sublime

The hygienic sublime fuses necessary requirements for purity and safety with gender-, race- and class-inflected aspirations of appropriate social relationships. Maintaining a certain degree of purity is a concern for people living with food allergies for good reason: an unexpected encounter with allergens can trigger an allergic reaction, and in some instances allergic reactions can cause serious bodily harm. Yet an uncritical pursuit of material purity comes with risks. The purifying impulse can easily jump from the materials people use or avoid, or the work they do or eschew, to the people themselves. Furthermore, it is a leap to move from observing that a certain kind of purity is needed to keep food allergic people healthy to the current reality where women are almost exclusively the primary caretakers of allergic children, where wealth is a prerequisite for adequately safeguarding the home, and where white, nuclear families are positioned as the appropriate context for managing food allergies. Biological needs must be filtered through strong cultural sieves to produce this sorting of domestic expectations and responsibilities.

The deployment of technoscience-informed hygienic techniques in the home is important for feminist scholars to consider amongst ongoing conversations about the political effects of the idealization of purity of kin and kind. Donna Haraway has laid out these concerns in "FemaleMan@_Meets_OncoMouseTM. Mice into Wormholes: A Technoscience Fugue in Two Parts." In 1990s biotechnology, she detects a reinscription of a deeply eugenic interest among both scientists and laypeople in maintaining the purity of categories like species and blood relations (Haraway, 1997). Such moves, she argues, reflect a Western ontological obsession with purifying nature from culture (Latour, 1993), a binary that has cascading oppressive effects for those species, landscapes, and individuals deemed to fall closer to "nature" than to "culture."

Among those who have taken up Haraway's critique of purity politics, Alexis Shotwell's pointed address in *Against Purity* calls out purity as an unjustified simplification of "our ethical and political situation in the world" (2016, p. 6). In contexts as varied as the ways that trans people interface with the US state to the idealization of sexually dimorphic frogs as a sign of healthy waterways, Shotwell diagnoses the North American fascination with purity of type as oppressive to people, organisms, and landscapes that are not seen as "pure enough." Shotwell's broadly intersectional statement against the Western fascination with purity articulates with particular force with Jenny Reardon and Kim TallBear's (2012) critique of scientific uses of "Native American DNA." Scientists' preoccupation with the assumed purity of kin and kind makes Native DNA especially valuable

while erasing from view centuries of violence toward, theft from, and forced resettlement and enslavement of Indigenous people throughout the Americas. While food allergic adults and food allergy parents are not aiming to enforce genetic purity through their pursuit of the hygienic sublime in their homes, the priority placed on close blood relations, the semiotic and historical roots of what “clean” and “pure” looks like, and the enticing offers to own consumer goods in food allergy media all indicate how purity in the home is non-innocently embedded in eugenic, classist, and xenophobic histories.

Moreover, following Shotwell’s observation that a focus on purity oversimplifies a broader array of possible ethical and political solutions, focusing on purity in private homes distracts from a number of broader systemic issues that makes the modern food supply risky for people with food allergies. For example, it distracts from addressing the lack of preventive regulatory enforcement concerning food safety, especially allergen contamination, provided by US regulatory agencies. It largely distracts people with food allergies (except for a small number of leaders in the food allergy advocacy community) from understanding the historical and contemporary political interests that have shaped lax regulatory oversight of food safety and limits the pressure to change these systems. It preoccupies individuals and families while the problems produced by the long and complex multinational supply chains that deliver food to the tables of US households often go unquestioned. In short, the hygienic sublime offers a solution to food allergy management that demands the responsabilization (Trnka & Trundle, 2014) of individuals and nuclear families to each tackle the problem of impure food on their own. In the food allergy world, such narrowing of vision extends beyond the home—the site of the everyday dramas of managing food allergies—into activists’ legislative, regulatory, and legal interventions. Heteronormative familial networks connect would-be patient activists to people in positions of power, funneled through the networks of famously white and wealthy towns and clubs. What happens in the home is continuous with what happens in the food allergy and patient activism worlds at large.

The hygienic sublime ultimately reinforces the home as a site of consumption and consumption of consumer goods as the solution to medical and political problems. It narrows the political vision of what should be done to better help individuals and families manage food allergies, such as remaking family structures and norms to better distribute caregiving responsibility and challenging the high cost of health care and appropriately “healthy” foods in the United States. As Arlie Russell Hochschild writes, care through consumption “strikes at a flash point between an advancing commodity frontier, on one hand, and the

hypersymbolized but structurally weakened core of the modern American family, on the other” (2003, p. 35). With all the threats posed to US families today—family separations, continued state violence against people of color, and financial precarity following needed medical interventions—why intensify enticements to consume specialized, luxury goods in the home? With the time and resources available to sustaining private family life shrinking, the idealization of the white, wealthy, heteronormative family as a way to maintain safety and order is, seemingly paradoxically, greater than ever. This model of the family, one apparently purified of queerness, race, poverty, and dirt, remains at the core of the hygienic sublime.

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