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CULTURAL DIFFERENCES IN ORAL CONSUMPTION
- a comparative research project

In the following an outline of the project structured into two main points of the approach (1 & 2), then specified into the contemporary context (3) and finally formulated into a questionnaire (4).

(1) The first point is to study in a culturally comparative setting the tendencies in the patterns of social conduct which appears to point towards strengthened individuality and (thus) towards the marginalization of rituals (in a strong sense: as a structuring principle of collective formations). The realm in which this tendency can be expected to manifest itself in a most articulate manner is the foodways - expanded to include not only the actual food culture but a whole range of "eating behaviour": from the consumption of certain (OTC= over the counter = not prescribed) medicines to (common) stimulants (smoking, drinking, eating sweets, chewing gum etc.).

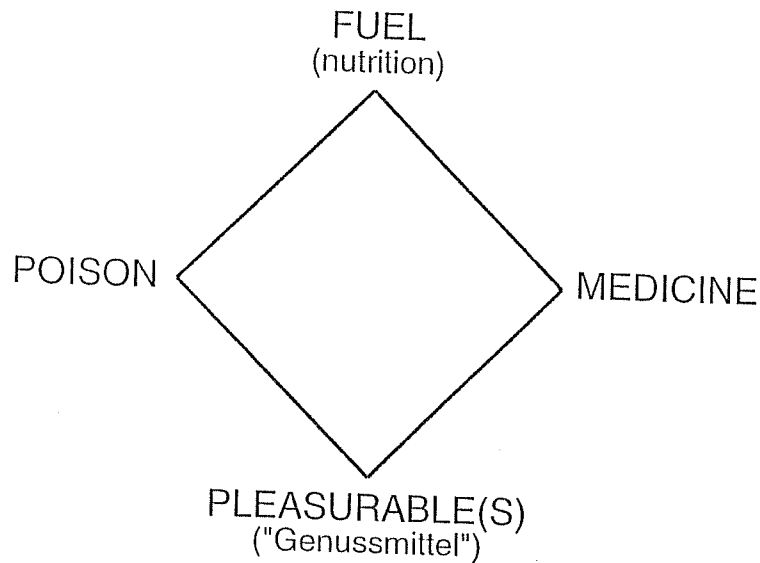
Structured along a dimension the former ("food") is closer to the end of "ritual meals" while the latter exemplify the non-ritual (and individualised) forms of oral consumption which could be characterized as "oral side-involvements" (see fig. 2.5. in my book + enclosed/appendix). These forms of "eating" surely involve certain ritual - especially ritualistic - traits but they cannot be regarded as rituals in a stronger sense implying certain rules concerning both time & space boundaries and the social setting (sharing with others / principles of communality).

The tendency towards individualization and non-ritual modes of consumption - which is actually the "norm" of modern consumer (choice) behaviour in general¹ - is surely not about rejecting meals and replacing them with snacks, titbits and other oral side-involvements. Nevertheless, the tendency involves a more or less obvious blurring of the boundaries between the different categories of oral consumption structured along the dimension (fig.2.5), both in ritual terms (eating a meal - eating between meals - eating as a substitute for a meal - as a non-meal) and in category & motivational terms: eating "food", stimulants, medicine etc., or; eating for nutrition, pleasure, health, cure, energy increase or energy decrease (dieting) etc.

And it is precisely these ambivalences - the degree of blurring of the boundaries between the categories - that the latter part of the questionnaire attempts to detect, together with the preceding questions measuring "food attitudes" on the dimension "pleasure -- health".

¹ This is why the changes in oral consumption may be conceived of as a kind of indicator of the rise of modern consumer mentality; this is actually the "metahypothesis" of the project.

(2) The second point - closely related to that formulated above (esp. the taxonomic/motivational aspect) - is somewhat more specific and closely linked to the "food attitudes". It deals with the health-pleasure distinction in attitudes concerning food and other oral substances. However, here the distinction is structured into two dimensions (see the figure below): in the first (vertical) "pleasurables" (cf. Ger. *Genussmittel*) in one end and "fuel" in the other; in the second (horizontal) from "poison" to "medicine":



The Oral Square: the changing relationships of the four categories of oral substances

These two dimensions should not be translated directly to certain categories of oral consumption but rather regarded as aspects which figure also inside every category. So, for example, even though the model for pleasurables (*Genussmittel*) refers to a range of stimulants (tobacco, alcoholic drinks, coffee etc.) and other pleasurable substances (sweets etc.) which are primarily considered as non-foods (or, not-proper-food), the dimension from "pleasurables" to "fuel" may also be located in the realm of proper food: from (ordinary) everyday food to (culinary) festive foods, or, in material terms, from rather neutral foodstuffs (staple foods, cf. the specific status of bread) to taste substances (or: foodstuffs with high taste concentration).

Furthermore, this dimension should be regarded rather a scale or continuum than a binary opposition², a characteristic which in certain respect is present also in the second (horizontal) dimension of poison-medicine: medicine use as controlled/targeted "poisoning"; the negative "side effects" of healing

² Claude Lévi-Strauss' well known "culinary triangle" is actually composed of two dimensions of which one is a binary opposition and the other a continuum or scale (Lévi-Strauss, Claude. "Le triangle culinaire." *L'Arc* 26 (1965): 19-29)

medicines; the question of (over)dosage, (ab)use etc. On the other hand this dimension has a specific inbuilt conceptual ambivalence - in accordance with the dual meaning of *pharmakon*³, as an agent (substance) with either negative (poison) or positive (remedy) effect - which is not reducible into a simple scale and is rather a symptom of an irreducible dynamics between binary opposition of poison/medicine (a deconstructive theme which cannot be elaborated further in the present context).

The ambivalence along this (horizontal) dimension is surely different in so-called "primitive societies" compared to the modern ones but nevertheless - due to the latter characteristic mentioned above - it remains unsolved and unsettled in both: as a powerful agent which, due to its magical powers, is hard to control (the "who's eating whom" dilemma; see chapter 4. in my "Consuming Body") and - at a more concrete level - as an object of ever incomplete medical and pharmacological knowledge.

In distinction to the horizontal dimension there is much more dynamic (and historical) change - in the present context focused especially to the Western tradition (modernization & globalization) - along the vertical dimension, for example, as a process which moves the former pleasurable "luxuries" towards the "ordinary" (cf. also the dynamics and change in the distinction "neophobic" vs. "neophilic" formulated by Paul Rozin).

However, this is a dimension and movement which may be thematized in its (relative) autonomy only as a characteristic of specific historical conditions which in very rough terms could be called the rise of the modern (Western) society: creating preconditions for an expanding food cultural exchange, promoting "neophilia" on the expense of "neophobia" (via certain societal mediations) and, above all, weakening the link between the two dimensions, or better, liberating the vertical from the horizontal one in the "decline of magic" (Keith Thomas). Foodways, both as pleasures of taste and as "just feeding oneself" gained autonomy in relationship to the rigid cultural (food/oral substance) categorizations which actually gave primary role to the horizontal dimension: the edible/inedible duality was (almost) identical with the distinction of medicine vs. poison due to the strong magical character of the (oral) substances.

The "decline of magic" may be exemplified with the shifting role of some oral substances - such as sugar, coffee, tobacco and spirits (cf. also herbs and spices both as taste substances and as medicines etc.). These were considered still in 17th and 18th centuries not merely as pleasurable substances but also as medicines (and poisons - corresponding to the basic ambivalence, cf. above). Later they were regarded as mere pleasurable stimulants, and still

³ Not to mention the other inbuilt meanings of *pharmakon* and its derivatives such as *pharmakos* referring to "scapegoat" which has a central role in Derrida's deconstructive reading of Plato (Derrida, Jacques. *Dissemination*. Chicago: The University of Chicago Press, 1981: 95-117).

later, closer to our times, again on the horizontal dimension, now primarily located in its "poisonous" end.

(3) Next about the way this perspective is translated to a research topic of the contemporary scene of oral consumption and, after that, formulated into a questionnaire:

(a) The re-actualization of the poison-medicine dimension - linked mainly to two discursive formations, the "nutritional scientific" discourse (which has of course longer roots...; cf. Turner 1984) and the more recent one, the "environmental discourse" (or eco-discourse). In addition there is a third, the "beauty & fitness" discourse (or bodily ego-discourse), which is not as clearly related to the topic as the two others. In the latter "health" has rather an instrumental role, compared to the more substantial roles it has in the former two ones. The former two involve both a positive and negative dimension. The "nutritional" discourse tends to classify nutrients and other substances into helpers (cf. vitamins etc.) and to enemies (cholesterol etc.) and thus moves traditional foods and substances both from the relatively neutral "fuel" category (fat, salt) and from the "pleasurables" category (sugar etc.) to either end of the medicine-poison-dimension (in the latter case mainly to the poisonous end). The "environmental" discourse operates primarily at the negative register - spotting not so much microbes as "invisible enemies" (cf. the phobias in late 19th century...) but actual poisons and artificial additives which threaten the living things: humans - and "microbes" (xxx). Anyway these seem to be the undercurrents which strengthen the (good/evil) polarized "magical thinking today", in a scientified disguise, as it were.

(b) The interesting thing, then, is to relate the tendency (above) to the other one which does not polarize but actually blurs the boundaries between the oral categories - especially on the vertical dimension fuel/nutrition--pleasurables, or, more broadly, concerning the boundaries between "proper" food and "not real" food. This is linked to the decline of the ritual principles of the "proper meal" but manifests itself also in category and motivational terms. So, for example, if a chocolate bar is conceived as an energizing mini-meal, a snack (cf. the adverts) it moves from pure pleasurables (sweets, chocolate) towards "fuel". (On the other hand, there seems so be some more rare moves from pleasurables towards medicine, according to the polarization trend above - the only I have spotted is the chewing gum sweetened with xylitol, a Finnish invention by the way, marketed as a preventive medicine for teeth...).

(c) So the scene of contemporary "gastro-anomie" (Claude Fischler) seems to be an interesting complex composed (at least) of the ingredients outlined - partly contradicting one another (polarizing vs. blurring), partly working in the same direction: both emphasize the role of individuality and individual choice in food behaviour articulating the (bodily) boundaries of the individual self and actualizing repeatedly the question: is this "edible" ("good" as pleasurable, healthy etc.) for me or not...

These two tendencies - polarization on the horizontal dimension and growing ambivalence on the vertical one - and their joint effect on oral (substance) categorizations and (thus also) on "food attitudes" are the primary focus of the outlined comparative project. However, the aim of the project is not reduced to detecting the cultural differences in these categorizations and attitudes (as such). The idea is also to contextualize the detected differences into a more general interpretative framework involving the contemporary configuration of the processes of modernization, individualization and globalization - with a specific focus on the formation of the modern "consumer mentality" (see the (first) general outline of the project). This does not imply a postulation of any unilinear course of global cultural development but leaves the stage open also for various counter tendencies. In other words, the comparative setting aims at measuring, as it were, not only the different degrees of development (the perspective of "globalization") of these tendencies but also at detecting the culturally specific factors counteracting these trends, transforming them to something else or, manifesting (a resistant) "otherness" which actually rejects these influences.