

Department of Learning, Informatics, Management and Ethics, Centre for Healthcare  
Ethics  
Karolinska Institutet, Stockholm, Sweden

# Parenting children with allergy

AKADEMISK AVHANDLING

som för avläggande av filosofie doktorsexamen vid Karolinska Institutet offentligen  
försvaras i föreläsningssalen 263, Alfred nobels väg 12  
KI Syd, Huddinge.

**Fredagen den 16 december, 2011, kl. 13.00**

av

**Nina Veetnisha Gunnarsson**



**Karolinska  
Institutet**

**Huvudhandledare:**

Professor Lena Borell  
Karolinska Institutet

**Bihandledare:**

Professor Lars-Christer Hydén  
Linköping Universitet

Professor Helena Hemmingsson  
Linköping Universitet

Professor Staffan Ahlstedt  
Karolinska Institutet

**Fakultetsopponent:**

Professor Bengt-Erik Eriksson  
Linköpings Universitet

**Betygsnämnd:**

Docent Lisa Skär  
Luleå Tekniska högskola

Docent Per Gustafsson  
Linköping Universitet

Professor Sonja Olin Lauritzen  
Karolinska Institutet

Stockholm 2011

## Abstract

Two general questions directed the focus of this thesis: (1). What are the everyday practical and moral underpinnings of parenting children with allergy? (2). How do particularly mothers retrospectively account for and justify they are responsible parents and moral agents in the interview situation?

The overall aim was to explore the everyday practical and interactional strategies used by mothers when they are parenting children with allergy and in such contexts and relations where their parental self and identity may be at stake. The empirical data were based on interviews with parents to schoolchildren who had a food certificate at school, for diagnosed or suspected food allergy. **Study I** thus aimed at first describe what characterises the population of children with exclusion diet at school, as there was no previous knowledge about *why* children had exclusion diets and to what extent this was due to parents suspecting allergy. The study aimed specifically to describe health care contacts and diagnostic testing among the children and compare children who had respectively had not been in contact with healthcare professionals for their food-related problems. Results showed that 215 (93%) children had been in contact with healthcare professionals for any allergy, and 196 (85 %) for specifically their food related problems. Among the latter, 157 (68 %) children were doctor-diagnosed, most with a positive allergy test. Those children who had seen a doctor for the food-related problems had more complex and medically severe allergies, but overall characteristics of children's food symptoms and the reported food items were similar between the groups. **Study II** focused on the process that parents and particularly mothers engage in when trying to understand their children's symptoms and problems. The parents' narratives were reconstructed as narratives, describing the pathways parents take before they decide to seek professional medical aid as well as showing how they construct themselves as responsible parents. Before consulting health professionals the parents have often tried a range of different ways to define, control and manage their children's various problems. Parents sought medical aid when their own strategies had failed or did not fully work, but their decisions were also formed within a pre-problem context of their moral accountability as parents. **In study III** mothers accounts of healthcare encounters were explored, and the specific aim was to show how mothers used the interview situation to present, defend and sustain their identities as "good" mothers – *when* and *how* they made claims of being responsible parents (moral agency). Additional aim was attempting to explain how variations in mothers' experiences and presentations, may be formed by mothers different social belongings. The encounter outcomes were presented either as a straightforward account with healthcare as the main responsible agent or as a drawn-out process with disagreement between mothers and healthcare, resulting in different performances of moral agency. Working-class mothers portrayed themselves as dependent on healthcare expertise and made moral claims by negotiating culpability between themselves and healthcare professionals. Upper middle class mothers and mothers with higher levels of education did not generally defend and justify their actions. Instead they appealed to fulfilment of the active mother role. **Study IV** explored parents, mainly mothers, accounts of the practical and discursive strategies they use to support an ordinary life for their allergic child. This includes how they manage particularly family relations in their accounts of family responsibility and the way they control the information they give about their child to others. An ordinary life was established by making comparisons to what other children without allergies presumably can do (and eat). Parents' support is about practical and discursive strategies used to create or uphold an ordinary life for their children. In terms of the children's food problems there is one dominant strategy the parents use, conceptualised as "the food bag strategy", where the child are given their special foods to bring when participating in different social activities. Parents work out family responsibility by for example telling moral tales, as to legitimatise and justify claims or "demands" on family members understanding and support, and family members inability to do so. Parents' practical and discursive strategies do not work in a clear-cut direction for the child's ordinary life and identity; it worked as much against as for the intention of their support.

**In conclusion**, mothers when parenting children with allergy, weave seemingly opposite themes and threads together in their accounts- entwining different moral positions as to show they are responsible, e.g. "good" parents.

**Keywords:** Parenting practices, motherhood, ordinary life, presentation of self, moral agency, parental responsibility, illness management, healthcare encounter, gender, social class, childhood allergy, food allergy, strategies

ISBN 978-91-7457-593-4