

Social, historical and culture representations of chicken soup: a study on historical and oral testimony sources by an elderly population

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Abstract

This study focuses social, historical, and cultural representations of chicken soup, with analyses based on parameters that examine written and oral sources, and the intersection between these. For oral sources, we have collected personal testimonies from an elderly population utilizing the focus group methodology. Regarding written sources, we have searched texts in two content areas: medicine and culinary. The focus group consisted of 11 elderly aged 69.09 years on average, who identified chicken, rice and potato as the main chicken soup ingredients. They also said that it was the convenient meal for convalescent phases, during the puerperium and in contexts of emotional sufferance. The written sources studied were mainly some Hippocratic treatises on dietetics (5th century BCE) and other Portuguese medical works published between the 16th and 19th centuries. The comparative analysis between the written and oral sources allowed us to focus our research on three subjects: 1) The recipe's description and maintenance, since its historical appearance to nowadays, of main ingredients, although some “novelties” have occurred, imposed by cultural adaptation; 2) The acknowledgement of its therapeutic qualities; 3) Its socio-cultural relevance. We conclude that, although with slightly circumstantial adaptations, the chicken soup recipe represents to the eyes of the elderly group inquired a stimulus for the establishment of bonds inside a community and continues to be considered a therapeutic resource, like it was when it first appeared in the 16th century.

Key words: Chicken Soup. Culinary Heritage. Culinary History. Brazil; Portugal.

Introduction

This study results from a research partnership unusual in academic and professional circles, but from which it is thought a more complete reflection may result on one of the many elements of the Luso-Brazilian heritage food: chicken soup. The authors of the research, when establishing a dialogue between the scientific areas of their education – history and literature, on the one hand, and nutrition, on the other – intend to demonstrate how the results of this approach translates into a more reliable knowledge of food customs and practices taken as defining an identity, both in Portugal and Brazil, with roots in a past whose origins are lost to most of their heirs, in an ill-defined time and space.

The goal set was to investigate the social, historical and cultural representations of chicken soup consumption in a population of elderlies, analyzing to what extent chicken soup recipe and the motivations for consumption reflect ideas that derive from a cultural transmission chain and also from medical and prescription texts.

Thus, the research has the following assumptions as a basis:

a) due to being considered a traditional dish, that is, with a history, we turned to oral and written sources of consultation; in this context, defining the group of individuals to inquire and the corpus of texts able to contain historical information on the subject imposed itself;

b) carrying out research into the historical and cultural aspects in accordance with the methodologies for each science;

c) starting from the results from the search made with the defined focus group, checking the links between the historical sources and their origins that can go back not only to the nearest generations, from whom the respondents keep a personal memory, but also the medical writings and recipes from a secular and even ancient past, only recoverable through the indirect memory provided in writing.

Therefore, the analysis was split in three points, in accordance with the assumptions just enunciated: investigation of oral sources, research of written sources and links between oral and written sources.

Investigation of oral sources

In the case of the oral testimonies approach, through the technique of focus group of discussions, one sought to survey knowledge and attitudes on the consumption of chicken soup and its social and cultural representations in an elderly population. For García,¹ the study of social

representations should consider the elements of reality, concepts, theories and practices that are subject to a reconstruction based on the information collected and the subject's (personal and social) historical baggage.

The focus group technique, which is the formation of discussion groups that dialogue on a particular topic from appropriate stimuli for the debate, was chosen due to being suggested as a strategy for identifying concepts, beliefs, perceptions, expectations, motivations and needs without causing a priori changes in the research topics.²⁻⁴ In order to carry it out, the formation of an appropriate environment was enabled for an informal discussion among participants, enabling to share feelings, understandings, experiences and concepts of the topic studied.

The focus group discussions were conducted by a facilitator who followed a semi-structured questionnaire. In this, questions were included about the recipe for the preparation of chicken soup, in which disease situations the consumption of chicken soup was prescribed and the reasons for the recommendation. The meeting lasted 40 minutes, when the participation of all members of the group was favored.

With the participants' permission, the speeches were recorded in digital form and later transcribed for analysis, which identified major meaning nuclei of the discourses.

In accordance with Brazilian National Health Council Resolution 196/96 on research involving human beings, confidentiality and anonymity were guaranteed to participants, and the participation was strictly voluntary, upon acceptance and signing of an Informed and Free Consent Term. The research being linked to the "Brazilian Senac (National Bureau of Trade Learning, a Brazilian network of not-for-profit secondary level professional schools) University Center Food and Anthropometric Profile of Clinical Nutrition" research project, it was approved by the Senac University Center Research Internal Ethics Committee under Legal Opinion no. 104.03.12.

Because it is a recipe that is now considered a traditional cuisine, it was decided to proceed with the collection of oral testimonies among the elderly. According to Freitas & Costa,⁵ the current ease of intercultural communication, technological advances and globalization may interfere with the preservation of cultural identity. Thus, one should value the elderly's orality, as it reflects the memory constructed by social representations expressed by beliefs, myths and popular knowledge.

The World Health Organization chronologically ranks as elderly those over 65 years of age in developed countries and over 60 years of age in developing countries.⁶ In Brazil, according to the National Elderly Statute, they are the elderly aged 60 or more.⁷

The study population consisted of eleven (11) elderly patients from a nutrition school-based clinic that would weekly meet in the Brazilian city of São Paulo, SP, being ten females and one male and the mean age was 69.09 years and the standard deviation was ± 8.09 . As for the geographical origin, only one of the elderly is a native of São Paulo, capital. The remaining is mainly from

municipalities in the countryside of Brazilian states of São Paulo, Minas Gerais and Bahia. Two seniors stated being from Portuguese immigration origin and one female senior was of Slovene origin. All others stated being from Brazil or else unaware of their origin. This information could be explained by the migratory movements that occurred in the twentieth century, especially in the 1970s, when there was a massive displacement of people from Brazilian states and countryside areas to large urban centers, particularly to the city of São Paulo.⁸

Investigation of written sources

With regard to the historical sources, texts written in two fields of knowledge were searched, different but complementary in the dimension in which they address food: medicine and cooking. Moreover, the first one, in its early days (of Hippocratic treatises of the 5th century BCE), would assign to food intake, together with physical exercises, the role of promoting human health^a. Therefore, it makes perfect sense to find in the medical literature recommendations on the therapeutic properties of food and certain dishes, as well as in convents manuscripts [that add “spells” (magic rituals) to the recipes] and in cookbooks. As it is to determine the chicken soup “birth certificate”, one also refers to the information provided by vocabularies/dictionaries of the seventeenth to twentieth centuries.

Whereas the first written record of the dish in question took place in the work by Portuguese physician Garcia da Orta (1500-1568), chronologically works situated between the sixteenth and nineteenth centuries were selected, which circulated, at least in the case of medical texts, in both Lusophone territories considered. Besides the *Colóquios dos Simples* (1563; Simple People’s Colloquy) by Orta,⁹ a physician working for John III (King of Portugal and the Algarves) and (Portuguese fidalgo, explorer and colonial administrator) Martim Afonso de Sousa, also consulted were *Âncora Medicinal* (1721; Medicinal Anchor) by Francisco da Fonseca Henriques,¹⁰ a physician working for Dom John V (monarch of the House of Braganza), the *Tratado Completo de Chirurgia Obstreticia* (1815; A Full Treaty on Obstetric Surgery) by Jacinto da Costa,¹¹ dedicated to Dom Pedro, Prince Regent of the United Kingdom of Portugal, Brazil and the Algarves (future King Dom Pedro IV of Portugal and I of Brazil) and the *Elementos de Hygiene ou Dictames Theoreticos e Practicos para conservar a Saúde e prolongar a Vida* (1814; Hygiene elements or theoretical and practical dictates to conserve health and prolong life) by Francisco de Mello Franco,¹² native from Brazilian city Paracutú, Minas Gerais, a physician working for Dona Maria Leopoldina of Austria (archduchess of Austria, Empress consort of Brazil and Queen consort of Portugal), married to the man who would be the “Liberator” monarch of Brazil.

a Cf. *Of the diet*: “In fact, food and physical exercise have opposite dynamics, but both contribute to health: while exercises produce the destruction of the surplus, food and drinks replenish losses” (trad. Carmen Soares).

In the category of “Cooking Books,” a convent manuscript was analyzed, whose recipe collection dates back to the sixteenth century, then quite close to the work by Garcia da Orta, no. 142 of the Arquivo Distrital de Braga (ADB; District Archive of Braga, a city and a municipality in the northwestern Portuguese district of Braga, in the historical and cultural Minho Province), and *Cozinheiro Moderno ou Nova Arte de Cozinhar* (1780; *The Modern Cook or The New Art of Cooking*) by Lucas Rigaud,¹³ a cook at various European courts, in addition to the Portuguese one. In the case of this literature, the analysis focus is on the content denouncing the awareness of a differentiation of prescription according to the consumers’ health (or lack thereof).

The written sources were not treated in an endogenous perspective, that is, closed on the historical and cultural contexts of each, but in a dialogical, synchronic and diachronic perspective to understand the social representations in the consumption of chicken soup.

With this, we want to clarify that we seek to detect common patterns and/or complementary information among the sources and, within the limits of reasonableness of the speculation that is typical for a historical analysis, propose readings that make understandable the cultural process construction and transmission from generation to generation of ideas about chicken soup, today very much alive, as a Luso-Brazilian heritage identity.

An articulation between the oral and written sources

The information gathered from the comparative study of oral and written sources has allowed us to highlight three main focuses of reflection that are interrelated: the description of the recipe, the identification of its therapeutic properties and its socio-cultural relevance.

A recipe for chicken soup preparation

The focus group reported knowing and having consumed chicken soup in various life situations. The most commonly ingredients included in the preparation are chicken, rice and potatoes. The ingredients are well cooked and seasoning is added. It is understood that this is the basic recipe prepared by all. However, disagreements over the chicken cuts to be used as well as the seasoning and the addition of other vegetables are observed in the interlocutors’ statements.

[...] chicken, chicken’s neck, wings, ribs. The usual seasoning and some tomato so that it is not too whitish. And more seasonings [...] and (northeastern Brazil clarified butter product, similar to Indian ghee) butter-in-a-bottle.

[...] we would put everything into the chicken soup – giblets, neck, wings. But not the chicken breast. It is going to make the soup too dry...

[...] also cabbage cut too thin... ah... and also whatever there is in terms of vegetables we also put in it... and also the chicken fat.

Among the soup essential elements are chicken, rice and potatoes. The others are added as a reflection of cultural adaptations and referred to as important to add flavor and improve the appearance and texture, making the preparation more attractive for consumption.

In view of this culinary “framework” in which the base of the chicken soup traditional recipe adds to the chicken a wide range of vegetables available, let us see what the written sources reveal on the older preparations in order to reconstitute the sixteenth century origins of the chicken soup. It is in Colloquy 17 by Garcia da Orta⁹ about cholera (known among Europeans as *colirica passio* and among Indians as *morxi*) that we encounter what we think is the explanation to recognize chicken soup as a dish born from a fusion of Indian and Portuguese medicinal cuisines.

When Orta, as requested by his interlocutor, the Spanish medical doctor González Ruano, clarifies what the different diets that Indian and Portuguese physicians ministered to the sick were, it is a very suggestive interpretation that it shall have been from the intersection between the two therapeutic food prescriptions that chicken soup arose, associated, from the genesis, to medicinal purposes. “Canje,” an Indian term, is the name that Indian doctors give to the broth resulting from cooking rice, seasoned with two local spices, pepper and cumin. In turn, the traditional prescription from Luso doctors would include, among other preparations, stuffed chicken or chicken broth. As it is read:

RV. How the local doctors cure such disease. OR. They give them water to drink, despising rice, pepper and cumin (the so-called cãje), [which] cauterize their feet as I have recommended doing to that gentleman, (...) RV. And you the Portuguese, who put on them or make it. OR. We give them to eat partridges and chickens filled. Or their stock also give them; toast with wine and cinnamon, as these hot things I do not use much at meals, except pasta on the side. (Colloquy 17, record 74 verse).

Orta⁹ himself described, before (in record 73, verse), what may be understood by the medical recipe of “filled” (in modern language, “stuff”) chicken:

[...] take them to the kitchen, fill a fat chicken, first taking off its fat, and put inside some slices of quince (Cydonia oblonga) and if they are not found fresh, they may be the ones preserved, first washed with white wine, and washed with some water and cinnamon, and pinkish and coral and gold. And since the doctor presenting this knows better than everybody else what must be done, may he do this, as an experienced man in this land. And since he is present, I say that it is better to have partridge or dormuz or from the earth, or a cock or chicken that is wild. But in the meantime, if this is not found, one can do as I said.

As can be seen by comparing this chicken recipe stuffed with two others, included in manuscript ADB 142 (containing the information that they are intended for patients (recipe 52 of “Stuffed chicken” and recipe 53 of “A very strong broth,” pp. 166-169),¹⁴ we realize that the basis of the preparation is to slowly bake a chicken (whole or chopped) in a glass pot and block the lid with dough^b for a long period of time (between 3 and 6 hours) with water (plain or flavored^c) and various spices (salt, herbs, spices, sugar or sour^d). The recipe medical strength comes from adding the substances prescribed by the physicist. In this aspect, the medical writings and the cooking manuscript (recipe 53 of “A very strong broth”)¹⁴ have coral and gold in common.¹⁵

In a very different report, travel literature, also from the sixteenth century, the *História Trágico-marítima* (A Tragic-Maritime History) by Manuel Godinho Cardoso, in a description of the sinking of ship Santiago (1585), the inclusion of chicken soup (of rice or corn, a variation made with the cereal from the Americas to Europe during the sixteenth century navigations) is confirmed in the medicinal food category, since it is listed among the “spells” available at the time (p. 55).¹⁶

In short, before arriving in India and knowing the “canje,” the Portuguese already carried cuisine and medical elements in their cultural baggage that naturally mixed with a new but not completely foreign universe. Basically, letting it cook until the ingredients dissolve is a common denominator to the thick broth tradition of spiced rice and chopped chicken broth. On the other hand, chicken meat, because it is generally recognized in the medical treatises which have reached us as one of the most desirable meats for any physical state, it is not surprising that it has been imposed on the preparation of a dish of recognized therapeutic properties, as we shall further develop in this study.

Getting to know when chicken soup started to be understood, as now, as a stew that takes chicken and rice is no easy task. In fact, if we consider the Portuguese language dictionaries, we

b This technique, attested by this Portuguese manuscript of the sixteenth century, recalls the method of (typical dish made with beef) *barreado*, currently still alive in the traditional cuisine of Brazilian state Paraná, and it leads us to recognize in it one more food heritage element that is common to Portugal and Brazil.

c Recipe 53 suggests rose water, as in Colloquy 17; besides this one, also cinnamon water is mentioned. Rose water would be obtained from adding crushed rose petals into water and is a very constant presence in the medieval and modern era cuisine and apothecary. The allusion expressed as to the cultivation of roses (particularly the ones from Alexandria) in Piratininga, São Paulo, and in Rio de Janeiro, done by two authors in the last quarter of Five Hundred, attests that it was an elementary “aroma” of the Portuguese settlers’ taste and the importance of ensuring continuity in the newly discovered Brazilian lands: Gabriel Soares de Sousa [chapter LXII of *Notícia do Brasil* (News from Brazil)] and Fernão Cardim [chapter “Of the animals, trees, herbs that came from Portugal and take place in Brazil” in the work *Do clima e terra do Brasil e de algumas cousas notáveis que se acham na terra como no mar* (OF the weather and land of Brazil and of some remarkable things that are found on land and at sea)].

d It should be noticed that in the class of acres we have included the limes mentioned in recipe 53 of ADB 142, as well as quinces, mentioned by Garcia da Orta in Colloquy 17, record 73 verse.

find that in the seventeenth century, the word continued to maintain its original sense of broken rice broth, as evidenced by the *Thesouro da lingua portugueza* (A treasure of the Portuguese language) by Bento Pereira,¹⁷ which defines the term “chicken soup” in Latin as follows: “*pulmentum Indicum ex oriza*” (“rice broth in the manner of India”). In two dictionary works of the following century, the *Vocabulario Portuguez & Latino* (Portuguese and Latin vocabulary) by Raphael Bluteau¹⁸ and the *Diccionario da lingua portugueza* (Portuguese language dictionary) by Antonio de Moraes Silva¹⁹ the meaning was kept. In the first one¹⁸ (vol. I, p. 104) one can see the entry:

CHICKEN SOUP. Rice cooked without salt, very dissolved, forming very thick water, without showing a grain of rice; a drink that is given to thicken the stuffing. Decocta sine sale, & deliquata oryza, ae. Fem.

In the same work, in the supplement, the reference to the soup reappears, now defined as either “rice water” (vol. IX, p. 192) or as a “straw,” referring to the tool used to give the drink to the sick.

In the *Diccionario* (p. 337)¹⁹ both meanings present in the *Vocabulário* by Bluteau¹⁸ are confirmed, cf. :

CANJA, s. f. t. da As. Rice cooked until getting a thick sauce: Couto, 10. 8. 3. Rice to make soup, which is porridge. § A straw by which this broth is given to sick people.

It was during the nineteenth century, more specifically around the last quarter, that the written sources confirm that the Portuguese-Indian fusion was already fully settled, resulting in the recipe of “chicken soup.” However, originating or not from the conservatism that is typical for dictionaries entries, we see in the *Diccionario da Lingua Brasileira* (Brazilian Language Dictionary) by Luiz Maria da Silva Pinto,²⁰ date of the first half of this century (1832), still with the traditional meaning of the dish, by the way, very close (almost a copy) of the definition of Silva,¹⁹ recently cited. The Brazilian author presents the following entry: “Chicken soup, s. f. In Asia, a well cooked rice thick broth. The straw through which this broth is given.”

However, in the end of this century (1881), the *Diccionario contemporaneo da lingua portugueza* (Contemporary Dictionary of the Portuguese Language) by Francisco Júlio de Caldas Aulete²¹ already fully embodies the traditional meaning that today the soup has for the Portuguese and Brazilian populations, as it defined it as a “chicken broth with rice” (p. 275).

If we take again the information provided by the respondents about the changes in preparation to which the soup was subjected throughout its historical evolution, we are faced with the realization that, in the rearmost stage in time, of which the living still keep the memory, the original recipe

was made with these two staples of the Indian recipe (rice) and the Portuguese (the chicken). The following observation by a member of the group of respondents gives the account of this: “Today I make it with more with noodles. My mother would make more and just with rice.”

Also in the case of the soup consumed in Portugal, by an empirical observation, it is possible to see, in general, this progressive replacement of rice by pasta. The gustatory memory of people in their 80s, at least in the central region of Brazil, is identified with rice soup more than pasta soup.

Even in the scope of the chicken soup preparation, it is important to highlight that aspects like consumers’ taste and food resources available determine its composition. This is shown by both the oral and written testimonies. Thus, there was a change among the ingredients that make up the soup in the different generations that pervade the research subjects: parents, children and grandchildren.

[...] today they do not like to eat chicken giblets. They want only the chicken breast. What was really good was free-range chicken.

[...] ah, today there are new soups: there is green soup, onion soup, there is a lot [...] you mix a lot of vegetables, leaves, serve with pepper [...] like that people do not to get sick of it.

In fact, from the earliest medical writings that have come to our days (the Hippocratic treatises of the 5th century BCE) one has been informed that diseases decrease the appetite. Hence we find, similarly to what can be seen in allusions in the oral testimonies just reported, prescriptions of alternative recipes designed to please the consumers’ palate. It should be noticed that Costa,¹¹ in his *Tratado Completo de Chirurgia Obstreticia*, in the early nineteenth century, chapter LXXXIV (“Of the diet that must be followed by parturients”), takes into account the parturient’s tastes, to the point of admitting that they dictate the diet that should be given to her. The order in which meats are listed suggests that ram was the animal chosen for the preparation of broths and it could be replaced with cow or chicken, which we could consider as second choices. Thirdly, and only in the absence of the three preceding species, lard (i.e., pork) is assumed, as a last choice. However, as can be seen from reading the passage in question, lard is so disqualified that one prefers to replace broth with bread soup, whose description links it to the first type of (typical Portuguese dish) *açorda* that even today in Portugal is given to babies:

When the mother does not suffer from the smell of ram broth, she is going to feel indifference as to making it with cow or chicken meat, and only in the absence of these three substances it can be made with bacon. In such urgency, one may prefer soups with olive oil and just eggs dissolved in water, or the eggs passed by it (pp. 239-240).¹¹

That is, the taste, besides the availability of products, can determine changes of conventional recipes.

In the line of thought that the preparation may undergo changes related to the means available to the cook and returning to the topic of our research, we found that, despite the understanding that the basic soup recipe consists of chicken, rice and potatoes, there was a report from an elderly from Northeastern Brazil of an adaptation of the soup with the use of *carne-de-sol* (Portuguese for “sun-dried meat,” literally “meat of sun,” also called *jabá*; it consists of heavily salted beef, which is exposed to the sun for one or two days to cure) in the absence of chicken meat.

When mom wanted to kill the chicken, she would make carne-de-sol [...] she would cook the beef very shredded; then she would put spices and go on stirring until it were very tasty.

According to Maciel,²² the dynamics of adaptations of the set of elements related to the cuisine of a region or group follow different paths given their historical and cultural conditions, particularly in colonized countries which were strongly influenced by the displacement of a whole range of food cultural practices. The notes from oral sources, as well as the findings in the historical sources on the soup recipe and preparation reveal this process of adaptation, which is dynamic and subject to constant change.

Prescriptions and motivations for the consumption of chicken soup

Let us start with the information provided by the focus group. The elderly reported the reasons and situations when chicken soup consumption would be appropriate. Thus, it was possible to distinguish four specific situations: 1) in the treatment of diseases and in the convalescence; 2) situations that require care for the individual; 3) for mothers; and 4) in preventing diseases associated with cold weather.

The most frequent speech for recommending chicken soup consumption was for the treatment of diseases and care for the convalescent individual. In a few statements, it is clear that the group adds the care of mothers and also of individuals with specific care needs as being all in a disease scenario, i.e., they classify women in the postpartum period in a condition of illness or extreme fragility.

As for recommending soup consumption in the health recovery process, the speeches were quite uniform when regarding the need for a special diet for the convalescent’s recovery, consisting mainly of soup, especially chicken soup.

My grandmother would say that whenever someone would get sick or have a baby they would need to have chicken soup.

I really enjoy having chicken soup. When I am sick, then it is very good.

The soup was described as a preparation that should be indicated for treating various diseases, regardless of the degree of convalescence or the origin of diseases, recognizing its important therapeutic role in recovery. It was possible to observe this in the following speeches:

Which diseases? Ah, all of them. At that time, measles were very common, stomach problems, having a baby, when somebody is unwell, they have anemia, a strong disease, the doctors themselves would prescribe having some chicken soup.

[...] a sick child, a sick elderly, a child with nasal congestion... everybody would have some chicken soup.

Once I had a disease that would make blood come out of my body and accompanied by much fever (smallpox). Then my mother would tell me to take a shower and afterwards she would give me some very hot chicken soup. For 40 days I would have chicken soup and then I was cured, thank God.

Basically, in the light of common sense, chicken soup assumes characteristics of a universal panacea for all evil, even in the soul. In fact, it was reported as being an important food for the recovery of fragile individuals. For example, in situations of mourning and sadness due to the loss of loved ones.

When someone died, there was a funeral, people would gather women, ingredients and prepare some soup. Then people would eat a little something in order to not get sick.

Maciel,²³ when studying the “culture and food” binomial, highlighted the existence of food culturally recognized as suitable for a funeral, where people going to pay their respects would be in vigil and should be offered food and drink, since they might be hungry. The event generates a non-festive commensalism for which appropriate codes and standards for food at the time are set. The author highlights an excerpt from (Brazilian writer Jorge Leal Amado de Faria’s) *Dona Flor e seus dois maridos* (Dona Flor and Her Two Husbands): “Taste and Art Cooking School. When and what to serve at a deceased’s funeral,” in which there is the presence of chicken soup, especially for families of people with more financial resources:

If the funeral, however, is of high class, with very rich people in vigil, then a cup of thick and warm chocolate at midnight or a fat chicken soup are a must. And to top it off, codfish cakes, a (Brazilian braising dish) frigideira, croquettes in general, various sweets, dried fruits. As for drinks, if it is a rich home, besides coffee there may be beer or wine, just a glass to accompany the soup and the frigideira. Never champagne, for it is not considered elegant (p. 4).²⁴

On the therapeutic effect of chicken soup, if we compare these data with the medical and culinary written sources, we immediately realize that chicken fame as food recommended for the cure of many ailments is secular and ultimately derives from the Hippocratic medicine, surviving in the principles and dictates of medical treatises of modern times. In the Greek text *Of the diet*, in the chapter devoted to birds properties (§ 47), a group containing chickens, it had already been accepted that, compared to cattle, sheep, goats and pigs, the volatile ones have the advantage of providing leaner meat. In other words, this is a food that has earned, in subsequent literature, recognition as “healthy food.” From this statute, that the earliest medical texts recognize for it, we recall, from the first quarter of the eighteenth century, chapter VII of section III of *Áncora Medicinal* by Henriques,¹⁰ a section devoted to chicken, which, as follows, attests to the good name of the product:

Among birds, chickens are ranked first because they provide good food for the healthy as well as for the sick. [...] Chickens have many medicinal virtues. Therefore, the ancients would superstitiously consecrate it to (hero and god of medicine in ancient Greek religion and mythology) Asclepius. There is no part of it that can not be a medicine. And if we were to mention all, only for that an entire volume would be necessary (p. 91).¹⁴

Among the body parts that may benefit from chicken consumption, the author refers to the brain (it promotes intelligence, stimulates the memory and combats headaches), the vision (which it clears), the male reproductive system (for he claims that “it would make the seminal material grow”), the kidneys (it helps eliminate stones and sand) and the voice (it combats hoarseness). Of this set of problems, vocal chords are a disease which, in the prescription of manuscript ADB 142, is identified in the title of prescription 144. And indeed, the “very substantial broth for preachers” is made of chicken meat, enriched with eggs and the best wine (pp. 258-259).¹⁴

Also in the *Elementos de Hygiene* by Franco,¹² approximately a century later, in point I of § 1 [“Dos volateis domesticos mais familiares entre nós” (Of the domestic volatiles that are more familiar among us)], chapter V of section III, one insists on praising not only the chicken, but all gallinaceous:

These birds at whatever age and gender are enjoyable; because even old roosters provide excellent broths and jelly. They give us a healthy food that is easy to digest and it restores us, which is convenient in conditions of health, disease and convalescence. (p. 133)¹²

Culinary literature also reflects this general idea of poultry meat being a food that must be prepared in different ways, adjusted to consumers’ health. Let us see what Rigaud does¹³ in the late eighteenth century when distinguishing, in chapter X [“Dos Frangos” (Of the roosters)] how to prepare them for patients (heading referred to broths, to which medicinal herbs and drugs can be added) from the preparation intended for healthy people (roasted, fricasseed, entrée, sausages,

stuffed, marinated, among others) (pp. 143-151).¹³ Moreover, following a long classical and medieval tradition, where “spells” are together with recipes for healthy people, the master chef, in chapter XVII [“Dos caldos, e substâncias [...] para várias enfermidades, segundo os melhores Médicos” (Of broths and substances for several diseases, according to the best doctors)] refers to broths for soups (recipes with chicken, along with many other meats) and convalescents.^e

On the consumption of meats, Ornellas²⁵ reports that in colonial Brazil chickens were purchased to supply to patients. Therefore, it was food that should be in the diet for recovery of convalescents.

A study by Godoy, Lopes & Garcia²⁶ points out that in the early twentieth century some Brazilian hospitals such as Maternidade Campinas and Beneficência Portuguesa would produce much of the food in the very facilities of the institutions in vegetable gardens, orchards and chicken coops and had staff to pluck chickens. This observation may show the relevance of chicken meat in the diet of patients hospitalized.

While assigning general therapeutic properties to chicken soup, there is the incidence of a specific clinical condition in which the diet in question has been granted a prominent place: for women in the postpartum period. Thus, in the focus group, we come across reports that chicken soup favors the increase of women’s milk production and recovery, ranking postpartum as a period of illness. Special care to women’s diet in the postpartum period, both in the preparation of soup as in the care when choosing the ingredients – especially chicken – were reported as critical to good recovery.

My mother would take care of women having babies and she would take the chicken’s fat to make them strong.

My grandmother would make me eat chicken soup for 40 days. Yeah... we needed to eat for 40 days to get strong, to produce milk [...] I have eaten canjica and chicken soup and my son was breastfed until he was five years old.

My husband, when he learned that I was pregnant, renovated the henhouse... It was like that: two floors. Upstairs he separated some chicks... when I wanted to eat, I had to choose one of chickens and then I would make the soup.

Studies with various groups of Brazilian women indicate the existence of the belief that certain foods to be consumed by the woman have the power to increase milk production and to recover the puerperal women’s convalescent state, especially chicken soup. This food is associated to containing a strong, healthy and necessary composition to produce healthy milk for the baby.²⁷⁻²⁹

e In the recipe titled “Broth for convalescents” (Rigaud 1780, pp. 212-213), among the meat ingredients, there is a *frango capão* (castrated rooster) breast and another of chicken or partridge, baked, that are going to be pinched together with soaked bread and egg yolk, to which a hot calf and chicken broth is going to be added, then passed through a sieve, but before boiling it is removed from the heat and drunk. This preparation is very similar to recipe 14 of manuscript ADB 142 (“Chicken stew,” cf. Barros, 2013, pp. 126-127). Also in the “Broth for sick and healthy people” by Rigaud (1780, p. 206) chicken is shown as a mandatory ingredient.

A study with women identified the belief that chicken soup, in addition to being considered a mild preparation, is also a hot food that would be important to keep the body temperature in balance, for exposure to cold weather could promote a reversal of blood flow and go to their head and cause mental illness in women. In addition, chicken would be one of the few sources of animal protein allowed in the nursing mother's diet, as pork and some fish are considered unhealthy.³⁰

This set of testimonials (to which we should add the ones above in connection with the preparation of soup) takes us back to beliefs about the nutritional quality of chicken meat. The idea that fat “strengthens” is a food myth that medical texts have sought to counter, unsuccessfully though, because, after at least six centuries (if we trace to the colloquy by Garcia da Orta: record 73 verse),⁹ a portion of the population (the heading to which the oral testimonies collected belong) continues to believe that only a fat chicken broth provides the healing properties of chicken soup. In his treatise on obstetrics, Costa¹¹ focus on debunking some beliefs, which, as we were able to determine by the sampling carried out, have not completely disappeared yet. The doctor writes in the early nineteenth century:

It is a mistake to believe that black chickens are preferable to the others to make broth and feed parturients. One should only care that they are young and healthy in order to be better digested. Another harmful mistake consists in broths being very fatty as this substance from animals is the one that takes longer to be digested, has less nutritional juices and when rancid it may be bitter. (p. 239).¹¹

In addition to the amount of fat, another criteria taken into account to assess the chicken's good quality, either by doctors or lay people, is the animals' age and robustness. It should be noticed that one of the elderly respondents stated that, during pregnancy, selected gallinaceous were reserved to her. Raised apart, they would be slaughtered when their meat was still young (hence being called “little chickens”). This is a popular belief that, unlike the one on the fat level, agrees with the medical recommendations. Such as Costa¹¹ (as we have just mentioned) recommends the consumption of young chickens, also Franco¹² and Henriques¹⁰ emphasize that the quality is in the animals' strength and youth. Whereas the first one¹² states:

Well fed chickens up to 2 years of age, at most, are the best due to having the tenderest meat. Roosters are good only up to one year of age, also at most, because from then on their meat becomes successively hard and dry. (p. 133).

The second one,¹⁰ about a century before, would already state:

What must be understood is... well fed and young chickens that do not lay eggs yet. The old ones are cold, dry, hard and have nerves. And even if they are fat, they do not nourish well, they are indigestible and cause more harm than benefits (p. 91).

After two centuries, Cascudo³¹ points out that the influence of chicken soup consumption in Brazil is of Portuguese origin as the black African population did not have the habit of consuming poultry, as these were considered for sacrifices and not as regular food.

The ancient tradition was for the diet to consist exclusively of eating chickens. It was a Portuguese custom. In the last months of pregnancy, they would prudently keep the chickens for the parturient's diet due to childbirth. They would be kept in a nearby chicken coop, eating corn and flour steamed with water and salt, also preserved from noise and excitement so that they would not be disturbed. Eating chicken in the puerperal state was an inevitable feature. When capoeira was filled, the people would have the positive tip that a woman should be pregnant [...] (p. 652).³¹

The soup was also recognized by members of the focus group as a diet necessary to patients in hospitals, but referred to as a non-tasty preparation:

When they were ill, patients would have to eat soup in the hospital. It would be saltless but chicken soup would be the diet given to patients.

When my daughter was born I got sick and then I could not eat. The only thing I could eat was a creamy chicken soup but I could not eat it, it was tasteless.

People would not want to eat other foods but chicken soup they would accept. It was easier to accept.

Although we have not made a study of the documentation about hospital diet, including chicken soup recipe in this prescription was a common practice, as already evidenced, among others, for the seventeenth century (ca. 1610), at Hospital Real de Todos os Santos, in Lisbon,³² and for centuries XVIII-XIX, in Coimbra.^{f,33,34} In Brazil, studies indicate that soups and chicken soups are referred to as preparations prescribed to patients and constantly praised as a mild and weak hospital diet, as hospital food.^{35,36}

As far as being food with preventive properties against diseases, it should be noticed that the group questioned stated that, today, chicken soup consumption is best suited to warm up cold days and to avoid catching flu. On cold days, it can be consumed in bakeries and restaurants in São Paulo.

f As mentioned by historian Maria Antónia Lopes, based on the study of the sources for knowledge of the food of patients and medical staff of Coimbra (between the mid-eighteenth and mid-nineteenth centuries), we can not forget that hospitals, in their origins, were institutions to assist indigent people inasmuch as only those who could not afford to pay home visits from a doctor nor a strengthening diet based on the “essential chickens” would relied on them (Lopes, 2012, 147). Chicken would be reserved for the most debilitated patients or those whose body could not bear “heavier” food (idem, p. 163), and had the status of luxury food (idem, p. 157).

The consumption of hot food to maintain the Hermetic balance in climatic conditions of low temperature also characterizes a cultural representation observed by the balance between diet and the season temperature. In line with the Hippocratic medical treatises, surviving from antiquity to the present day, food intake at a temperature contrary to the one in the environment is recommended.³⁷ That is, chicken soup, due to being hot, warms the body and helps fight diseases usually associated with cold weather.

In general, a degree of dissatisfaction for the lack of recognition of the therapeutic effect of chicken soup these days was observed among the members of the focal group, being excluded from diets for the recovery of various diseases and also as part of a healthy diet:

Nowadays they have devalued the effect of feeding. Previously, people would avoid eating foods that caused gas such as beans, but today they have already released eating everything. A woman has just had a baby and she is already free to eat from everything.

The first dish of the day would be some soup or chicken soup. Then we would have dinner. Today that has changed.

Today I still make it but people do not believe much.

From these comments, we should pay attention to what the written historical sources allow us to find out about the place that chicken soup has traditionally occupied in daily menus. For this, we shall use the menus prepared for the Portuguese Royal House in the late nineteenth century.³⁸ Here we find the distinction between two main meals a day: lunch, had in the morning, and dinner, usually at 6 pm or at 8 pm on festive occasions. We highlight the presence of “chicken soup” in the lunch menu on July 7, 1880, aimed for their Highnesses, for their Highnesses, the sovereigns’ children, Dom Luís and Dona Maria Pia. Due to being considered a lighter soup, it seems it would be reserved for the first meal of the day, leaving heavier food for the dinner menu, such as vegetable soups and pasta, among others. Interestingly, the presence of chicken soup, according to the testimony by Professor Thomaz de Mello Breyner,³⁹ at the Braganza’s royal table in general, even though must be related to health concerns, i.e., it was part of the routine dietary care of the monarchs, their families and individuals who would visit the royal house. This we realize through the following reference:

Every day, a bowl of chicken soup and a dish of boiled chicken and white rice would be served at the royal table. His Majesty would eat his special diet and also other people’s dinners. (p. 222).³⁹

Interestingly, even contemporaneously, the ordinary people’s interpretations about the chicken soup nutritional value issues vary between two extremes. On the one hand, as suggested by the

various historical sources that put the emphasis on the consumption of fat-free chicken, the dish can be called “light.” On the other, when its therapeutic properties in recovering physical strength are emphasized, it acquires a status of “strong food.” Therefore, at times, the members of the focus group reported that chicken soup was a strong food by its high nutrient content and the potential to recover the convalescent’s energies. At other times, the speeches pointed to the soup as a light food, which could be offered to whom was not able to consume a full meal and that would not “offend” the weakened individual’s body.

Social representations about chicken soup as a food with therapeutic functions for different physiological and pathological conditions were observed in both oral as written sources and should be thought from the specific socio-cultural contexts in which they occur. Thus, health and disease care are to be understood in an anthropological perspective:

[...] when faced with different cultures, do not make value judgments taken based on your own cultural system, starting to look at other cultures according to their own values and knowledge – through which they express their own worldview that guides their practices, knowledge and attitudes (p.177).⁴⁰

Another socio-cultural context in which chicken soup stands out, according to the elderly respondents’ testimony, is a party. In fact, the possibility of socializing and meetings in which the soup would also be offered to justify the gathering was also reported:

My neighbor would make a large pot of soup and call the other neighbors... it was very good.

In this case, the soup was the motivational element to “eating together,” strengthening cohesion and the formation of group identity. Maciel²³ highlights well this importance of sharing food, eating together, the act of eating being a social event par excellence.

Final thoughts

Chicken soup is recognized as a therapeutic resource in many situations of disease and also to recover most vulnerable individuals, with special attention to women in the postpartum period. Nutritional aspects of preparation, diet consistency, dietary restrictions and specific nutritional needs become, from the respondents’ oral testimony, secondary to the cultural representation that is attributed to chicken soup. The sources consulted to reconstruct the chicken soup history indicate its status as an Indo-Portuguese fusion dish, subject to changes resulting from the passage of centuries and sociocultural contexts in which it is deployed.

Nevertheless, the changes that the recipe went on undergoing from the sixteenth century (when chicken soup and broths are registered as distinct realities, sharing both healing properties recipes) to the nineteenth century (in which we encounter the first occurrences of the term “chicken soup”), there is a common denominator to all this diachronic evolution that even today gives the preparation a unique place in Brazilian and Portuguese popular cultures: to be considered food with therapeutic properties.

As for the social agents responsible for passing down the recipe, the focus group interview concluded that they do not differ from those expressed or implied in the written sources. It is noticed that close people are the ones who prescribe the consumption of soup, the form of preparation and even methods for creating the gallinaceous that is going to be in the soup. Respondents revealed that learning about chicken soup therapeutic effects was provided by people close to the family such as mothers, aunts, grandmothers, mothers-in-law, neighbors and also health professionals, especially doctors.

Chicken soup is thus not only considered a care provision for a fragile person, but also as a resource for gathering and get-togethers, as it is offered both in funerals as in social gatherings. It is, therefore, a community aggregating element in key moments of collective solidarity expression, grief and celebration.

In conclusion, if today chicken soup is still part of the Luso-Brazilian food heritage, its survival is mainly due to the respect that this dish deserves, due to being felt and lived as an ancient cultural tradition, the founder of individuals’ family and group history, as evidenced by written and oral sources of the elderly population investigated.

To identify the preservation of this heritage in recent decades, it would be necessary to expand the research to younger populations, considering the new accesses to information, technological advances and cultural exchange facilitated by new means of transportation and communication.

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