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The duty to feed and eat right

Anne-Lise Middelthon

University of Oslo

> Modern economies are built on good health. Their competitiveness increasingly depends on enabling their citizens to lead healthier, more productive lives. Good health is a key driver of growth.
>
> EU Health and Consumer Protection Commissioner David Bryne, July 2004
>
> In this way does the maintenances of health becomes a civic duty.
>
> *(Paa denne Maade bliver altsaa Sundhedens Vedligeholdelse en borgerlig Plikt.)*
>
> Johan August Unzer 1771 (cited in DAHL R. 1989, Medicinsk Haandbok 1-2) [1]

Introduction [2]

In 2004, EU's Health Commissioner launched a «reflection process on the future of EU health policy» in which the crucial role of health for economic growth was at the core; «boosting the economy through better health». In contemporary discourses on health, food plays a pivotal role and is also thoroughly medicalized in the sense that it is instrumentalized as a means to achieve better health and/or to prevent or heal illness. A process which is here called *pharmacologization* of food. The context of this paper is contemporary Norway. It is argued that in the Norwegian society food is medicalized to such a degree that we no longer find "free food" understood as food that is perceived as being neutral with regard to health and illness. Food is inevitably classified dichotomously as *either* "healthy" *or* "unhealthy". Such a rigid categorization makes health screening of food an omnipresent possibility. Feeding and eating become practices imbued with a moral obligation first to screen the food and then subsequently to feed or eat in a morally good manner [3].

In anthropological studies, the body is typically conceptualized as a site of inscription and only rarely also as an inscriber; a body which acts on itself or on the body of others. This paper argues that eating or feeding should be approached as practices through which the body incorporates, and inscribes on itself or the bodies of others, not only physical substances but also the meanings and ideologies such substances might carry. Inquiries into feeding and eating should, it is suggested, include: theorizing feeding

and eating as triadic processes and practices; theorizing such triadic practices as acts of incorporation and inscription, and bringing into focus the temporal character of incorporation.

In the Western context, Roland Barthes (1979 [1961]) classical consideration of the capacity of food to function as signs which mark and produce social and cultural distinctions, and hence identities and differences opened up a range of new fields for ethnographic inquiry. In its aftermath, a rich volume of general and local studies and analyses of food as a cultural and social phenomenon has been generated (see for example: MESSER E. 1984, CURTIN D. W. - HELDKE L. M. 1992, COUNINHAN C. - ESTERIK P. 1997, COUNIHAN C. 1999, ESTERIK P. 2002, MINTZ S. - BOIS C. M. 2002 – in a Norwegian context e.g. LIEN M. 1989, FURST E. 1995, DØVING R. 2003, BUGGE A. B. 2005). "Food as medicine" has also been explored in a Western context albeit to a far lesser extent. When this phenomenon has been subjected to ethnographic exploration, focus has been on the explicit application of *singular* food items (or groups of such items) in therapeutic or healing processes (e.g. in a Norwegian context, LYNGØ I. J. 2003). The phenomenon under exploration here; the contemporary medicalizing *all* food, that is, medicalization of food as a *general* category or type, has remained strikingly unexplored.

Before I proceed, let me note a few word on the historic dimension. Food has always been of medical significance and a way of intervening in the body (FISCHLER C. 1988). Diet was central in humoralism, which formed the basis for the Western tradition of medicine up until the nineteenth century (NUTTON V. 1993). Moreover, the humoral framework is still (implicitly or explicitly) at work in substantial parts of lay medicine (RIPPERE V. 1981). While conceiving food and feeding as substances and practices of medical significance is not a new phenomenon, what comes forth as both novel and unique, is the medicalization of *all food* which leaves no food neutral with regard to health and illness. Hence, this paper departs from an understanding which sees contemporary pharmacologization as a phenomenon which in some, though far from all, respects can be perceived as one that operates in continuation of a former medical paradigm. The aim here is to conduct an initial exploration of the particular configuration of the contemporary medicalization of food emerging in the Norwegian society, an industrialized and increasingly marked-liberal Western country.

Lastly, I would be amiss, if I did not stress at the outset that the issue under discussion here is one born of a surplus of food and that this reality differs

dramatically from the harsh realities of larger parts of the world where millions of humans' everyday lives involve a lack of adequate nutrition or even the prospect of starvation.

The methods and context of the inquiry

The discussion of this paper emerged from two ethnographic studies undertaken in Norway the last 3-4 years. The first one aimed at a more general exploration of cultural perceptions of risk and (ill)health. In that study, coverage of health and risk in general public discourses including mass media and public health efforts severed as the main ethnographic case. A variety of printed media (varied with regard to geography, politics and tabloidness) were followed daily over an initial period of three months and then less regularly over the next year. During that last year, the main approach were to follow cases of relevance as they emerged. The second study, which is still ongoing, grew out of the first one and focuses specifically on the current medicalization and instrumentalization of food. In this study, empirical data is gathered, through a combination of ethnographic methods: repeated exploratory interviews, group interviews and participant observations. Repeated exploratory interviews have been conducted with a cross section of persons who had previously participated in a comprehensive population based study in Oslo. Group-interviews are being conducted with persons in south-east Norway who are in some way already connected and share an everyday reality that involves food (for example, groups of women who have recently given birth, people who eat lunch together at work, elderly people who eat at centres for elderly, people meet as neighbours, schoolmates).

Participant observation is of course conducted on public meetings and place where health and/or food is debated. However, since I am doing research "at home" and the phenomena under scrutiny is encountered in countless everyday conversations, places, relations and contexts, the topics of inquiry inescapably become both external and internal to the explorer. This circumstance is recognized as one that supplies depth and texture to the research material generated through formal means. Hence, an alternation between productive closeness and required distance to the field is taken as a continuous challenge to be carefully considered as well as thoughtfully exploited.

In this paper, it is semiotics in the Peircean tradition in conjunction with Foucault's concept of governmentality (understood as a power technique

through which the individual is governed by making him or her govern him or herself in a particular way) informs the inquiry.

There is no food external to health

In public discourses in Norway (including mass media and public health efforts), we are caught up in an onrushing current of piecemeal information on risk and health. A substantial part of this information concerns food: it is about tomatoes, carrots, cauliflower, etc. and their potential to prevent prostate cancer; the capacity of potato chips to cause cancer; the detrimental influence of fats on the heart; or simply the necessity of eating right. When risk and (ill)health is thematized in mass media, public health efforts or everyday conversations and small-talk, the capacity of food to prevent, heal and endanger is prominent. Not only is food conceptualized in terms of its relation to (ill)health, food is also instrumentalized so as to find its main function as a means to achieve health related goals. The relation between food and health or illness tends to be presented as a particular kind of relation. It is presented to us as a causal one-to-one relation. One particular food is linked to the prevention of one particular illness, and likewise, one particular food is linked to the onset of one particular illness. Through statistical correlations your health or illness is directly linked to the food you do – or do not – incorporate [(4)].

There seems in Norwegian today to be no such thing as 'free' or *neutral* food, in the sense that no food can entirely escape classification as either beneficial or detrimental to health (no substance is *free from* the grid of this categorization). For virtually everyone in some contexts, all food items/ substances inevitably carry a capacity for being classified (dichotomously) as *either* "healthy" *or* "unhealthy".

It should be noted that the observation that all food holds a potential for being categorized as healthy or unhealthy does not entail any claim for such classifications to be fixed or indisputable (cf. for example the debate concerning the usefulness of Glycaemic Index as a measurer of healthy food). Disputes on how to assess singular items or substances are certainly rampant. Moreover, classifications of food substances and food items have indeed proven to be temporal. But temporalities, inconsistencies and disagreements are all found at the level of *actual* assessment or evaluation of concrete food substances or items (or diets). In itself, the practice of assessing food in relation to the healthy/unhealthy dichotomy, gives rise to no disagreements and is never questioned. Disputes regarding the benefits

and dangers of particular substances take place against an implicit, undisputed background. What is taken for granted (what goes without saying) is that substances "naturally" fall into one of two categories. Alfred Schütz (1970) concept of "unconsidered certainty" captures well this habitual non-explicit mode of relating to food's capacity for being evaluated as either healthy or unhealthy.

The contention that there is no food outside health is not put forward only on basis on that which is *present* in health related discourses, or on basis of that which has been explicitly articulated in individual or group conversations/interviews. An inquiry into that which is *absent* from these discourses and interactions has been just as important for reaching that conclusion (cf. FOUCAULT M. 1999 [1971]). A consistent absence of food that cannot be classified in terms of its contribution to the (ill)health of the one who eats it, came forth as a striking feature during the last years observation of health discourses and conducting of individual and group conversations. Just as food conceived of as neutral with regard to health and illness can hardly be found in this discourse, designations signifying such food have vanished from the active Norwegian vocabulary. One example is 'magefyll' (stomach filling), a former everyday designation for the category of food which you ate in order to fill your stomach. It is of significance to the discussion that the form of absence we are dealing with here is not the kind of absence that is recognized as an absence. On the contrary, this seems to be an absent absence: neither do we find any foodstuff which is neutral to health nor do we encounter any articulation or discussion of this lack. Importantly, an absence that is not recognized, articulated or thematized cannot be subjected to reflection or debate.

The absence of food that cannot be classified as either healthy or unhealthy seems indeed to be among that which constitutes food as a general cultural phenomenon or cultural type [(5)] in today's Norway. Importantly, as food is intrinsic to feeding and eating, this characteristic of food, will, of course, also be among that which defines feeding and eating as cultural practices.

If food's capacity to lend itself to health screening is omnipresent (healthy or unhealthy?), refraining from taking advantage of this potential will not be without moral implications. In such a situation, "feeding" and "eating" will easily become practices imbued with a moral obligation to eat and feed right. This will include an obligation to perform a ceaseless health screening of food items/substances. Put somewhat differently, food's right way to the table will include clearance in the "home pharmacy".

It is not only the opposition between signs of "healthy" and "unhealthy" that are in operation when food is categorized. "Safe" versus "risk/danger" and "morally good" versus "morally bad" are other prominent pairs. To a large extent, the process of pharmacolocization rests on a correlation of these signs. In this process, healthy food is correlated with safe and morally good food in the same manner as unhealthy food is correlated with dangerous/risky and morally bad food. Implicitly and explicitly the sign "healthy food" will also carry the meanings "safe and morally good/superior" in the same way as "unhealthy food" will carry the meanings "danger, risk and morally bad/inferior". Importantly, even if the two sides of the healthy – unhealthy dichotomy are mutually dependent (as well as mutually exclusive), their mutually dependency does not prevent one of them (the healthy one) from functioning as a *moral baseline*.

The absence of food external to (ill)health also comes to show when there is a breach of everyday eating or feeding order as for example when something is celebrated or there is a special occasion. While extraordinary food may (still) involve extra costs or labour, indulgence in foods normally perceived as unhealthy seems to be a major ingredient in special treats. "Time out", in the context of eating and feeding, is largely marked by incorporation of "bad food" accompanied by justifications like «You can't always think about health» or «One has to allow one self to something extra». Hence, the "time out" we are dealing with here is not a time spent in a space where health is irrelevant to feeding and eating but a time spent on the bad or deviant side of the dichotomy of health and risk.

One of the contradictions in our culture pertaining to the topic dealt with here is the fascination – indeed, the celebration – of food in aggressively gustatory and aesthetic terms. To overlook (for example) the growing abundance of cookbooks, the countless restaurant and wine guides or the numerous celebrations of famous chefs (not unlike the celebration of sport heroes) would hardly be possible. On the one hand, we are confronted with the increasing hegemony of instrumental rationality according to which the category of food is being more and more reduced to a means, in particular as mentioned above, a means pertaining to health and illness. On the other hand, we can observe a countermovement wherein cultural practices concerned with the purely aesthetic qualities of gustatory experience are places of refuge, even sites of transgression. When Nigella Lawson or some other famous chef on TV uses, without verbal comment though typically with a devilish expression, more oil or eggs or sugar than has been deemed healthy by current research, it is difficult not to see a subtle – or perhaps not so subtle – act of rebellion. But such an act is in its own way a

recognition of, and even homage to, the authority of the movement it intends to subvert or challenge. Hence, alongside discourses focused principally on risks to health, there are discourses operating in apparent abstraction from anything but the palate and its pleasures though ones through which individuals distinguish themselves as refined or sophisticated (cf. FOUCAULT M. 1985). But the various discourses concerned with "gastronomy" or "identity" will not likely remain unaffected by the process of pharmacologization with which I am concerned here. The havens of refuge and sites of resistance will almost certainly come to be colonized, to some extent, by the very ethos they are trying to counterbalance.

Two insights of Foucault are especially important to recall here. First, there is no exercise of power without instances of resistance or opposition to this exercise. Second, the sustained forms of resistance tend to incorporate within themselves defining features of the objects of their resistance. Consequently, it is a reasonable expectation to imagine the advice of medical experts will come increasingly to shape the practices of gourmet chefs and premier vintners. The "food police" will become inscribed in the very subjectivities and consciences of chefs and gourmets (FOUCAULT M. 1990 [1976]).

Functionalized food

Public discourse on risk and (ill)health share salient features with the specific ones on "functional foods" or other kinds of commercially modified food. Thus an inclusion in the discussion of some traits of foods such as "functional food" may assist in illustrating the current instrumentalization of food in the name of health. Let me briefly recall some central features of "functional foods". The phenomenon emerged within societies of abundance (ROBERFROID M. 2002) and is a fairly recent one (HEASMAN M. - MELLENTIN J. 2001). It gained momentum when USA lifted restrictions on the use of health claims in the marketing of foods (BECH L. - GRUNERT K. 2003) [6]. The consensus paper of EU Concerted Action on Functional Food Science, coordinated by the International Life Science Institute (ILSE), states that:

> «We are progressing from a concept of "adequate nutrition" to one of "optimal nutrition". We have moved from a former emphasis on survival, through one of hunger satisfaction and of food safety, to our present emphasis on the potential for foods to promote health, in terms of providing well-being (mental and physical conditioning) and reducing the risk of diseases» (DIPLOCK A.T. *et al.* 1999: S5).

As defined within this technical discourse, "functional foods" is *daily food* to which components are added, removed or modified by technological or

biotechnological means. It is foods that have effects in amounts that can normally be expected to be consumed in the diet (not pills, vitamins etc) (ASHWELL M. 2002)[7].

While, as discussed above, food in general is dichotomized into healthy and unhealthy (risky), the specific discourse on "functional foods" divides food into "functional" and "non-functional" food. All food is of course functional (e.g. it supplies energy to the consuming organism). But this fact is occluded by the appropriation of the sign "functional" as a designation for this particular form of food. Moreover, by the way this sign is crafted, it implicitly signifies the food which is not "functional" as being "non-functional". At first glance, "non-functional" might come forth as something like neutral food (with regard to health). But in our everyday lives "functional foods" cannot operate entirely, and not even mainly, outside the general discourse on food. Hence, the classification code of "functional" and "non-functional" will gain its meaning in relation to the corresponding code of general discourse. In the same manner as "functional foods" is more than likely to be categorized as healthy and good, "non-functional" is overly prone to be classified as risky, unhealthy and bad. As (in this logic) "non-functional foods" do not contain that which might bring health and salvation, feeding based on such foods will easily appear as hazardous and even immoral. There is all reason to believe that the food industry trades on a habitual signification process which makes that which is not good (functional) into its opposite: bad (non-functional).

Food drifts towards danger

As discussed above, the stability of the dichotomous classification of food is, in principle, compatible with variability of, and controversy about, what belongs in one or the other category. But, in practice, this variability or alterability and the controversies surrounding it (some "authorities" contending that, say, whole milk is not healthy whereas those swayed by more current research arguing that this substance actually fosters health) tend to operate in such a way as to undermine the dichotomous classification itself. Even if "food" is dichotomized as healthy or risky at any stage, it simultaneously appears to drift towards danger (in some undefined future). That is, there is a drift toward one inclusive category of food, the potentially dangerous one. So even the safest foods tend to come under suspicion: statements like «You have to eat carrots before they too are declared dangerous» have become almost a saying in Norway. The prospect of having that which is classified as healthy today reclassified as dangerous tomor-

row, is ceaselessly voiced (jokingly – or not at all jokingly). There seems to be no corresponding anticipation for "food" to drift towards safety. If even the most healthy foods are open to reclassification, then the instrumental category of healthy foods is inherently unstable to such a degree that its instability becomes a feature of the category itself; put otherwise, the category of "healthy" is understood as what today happens to be considered healthy. Whatever appears to be confidently established at present might be radically revised at some point in the indefinite future, thus in the proximate future. Several factors may contribute to this. Among them, first, the fact that "food" operates in a cultural context where risk identification and control is central. Second, danger is always present under a regime of pharmacologization; not only is unhealthy food inherently risky, danger becomes intrinsic also to healthy eating and feeding as such practises are undertaken against the backdrop of the evil that may materialize if one refrains from doing so.

A similar argument can be made for modified foodstuff. "Functional foods" for example become "functional" exactly because of the amendments or manipulations it undergoes. It is hardly imaginable that the sign "functional foods" will not also convey that "food" (in general) is substances and items in need of improvements or corrections, and that it is only in an altered state "food" meets our health requirements. Hence, "non-functionalized food" (or non-modified food) can easily be inferred as inherently dangerous. The dichotomy of "functionalised" and "non-functionalized" has a lot in common with one of structuralism's more celebrated ones: «the raw and the cooked». In Lévi-Strauss' (LÉVI-STRAUSS C. 1986 [1964]) seminal analysis of mythology, food becomes safe and edible for humans only after it has been transformed or amended trough cooking. Just as the cooker, (feeder) becomes a crucial mediator in Lévi-Strauss' account, the food industry is in the process of establishing themselves as the saving mediator through "functional foods" and other kinds of commercially modified foodstuff.

Feeding and eating as temporal triadic practices of incorporation

Among other things, pharmacologization of food and feeding/eating needs to be considered in the historic and political context where it takes place. In particular, this development must be considered in reference to the climate of neo-liberalism and the vision of the individual at the centre of this ideology. As shown by many, a salient feature of contemporary discourse on risk and (ill)health is the way it makes individual persons the

loci of risk-control (see for example CRAWFORD R. 1977, CASTEL R. 1991, OGDEN J. 1995, PETERSEN A. - LUPTON D. 1996, GASTALDO D. 1997, NETTLETON S. 1997, OGDEN J. 2002, HILDEN P. K. 2003, PETERSEN A. 2007, ROSE N. 2007). As insulated managers of their own health, individuals are expected to focus critically on the particular cluster of risks posed by their genes, environment, lifestyle, and other factors. These individuals in effect (also likely in their own self-consciousness) become their own saviour – or terminator. Significantly, they are in the context of eating and feeding fostering the salvation or damnation (i.e., destruction) of not only themselves but also those whom they feed.

Inquiries into the current medicalization and instrumentalizarion (pharmacologication of food) constitute a novel field of inquiry and hence demand a critical reconsideration of how we conceptualize or theorize food, eating and feeding. A framework for such inquiries should – I suggest – encompass: *first*, theorizing feeding and eating as triadic processes; *second,* theorizing such triadic practices as acts of incorporation and inscription, and *finally* bringing into focus the temporal character of incorporation.

The first implication concerns the need to conceive feeding and eating as triadic practices. As a first step in this direction I have, in light of the Peircean conception of sign-activity (or semiosis), conceived eating as an irreducibly triadic process. Just as giving is an irreducibly triadic structure involving giver, gift, and recipient, semiosis is one involving sign, object, and interpretants of various kinds (PEIRCE C. S. 1931, 1958, COLAPIETRO V. 1989, 1993). Conventionally feeding and eating is conceived of as nothing more complex than a dyadic relationship or set of such relationships. Most prominently these dyads are those involved in the relationship between eater and food, the feeder and food, the feeder and the one being fed, the healthy and the unhealthy. But eating and feeding would better be interpreted and investigated as a triad, that is, as an affair involving a minimum of three parties. Analogous to an act of giving – which necessarily involves at least three "parties" (the giver, the gift, and the recipient) – feeding is also irreducibly triadic. That is, it cannot be reduced to nothing less than three: the *feeder*, the *food* and *the one being fed*. Regarding the latter, the one being fed includes both feeding oneself (eating) and feeding someone else. To eat indeed is a triadically structured process: an "I" incorporates in the exact sense of this word some substance into a "me". In the same mode as eating includes "I and me" feeding includes (at least) "I and a you" (cf. also MEAD G. H. 1962 [1934]). The food (one is or isn't being fed) is a shared third of the "I and me" (of the intra-subjective practice of eating) and the "I and you" (of the inter-subjective practice of feeding). But to be shared *by*

the partners does not mean that the food that is shared is similar, much less identical, *to* them. Equally important, the food – conceptualized as the third of the triad – is not a passive party to the meaning-making processes of eating and feeding but a dynamic partner in this complex exchange. As an active part to the practices, food is more than its physical substances: it is also a conveyor and producer of meaning [8].

The second implication concerns the implication of the incorporation of such a third. Feeding oneself and/or others is nothing but a practice of *incorporation* [9] Incorporation entails the transgression of borders; something other than the embodied self (physical or biological substance as well as the meanings they carry) crosses the physical boundaries of the body and becomes part of one's self and subjectivity. The body is hardly ever just a container (a site from where to read), the body is always also a doer (as long as we are talking about a living body as opposed to a corpse). Put somewhat differently, a body is not only a site of inscription but also an inscriber (a body which acts on itself or on the body of others).While eating, an *intra-corporeal* act, does not necessarily involve anyone else than the one who is eating, feeding others will by definition be an act of what Sheets-Johnstone calls *inter-corporeality* (SHEETS-JOHNSTONE M. 1994). The healthy/unhealthy categorization provides any meal of any day not only with a possibility for health-screening of food, but as a consequence of this fact, also with opportunities for evaluating ones relations to oneself and/or to others on basis of that which one incorporates, or offer or is offered for incorporation.

Incorporation of food is not an optional human practice, we do not choose *whether* or not to eat, albeit we may choose *what* we eat. We are all bound (at some level and to some degree) to partake in meaning-making processes with regard to food and feeding; and to consume also the inseparable meanings of the food we ingest. As our relationship to what we consume as food is becoming increasingly or even overwhelmingly mediated by public discourse concerning health risks we may be swallowing in the ingestion of this or that substance more than the substance itself. Our incorporation may be understood as an incorporation (a mode of inscribing on the body) of nothing less than the neo-liberal ideology of risk management of subjectivity.

The third implication concerns the temporal character of incorporation. I am especially interested here in the way temporality in a culture preoccupied with health risks specifically structures our discourses and understanding of food, eating, and related topics. Pharmacologization as it currently can be observed in the Norwegian society, links the feeding of today to the

(remotest) future: «What you eat today may kill or save you in 30 years», and likewise, «What you do or do not feed you child today may kill or save her in 30 years». It can also link the feeding of the present to an almost forgotten past: «That which is killing you now is that which you ate, or did not eat, 30 years ago» or «That which make you child suffer now, is that which you ate while being pregnant». The future colonizes the present and, in turn, the present colonizes the future (GIDDENS A. 1991). A possible future disease ought to guide what you eat today. Anxiety about the future tends to define the present, as what you actually do in the here and now is imagined to determine in a strict sense the quality of the future – what you incorporate and hence your body inscribes on itself or on the body of an other – is an inscription of your future – or that of your child.

The punitive threats of the ideology is incorporated. What befalls us is, to an unprecedented degree, coming to be seen as a direct consequence of what we put into (or do with) our bodies. The length, quality, and meaning of our lives are increasingly seen as the meritorious achievement of the informed, disciplined self. An early death or disabled life is something the individual allegedly *merits* as a consequence of a pattern of choices in the face of risks, risks about which that individual is progressively being informed by a wide array of public discourses. Hence, «They knew better or, at least, *should* have known better, so their condition is a more or less direct consequence of their choices». This logic is taken up by people. It is not uncommon in contemporary Norway to hear (or read) that individuals only have themselves to blame for their illnesses and deaths, for individuals have been sufficiently warned by the acknowledged authorities through multiple channels of public media.

Govern your self!

Foucault's concept of 'governmentality', the power technique through which the individual is governed by making him or her govern him or herself in a particular way (FOUCAULT M. 2002), might assist in shedding further light on the process of pharmacologization. Under the regime of 'governmentality'; food may also be understood as a kind of designer drug in the sense that, guided by the information made available by the authorities, we are supposed to produce a particular body – the healthy one. Your own body or those of your children will eventually give evidence against – or in favour - of you when your morality (or compliance) is up for testing. Surveillance incorporated. As already noted, the judgement of bad eating and

feeding behaviour may be harsh (almost biblical) – "you heard the word but heeded not" – as a consequence you may suffer or die a premature death. At ever juncture that involves eating and feeding including shopping and/or cooking food, the manner in which one "governs" oneself is, in principal, up for measure. And people seem to know they are up for scrutiny and also that incorporation of (bad) food are human practices in need of justification. People may feel an urge to explain why they buy unhealthy food. For example, people interacted with in the project tell that while shopping sweets, cakes and soft drinks for a child's birthday party, they have found themselves explaining those whom they met (including the cashier) why the shopping cart is stuffed with the 'wrong' stuff. And, in a similar vein, they experience that what others eat or put in their shopping basket can be read as a sign of who these people are – or at least of their moral standard and the level of their capacity for self-control. Whatever underlies such a judgment is a system of acknowledgment, authority, and power, one in and through which a distinctive form of human subjectivity is engendered. The self is ultimately thrown back upon itself, though it is done so by external forces and authorities from which it cannot completely dissociate or distance itself (forces and authorities with which the self cannot help but identify to some degree). It goes without saying that individuals should strive to realize the ideals of a healthy body in their everyday lives, for these ideals are constitutive of the very culture in which such which individuals live (more exactly, the culture in and through such individuals have been constituted as subjects).

Conclusion

This paper has argued that in the Western marked liberal world we are currently experiencing a medicalization and instrumentalization of "food" in the name of health (pharmacologization). Further it has been argued that "food" either falls into the category of healthy (safe and morally good) food or into that of unhealthy (dangerous and morally bad) food. This all encompassing dichotomy structures the food of our every day lives and is among the elements which make up "food" as a general cultural phenomenon. Changes in the constitution of "food" as a general cultural phenomenon will by necessity engender changes pertaining to practice of eating and feeding (food can never be anything but internal to feeding and eating). When mediation of potential illness or health becomes an inherent property of food, such mediation also becomes intrinsic to practices of feeding and eating.

Regulation of incorporation of substances (food and drugs) is one main strategy of public health efforts. It is expected of the individual that she or he optimize his or her own body and health status through intake of food and drugs (and increasingly also physical activity). It has been argued the rigid categorization of food (healthy or unhealthy) does not prevent a tendency for food to be understood as potentially dangerous (even if beneficial today); that food drifts towards danger. Such a development may give rise not only to increased demands for control of food but also of the feeder and eater. Control of food and food substances may increasingly come to run along avenues such as those of the 'functional foods' of the food industries. Control of the feeder and eater may increasingly not only take the form of moral condemnation but also that of sanctions related to one's rights in the welfare system [(10)]. Debates are rampant in Norway on whether or not a person who is perceived as being her/himself to blame for a particular health condition, should loose her or his rights to relevant support from our welfare system for the condition or to have such rights modified.

Lastly, I would like to draw attention to a feature of public discourses on health which has been left astonishingly unnoticed. It concerns the mode through which the sign "economy" is operating in these discourses. At the onset of this paper I briefly drew attention to way health is instumentalized as a means to achieve economic growth. The instrumentalization of food (pharmacologization of practices of eating and feeding) in the name of health cannot but be seen as part of this endeavour. Not only EU officials but also but also Norwegian health authorities treats "economy" as a self-evident justification for calls to invest in the health of the people and also for the implementations of efforts to make people govern themselves in compliance with their advice. Few will dispute that economy is of crucial significance for the lives of people. But what is truly remarkable with the way "economy" is operating, is that this sign seems to operate in a mode which is nothing less than radically abstract. There seems in such discourses neither to be any calls for nor any perceived necessity to ask or answer (simple) questions like: "*Whose economy?*". Means to articulate such questions (or answers) may not even be available in these discourse (FOUCAULT M. 1999 [1971] on the exclusion of certain phenomena from a particular discourse). In such particular yet almost omnipresent discourses, the sign "economy" operates in fundamental isolation from phenomena we normally would conceive of as inseparable when a phenomenon such as economy is up for discussion, namely: ownership, control, power and profit.

Notes

(1) Let us also not forget the regime under which the duty to be healthy and the relation between the individual and State was taken to the perverse extreme:

> "Your body belongs to the nation!
> Your body belongs to the Fuhrer!
> You have the duty to be healthy!
> Food is not a private matter!"

Nazi slogans sited in Robert N. Proctor *The Nazi War on Cancer 1999* p. 120.

(2) Acknowledgement: I am indebted to Vincent Colapietro and Per Kristian Hilden for comments, suggestions and discussions. The Norwegian Research Council has funded the two projects from which this discussion emerges.

(3) Some of the themes addressed in this paper is also taken up in MIDDELTHON A. L. (2006).

(4) Such correlations are presented in a piecemeal – one by one fashion. Not only does this reflect media's ceaseless demand for health-news, it also largely mirrors the tools of epidemiology by which correlations are established, and risk factors identified, one by one.

(5) Charles Sanders Peirce developed the type – token distinction. The distinction will not be used explicitly here but has been useful in working with the questions of this paper as it facilitates an investigation of "food" as both an abstract/generalized sign (type) and a sign (token) which mediates meaning in concrete and individual instances of food and feeding. It also facilitates an exploration of the relation between these two forms of signs.

(6) For "functional foods", health claims are nothing less than its economical foundation (KATAN M. 2004, LAWRENCE M. - GERMOV J. 2000).

(7) "Functional foods" is nothing but piecemeal in character. Its health claims are about the effect of specific amendments to specific substances or items, and the capacity of one particular amended/ functionalized food to prevent one particular disease. Holm (HOLM L. 2003) discusses how functional foods may influence everyday practice of common life and asks what will happen to the shared meal if different food target different people around the table, for example, people with disposition for heart disease, menopause women, young people, old people etc. (see also CROUCH M. - O'NEILL G. 2000 for a discussion of functional foods and individualism)

(8) Elsewhere I have made a similar argument concerning the triadic character of the dialogue (MIDDELTHON A. L. 2001, 2006, 2007).

(9) Incorporation can also be understood here in its etymological sense: go beyond or pass over.

(10) I have only implicitly related to the issue of gender in this regard, but it is far from insignificant that the feeder to an overwhelmingly degree is still a woman (see e.g. CAPLAN P. 1997, COUNIHAN C. 1999). Further investigations of pharmacologization of food need also to explore the gender related issues involved.

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