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What food are we talking about?

Narratives of Mediterranean healthy and sustainable diet(s) confronting with cultural expectations, local food habits and gender feeding rules

The patterns of Mediterranean Diet(s) proposed by nutritionists, based on results of Seven Countries Studies and validated within international research (Burlingame, Dernini, 2019), highlight the possibility to combine sustainability with the safeguard and the healthcare of a wide range of diseases caused by malnutrition. The diffusion of Mediterranean Diet might have the potentialities to face the worldwide pandemics of obesity and diabetes.

From a similar standpoint, in 2019 Lancet has proposed a set of methodologies for planetary healthy diets for all with the aim to achieve crucial goals in 2050. The priorities given to the components of food intake together with the recommended lifestyle are similar to those of the Modern Mediterranean Diet which aims at combining crucial changes in agricultural production with those of everyday patterns of consumption for individuals and social groups. "Regular physical activity, adequate rest, conviviality", "culinary activity", but also "biodiversity and seasonality, traditional and local and eco-friendly products" are recommended through the MD Healthy Pyramid: a visible synthesis of blindness mostly from a gender and class perspective.

Eating behaviour concerns the first form of education received by human beings and food habits remain a field of individual and collective identifications where hegemonic discourses are often conflicting with locally based values of food sovereignty, with diversities of practices and cultural interpretations of food.

We wonder if, how, and within what social groups, the changes considered desirable for all by scientists can be transferred into food habits and if the homogeneity of healthier patterns can be claimed for the wider population, that is, if they can combine with the social practices and cultural expectations of different generations, classes, genders and ethnic groups.

Our questions are similar to those presented by Margaret Mead in a seminal essay in 1943, following the experience of the National Research Council, Committee on Food Habits. At that time, USA Government needed suggestions for food policies related to a renewed “ideal American Diet”. This project should have been suitable for the American war economy and for food aids addressed to those countries which were suffering from deprivation after WW2. Mead underlined two main dimensions: food habits as crucial elements of cultural contexts and the diversities in expectations on changing them expressed by scientists, politicians and social groups.

Mead, as more recent research (Thoms, 2010), found that at the time Italian immigrants coming from the Southern Italy acted as defenders of their own cultural identity, also disseminating Mediterranean-type diets. Until then, the Italian-American eating habits have been considered unhealthy and culinary “barbarian”, given the prevalence of the raw on the cooked, of “herbs” and vegetables cooked with olive oil, and of “pasta” or no processed bread. Through his studies, Ancel Keys defined a path for a successful cultural transplantation of this “natural” food intake of poor farmers and fishermen living in some Mediterranean villages into a medical adequate diet to prevent cardio-circulatory risks of American white business men. He and his colleagues used that food intake, based on a backward rural economy, to define a durable International Index of Adequacy of the MD. At the same time they spread also a narrative of the “Mediterranean way” as a synthesis of sun, good life, happiness and natural adherence to a “sober life” that was very far from the factual experience of one of the most deprived parts of Italy. Immigrants from Calabria and Cilento escaped from those “virtues” that the doctors of MD took as a model. At home, those people were forced to have an “active life” and to eat with “moderation”, fuelling the endless fatigue in overcoming hunger and undernutrition that put at risk mainly women’s reproductive life and children’s survival.

Today MD, as a set of medical and social recommendations, presents multifaceted narratives. Its cultural profile as a standardised healthy diet available for alls and sustainable everywhere is mainly convergent with the expectations and economic possibilities for an healthy lifestyle of the urban middle classes with sophisticated cultural capitals, thus representing in part an hegemonic normative discourse. Furthermore, some alter-hegemonic narratives also interpret MD as a perspective for eco-friendly projects, combining ethical production, biological food consumption and healthy eating habits.

Coming to cooking practices, we have to consider, beyond the recognised importance of Mediterranean Diet defined by nutritionists, also the international success of the diverse Mediterranean cuisines. During the time, they became ambiguous symbols of old traditions of “good” taste and new models of social distinction, acting in the conflicting field between unhealthy South European rich gastronomy and the new MD obligations for healthy food habits.

The question *What food are we talking about?* aims at shifting the reflection on the relationship between healthy diets and sustainability to everyday life, focusing on food choices, on the cooking ways and on feeding and eating practices, alone or together, around the table.

In the Mediterranean area everyday food is still assigned mostly to women's choices, transformation and presentation, despite the rapid changes in contemporary family models. In women's everyday culinary practices we can find a difficult research for the combination between the individualization of family's taste, cooking habits and the new health expectations.

One of the two Authors of this paper, who is suffering of a widespread chronic disease (Bimbi, 2016), made an auto-ethnographic account with a group of women on their daily search for the re-conciliation between the deep demands for the personal "illness work" and the biographical redefinition, till the possible translation of a (medical) Mediterranean diet into a good Med-Italian cuisine.

The second Author underlines in her research within two primary schools how the education system could promote a negotiation with families for the re-orientation of children's diets, enacted through a valorisation of the Italian MD and the culinary cultural capitals of immigrant families (Storato, 2017).

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