

Six Countries Eating

“EATING. French, European, and American Attitudes Toward Food.” The book by Claude Fischler¹ and Estelle Masson² was brought out in January, 2008. It discusses the findings of an international comparative research program on attitudes towards food, the body and health. The survey, instigated by Claude Fischler and Maggy Bieulac-Scott³ with the help of researchers from each of the countries involved, was carried out on 7,000 people in France, Italy, Switzerland, Germany, England and the United States. The results provide a better grasp on the differences, specific characteristics and common features of the populations studied. A more general objective of understanding current trends and throwing light on questions of public health guided the study. A Question and Answer session with the authors.

Q. What were the starting points and goals of your study ?

A. We open the volume with two quotations. The first is from Paul Morand, describing how New Yorkers lunch in 1937: they eat standing up, fast, with their hat on, in a row “like in a stable”. The second quote is from Daniel Lerner, an American sociologist who in 1956 found the French to be “rigid” when it came to eating habits and was surprised to see them eating ritually and at set times: “like in a zoo”. Twenty years apart, the writer and researcher were equally shocked; one at the absence of rules and lack of social exchange; the other at an excess of rules, seen as a hindrance to choice. They both had one thing in common – the use of animal references to describe the nature of the others’ eating ways.

We then ask ourselves whether this very different relationship with the act of eating has any consequences, and if so what they are.

From the 90s on, much was made of the “French paradox”: the French, it was found, ate as much fatty food as northern Europeans, English and Americans, had more or less equivalent cholesterol levels and yet their death rates from coronary disease were three times lower.

There is now another – real - French paradox in that obesity is significantly less prevalent in France and has been so far increasing at a slower rate than in other developed countries. Some have been saying that France is merely “lagging behind” and that it is bound to catch up... Let’s put it this way: The general trend does seem to be the same everywhere in the developed world, with average weight and obesity up. But there does seem to be a French peculiarity, with the lowest average Body Mass Index (BMI) in Europe and the lowest prevalence of obesity (defined as a BMI of 30 or more). In other words, the steepness of the slope is different. What our OCHA data seem to indicate is that all the countries we surveyed are evolving in the same direction, albeit at somewhat various rates. There seems to be a trend from a “traditional”, commensal style of eating to an individualistic, “modern” one, typical of societies with an advanced food processing sector and modern, large scale retail. France has both and yet it seems to have retained

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more features of the “traditional” style than most similarly developed countries. It stems from our data, for instance, that young French non-religious city dwelling males are more into “nomadic”, individual choices than their compatriots but less so than their American or British counterparts. As expected, we find that cultural features contribute to different practices and behaviors, with nutritional consequences. The aim of our project was to identify, assess and possibly measure these differences and their possible effects, and to see whether what is specific to each culture might explain them. To see where we all stand, so to speak...

Q: In speaking of food in the countries you studied, does it always mean the same thing ?

A: Different tunes are quickly heard. In France people often refer to the quality of a product, in terms of taste, freshness, naturalness, origin and identity. These reference points are also true for the French speaking Swiss in our sample, who in addition express particular concern for natural resources, the environment and responsibility towards future generations. In Great Britain, and especially in the United States, food is associated first and foremost with nutrition. In the United States there are additional elements - the responsibility of the individual towards his or her body and health, and feelings of guilt if one feels one hasn't made the “right choices.” In Italy, people we initially interviewed did not spontaneously think of the problems or serious illnesses that can be linked to diet, other than indigestion. For the French and Italians, food mainly evokes culinary practices; for Americans it is more a matter of diet and health. A French person who grabs a sandwich for lunch doesn't count this as having “eaten,” which to an American would seem an untruth...

Q: So what does the act of eating evoke ?

A: In France, Italy and Switzerland it mainly suggests shared pleasures, sociability, eating with family or friends. Eating means sitting at the table with others, taking one's time and not doing other things at the same time... In the United States it is more a private, intimate, personal act that tends towards the almost impossible quest for an ideal diet that allows you to function better, stave off illness and live longer. Germany is more divided: in matters of conviviality it is similar to other continental European countries; at the same time there are significant differences between East and West – the East being more concerned with budget and how to have a filling meal for a reasonable price. And the shared pleasures aspect is often reserved for parties or special occasions (“once a month”).

Q: What is the relationship between food and health and the notion of “healthy” in the different countries studied ?

A: In the United States health is seen as the main reason for eating. In continental Europe, at least in the countries we surveyed, it's a secondary or implicit benefit: being healthy is one consequence of “eating well,” but “eating well” doesn't boil down to that. Unlike Americans or even the British, health is not the first thing that comes to mind for “continental” Europeans when they think about food. In Italy what is considered healthy is above all something that tastes good: concerns focus primarily on the product, its quality, freshness, the fact of its being natural and in season. Food is first and foremost about “joie de vivre” and health comes with that. Americans think less in terms of food products than of nutrients: even though they more or less know their value - the quantities

recommended in the famous nutritional pyramids - their problem is that they have trouble complying with these standards and that is a great source of anxiety.

Q: How are the major food groups considered ?

A: Fruit and vegetables come first, in the United States as everywhere else: more than a measure of the success of health campaigns, this reveals the gap between what people know and what they do! Dairy products are particularly prized in France, Germany and Switzerland. While other countries believe in natural vitamins contained in food, vitamin supplements are highly esteemed in the United States and in Great Britain (including by doctors themselves. In English-speaking countries, food and medicine are on a biochemical continuum, which may explain the popularity of nutraceuticals...

Q: Whereas elsewhere, especially in France, there is a contrast between these two notions. At one stage in your research you interviewed doctors, teachers and “ordinary” consumers in each country. You asked doctors not what they prescribed for their patients but about their own eating habits. You expected very similar results from the doctors in all of the countries compared to the other two groups. Were you surprised by the results ?

A: Indeed, in this respect, doctors didn't differ much from their fellow citizens. Among other questions we asked them whether they took vitamins as food supplements. Look at those who say they take vitamin supplements every day: in the United States, over 50% of the respondents said they did, whether they were doctors or members of the general public; in France and Italy a few rare members of the general public but not a single doctor made the same claim. Rather than a single scientific position uniting all doctors in the countries studied, we can see that there is a national “bend” or bias and that citizens of a same cultural group, doctors or the general public, follow this bend in their daily habits (we're talking of matters that are not of a purely medical or technical nature, not of “textbook questions”). There certainly exists, in each of the countries studied, a widely shared common cultural background.

Q: People often have a nostalgic attitude towards food: “it was better in the old days.” What does your survey make of this notion ?

A: The idea of nostalgia is there, but the contents it is invested with differ from one country to the next. Italians, Swiss, Germans and French think on the whole that food products are less healthy than they used to be. Practically the opposite goes for Britain and the United States. Another factor we observed was the loss of flavor of food products. The French (61 %) and Italians are the first to complain about this. It's a different matter in the United States (44% of Americans think food products taste better today and 47% of British). For the British and even more so for Americans (69%), the “loss” is mainly in terms of eating habits. The problem is not the food products themselves, it's humans and how they behave... We can read these statistics in another way: there are those (Italy, France, some in Switzerland and Germany) who have a predominantly positive and commensal attitude toward food. For them the problem is the loss of product quality (pesticides and chemical products, loss of taste, etc). And there are those who have a mostly problematic and individual attitude (United States, the United Kingdom, some Germans), for whom the problem is nutrition and their personal responsibility for “making the right choices”.

Q: What is the role of public information ?

A: Information is on the whole received in a contradictory and confused way. The “continentals” are still governed, consciously or not, by customs and cultural norms that prevent them from asking themselves too many questions. The Anglo-Saxons emphasize the importance of individual choice and must bear the burdens of freedom, responsibility and decision-making: they want to be able to make “responsible choices” on a scientific-medical basis, they seek out information and try to understand, they worry... Other countries seem to have an overall more relaxed and serene relationship towards food and diet (although the anxious, concerned, self-centered component is now present in all developed countries). All this indicates that food and diet and attitudes about them are very, very strongly influenced by culture.

Q: Can we say, then, that there is a “division of dietary worlds” between the Anglo-Saxon countries and Europe ?

A: We have indeed found that for almost all the items studied, France, Italy, Switzerland are on one side, countries where sociability and sharing are a central part of eating, both in the home and out of it. And on the other side the United States and Great Britain, where eating is a personal matter (although in Britain there is a certain nostalgia for a past where eaters felt more “competent”. Germany is somewhere between the two.

Q: Doesn't it make sense to talk in terms of the influence of the two religions on which this division might be based: Catholicism, more “enveloping” and Protestantism, where the individual is more solitary and has more freedom of choice...?

A: Food has always played a part in religion. Throughout history, religions have also had a great influence on cultures, ways of being and behavior. In countries historically marked by Catholicism (even though observance is declining everywhere) there is something of a ritualistic, almost sacred dimension in the common meal. All cultures share the perception that sharing a meal, eating the same food, brings people closer, makes them more alike (the same flesh, the same blood). In France or Italy, a meal is reminiscent of communion. The German sociologist Simmel wrote in the beginning of the twentieth century that only in the catholic Eucharist can a *single* substance be consumed by all – at least symbolically: the flesh and blood of Christ. In cultures that load meals with such symbolic weight, expressing preferences or (particularly) aversions is understandably off limits. To Americans, on the other hand, one is not to get in the way of individual choice. The ideal sociable meal, we find in the survey, is seen more as a contract of sorts between consenting adults and each is free to choose and manifest his or her likes and dislikes - even if this sometimes means using the excuse of an “allergy.”

Q: Isn't this religion of individualism and aspiration to individual control of everything: oneself, one's body, diet, health, etc. inexorably becoming the norm in the western world ?

A: This tendency is visible in our survey, in particular among the younger age groups and it seems to remain stable as they get older...However each country maintains its own specific characteristics. For the French, sociability retains a central position and food and diet continue to be “socially regulated” to a large extent. Young French men and women are less “individualistic”, in the particular sense above, than their English or American counterparts... I think we can expect to see the appearance of new forms of

commensality that are more flexible, up to date, but which still consider social pleasures important.

Q: Should we prefer one kind of diet to another and if so, what can be done to promote it ?

A: The problems of poor nutrition apparently are associated with less rather than more social value attributed to eating. Public health problems – obesity and its many associated illnesses – clearly affect the poorer social classes most, and they are far more rampant in countries with a view of food that tends to strip it of its “sacred” or sanctified character: if eating is only a way of “reproducing the labor force”, the tendency is to go for the cheapest calories provided by the market, which also happen to be easy to use and “palatable”. The medical line encourages everyone to “make the right choices” but what it really does is, it merely reinforces and accelerates a “disenchantment”⁴ of food. What do we mean by this?

Rather than herding people towards an almost impossible individual self-control, it seems wiser to devise a policy trying to create conditions favorable to those features of the local food culture that seem to prove helpful in terms of public health. Sociability and commensalism increasingly seem to be precisely that. Nutrition education seems to have failed across the board, especially in those social classes who are the most “at risk”. The reason is simple: people, not “atomized” individuals, eat food, not nutrients, and they often do so collectively. Even astronauts, who seemed to be reasonable candidates for a diet of pills taken on a individual basis, are enjoying dishes cooked by chefs and use a table around which they gather to eat their meals (in weightless environment, it is bad manners to let yourself float over the table). Rather than exclusively or predominantly nutritional education, positive and global *food awareness* should be encouraged. Instead of medicalized views on food warning us against their dangers, we should hear about the taste, history, origin, varieties, culinary, social *and* nutritional values of the products. Today’s eaters should be able to use their senses, to develop tasting skills, as well as their ability to discriminate between various qualities within the same “food group”. It might be a good idea to help people recover some degree of lost culinary skills. Rather than a personalized diet, even based on genetic evidence, we would recommend cultivating the social practices of cooking and sharing a meal. Rather than training a population of diet experts, it would probably make more sense to have informed consumers, people sensitive to the qualities of a product, how it has been grown or produced and to a new food supply in which environment, health and pleasure would go hand in hand. In short, where food has become disenchanting, we should try to “re-enchant” it.

⁴ What the German sociologist Max Weber called a “disenchantment” (*Entzauberung*) of the world: the loss of a belief in magic and the supernatural world.