

Obesity: An Ideological and Discursive Analysis

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ABSTRACT

The importance of discourse for society is enormous since they fall into communicative processes which, through reflections, use the elaboration of ideas that appear in the collective imagination, since socio-political and economic conditions dictate the schemes by which the discourse generates processes of meaning, interpretation and reproduction of everyday life. With this approach we can observe that aspects of national interest such as education and health, for example, are crossed by the way in which phenomena in these fields are explained, described or problematized. The objective is to make an analysis on the influence of discourse for the perpetuity of obesity, to account for how groups console and support obesity and to understand the impact that obesity generates on the subject itself, from generic aspects such as aesthetics, identity and belonging and specifics such as health and nutrition. To understand why Obesity is an important phenomenon, it is necessary to highlight the fact that it is not only a medical aspect, Torres and Rojas [1] assure "Although overweight and obesity impact people, it also has consequences on development. economic and human capital of countries, mainly low-income, ranging from productivity to the costs generated by its treatment. "From the social point of view, it is significant to denote the impact that the groups generate on the subject since they insert discourses of" tolerant hedonism ", since for this the practice of any habit is allowed for the benefit of pleasures, obesity discursively it could be part of a pressure to satisfy oneself voraciously, since everyone's dream is to be without prejudice. Obesity is undoubtedly not only a behavior that uncovers the passions for food, it is the duty of health professionals to find the causes even when they are not properly medical.

Keywords

Obesity, Discourse, Ideology, Behavior, Idea.

Discourse, Ideology and Obesity: An in / divisible triangulation

There is always a way of addressing the subjects, the relationships in which the intention of domination is played (be it through the means of production, from the devices or ideological apparatuses) serve to subdue certain populations, a matter that has a discursive basis. At the end of the Second World War, the creation of international institutions that would support an ideological project gave its origin. Even with the failures and successes that its implementation implied, the free trade project got under way, says Hobsbawm [2]. The "lessons" of the Great Depression (the word appears constantly in the discourse of the 1940s) were at least partially translated into concrete institutional arrangements. The supremacy of the United States was a fact, and the political pressures prompting action came from Washington, although many of the ideas and initiatives came from Great Britain, and in case of disagreement, as between Keynes and the American spokesman Harry White, regarding the newly created International Monetary Fund (IMF), the American point of view prevailed. But the original project of the new planetary liberal economic order included it within the new international political order, also projected in the last years of war as the United Nations, and it was not until the collapse of the original model of the UN with the cold war that the The only two international institutions that had actually come into operation under the Bretton Woods agreements of 1944, the World Bank (International Bank for Reconstruction and Development) and the IMF, which still exist, were in fact subordinated to the policy of the United States. These institutions were intended to facilitate long-term international investment and maintain monetary stability, in addition to addressing balance of payments problems. Other items on the international agenda did not give rise to specific organizations (for example, for controlling the prices of basic necessities and for the adoption of measures aimed at maintaining full employment), or were incompletely carried out. The proposal for an International Trade Organization ended in the much humbler General Agreement on Tariffs and Trade (GATT)."

The social, cultural, political and economic impact implied by the opening of a new trade to 'new freedoms' destines the large populations to reproduce the implanted schemes, science and technology are involved in said discourse. Thus, the importance of understanding the flow of discourse in today's societies is of vital importance, because it is precisely marked according to the benefit of whoever is a power. To say about it, "As much as the discourse may appear to be a small thing, the prohibitions that fall on it reveal very quickly, quickly, its connection with desire and power. And this is not surprising, since discourse - psychoanalysis has shown us

- is not simply what manifests (or conceals) desire; it is also the object of desire; for
- history does not stop teaching us- the discourse is not simply that which translates the struggles or the systems of domination, but rather that for which, and through which one fights, that power that

one wants to seize" [3]. If there is a discourse to take possession of, we can denote that their transformations are directed by a certain interest and whoever dictates the position also suggests a control.

Therefore, "Discourse is a logically organized sequence of actions. Its character is verbal and non-verbal, interactive and communicative. Its fundamental dimensions are form, meaning, interaction, cognition, and context. The latter can be described in terms of social, locative and sociocultural structures of knowledge" [4]. The importance of discourse for society is enormous since they fall into communicative processes which, through reflections, use the elaboration of ideas that appear in the collective imagination, since socio-political and economic conditions dictate the schemes by which the discourse generates processes of meaning, interpretation and reproduction of everyday life.

The phenomena that affect the health of an individual and that are the axis of Public Health not only have a pathological origin, but also a historical, political and discursive one. These intersections are related to the theory of Van Dijk [5] that proposes a triangularity since it mentions: "the abuse of power that racism or xenophobia supposes can be described and explained from a triangular theory that relates discursive, cognitive and social. My own contribution to this triangular and multidisciplinary theory raises the exploration of some notions, so diverse but related, of power, ideology, context and knowledge and their applications to the studies of discursive racism, especially in the discourse of symbolic elites: the political discourse, the press and textbooks".

With this approach we can observe that aspects of national interest such as education and health, for example, are crossed by the way in which phenomena in these fields are explained, described or problematized. In this sense, the objective is to make an analysis on the influence of discourse for the perpetuity of obesity, to account for how groups console and support obesity and to understand the impact that obesity generates on the subject itself, from the generic aspects such as aesthetics, identity and belonging and specifics such as health and nutrition. "Overweight and obesity are defined as an abnormal or excessive accumulation of fat that can be detrimental to health. The body mass index (BMI) is a simple indicator of the relationship between weight and height that is frequently used to identify overweight and obesity in adults. It is calculated by dividing a person's weight in kilos by the square of their height in meters (kg/m²)" [6].

To understand why Obesity is an important phenomenon, it is necessary to highlight the fact that it is not only a medical aspect, Torres and Rojas [1] assure "Although overweight and obesity impact people, it also has consequences on development. economic and human capital of countries, mainly low-income, ranging from productivity to the costs generated by its treatment. Due to its relevance as a public health problem, various approaches have emerged that seek to explain this problem. The approaches go beyond the medical perspective to the extent that the economy-food-health framework requires the addition of other components of social life for its understanding, including the cultural or

behavioral, but mainly the economic one. In addition, the existence of negative structural factors in development, goes beyond the medical-epidemiological approach that only focuses on diagnosis, treatment and prevention campaigns.”

The deformation of the body occurs gradually, such an imbalance of body mass occurs between energy intake and expenditure that occurs during the day, an aspect that is clearly linked to genetic aspects that little by little cause a change in metabolism. “The complex systems approach has also been proposed for the study of obesity, in which the way in which individual and contextual factors are related is analyzed, and how this interaction generates properties that cannot be explained from standard epidemiological analysis procedures, or within the eco-social model. Thus, the problem of obesity is a dynamic phenomenon that needs to be approached with a comprehensive approach to overcome the risk factors of the health-disease process and also the direct influence of the socioeconomic and cultural environment.” [1]. The function of discourse in obesity is given from the socio-cultural and historical aspects, the interpretations and the treatment of obesity have changed as time passes, it is true that the canons have defined aspects of beauty, body regime, discrimination and status. However, it is necessary to understand that each phenomenon, before its appearance, has its repercussions.

What is the problem of obesity at the social level and what has been the influence of the discourse? Some of the speeches suggest an imposition on the part of the system, being rigorous with the bodies, trying to advocate a freedom of choice about how to look, about the way in which they produce the body, etc. The problem is that the confusion of these discourses that can fall into the category of "liberals" also promote obesity as a way to normalize it, although fashion houses, designers, magazines and the media in general tried to show off bodies in a "thin" way, the intention now is to show the opposite following the discourse of acceptance and inclusion, however, they forget to take into account the medical aspect, the health problems that obesity implies.

A study by Meza and Moral de la Rubia [7] asserts that “Talking about obesity beyond the cultural standard of beauty defined by thinness allows us to recognize that it is a health problem that seriously worries the community. In the case analyzed, a group of young adult women is observed who share a constant concern about the issue, given that all of them are overweight or obese (BMI \geq 25). Even though each one has professional training and are economically independent women, they meet to discuss their different life experiences seeking the consensus of their friends to assess their current point of view on the alternative of surgical intervention as a solution to the problem of obesity, so they negotiate the meanings that each of them associates with this condition and with the different surgical alternatives they know.” This scenario reflects the way in which discourses permeate cognition to signify a phenomenon.

Thinness demands rituals of preservation and procurement, an obsession to maintain a healthy image. This value that is given as

a virtue shine in medicine as good health. Even with the criticism implied by the notion of capitalism and consumption, it is necessary to consider the disease-health aspect that thinness implies, explains Lipovetsky [8]. “We are in the anti-aging and anti-weight era... Today the aesthetics of thinness occupies a preponderant role (...). For a long time the care dedicated to the physical aspect was dominated by the obsession of the face; today it is the body and its maintenance that mobilizes more and more passions and aesthetic energy (...). Thinness has become a mass market; the industries related to this purpose: press, cosmetics, plastic surgeries, diets, sports clubs, remedy books, dietary supplements, girdles, spas, etc., have seen their sales grow exponentially”. The seriousness lies in the fact that the oblivion for the imposition of thinness has changed, obesity is clearly a health problem that generates costs and obstacles for the development of a person. It is not a question of whether the media or designers demand a certain body, it is a medical aspect that has to be approached in a different way.

The normalization of obesity suggests the oblivion of medicine for the good and satisfaction of the person, freedom, that freedom that began with the free trade agreements and with the creation of institutions also put the health of the subjects at risk. There is a real problem that arises from the need for control, the subject has been involved in a sea of pleasures that blind him to reflect on the health implications it entails. It is not a matter of eroticizing and romanticizing health as a transcendent aspect but as a day-to-day life that allows the subject to develop and carry out the necessary socio-cultural practices. "The ideal of thinness, therefore, has become a goal to be pursued by most people, as it is constantly reinforced by those individuals who exert the most influence on the lives of individuals. The pressure generated by the fact that such ideals are promoted in so many contexts, including the closest ones such as family and peers" [9]. Just as thinness is part of an ideal which axiomatically negates obesity, obesity would be part of that which is intended to be maintained. Just as thinness is part of an ideal which axiomatically negates obesity, obesity would be part of that which is intended to be maintained. The UK Cosmopolitan magazine issued on the cover of the August 2018 issue an image of an overweight model, matching the interests of society may fail because before the coarse opinion of people cannot agree to the common, the reference of the magazine could be seen as an attempt to resort to discourses of inclusion and without stereotypes, however it refers to forgetting the aspects of health and what is promoted with it.

Ideology is part of this discursive process of normalization, since “If we use Marx and Engels' architectural metaphor of the building with a foundation or base and a superstructure that is built on this foundation, we can say that ideology belongs to the superstructure. But ideology is not limited to being only one instance of the superstructure, it also slides through the other parts of the social edifice, it is like the cement that ensures the cohesion of the building. Ideology coheses individuals in their roles, in their functions and in their social relations” [10]. The intentionality of the "pro-obesity" discourses indicate precisely an ideological interest, they construct, under their desires and interpretations, the

conditions to satisfy the need for acceptance, they generate spaces that allow reflection by aspects of satisfaction instead of raising the aspects around health.

When introducing Ideology as a field of analysis within the phenomenon of obesity we can observe that Althusser [11] refers to the Ideological State Apparatuses as "a certain number of realities that present themselves to the immediate observer under the form of distinct and specialized institutions." Among these institutions the family, information (here he refers to the media), religious and cultural institutions are part of the daily order of a subject, within these institutions interpersonal relationships are also generated, that is to say that the whole social edifice is subject to the Ideology that prevails at that moment.

How does ideology work in obesity?

From the social point of view, it is significant to denote the impact that groups generate in the subject since they insert discourses of "tolerant hedonism", since for this purpose the practice of any habit is allowed for the benefit of pleasures, obesity discursively could be inscribed in a pressure to satisfy oneself voraciously, since everyone's dream is to be without prejudice.

The groups where a subject with obesity develops generally tend to reaffirm the idealizations about the body, since, in the first instance, the group of belonging is chosen by fulfilling the demands (implicit or explicit) that the subject has, the subject must accept the conditions of the group, thus creating an intrinsic relationship between the groups and the subjects, satisfying unconscious conditions.

The first contact with the world is the family "Man is born in the bosom of the family, the first social cell, which in addition to caring for and stimulating the development of the child, has to procure his education, collaborating with the institutions in order to favor the personalization and happiness of its offspring.

The family communication and influence are decisive in the human orientation of the children. In it a deep socialization influence is lived: communication and conjugal love, respect among the members that integrate the family, solidarity, upbringing, education and attention to their descendants. In addition to the care of the body, the experience and internalization of religious, moral, cultural, patriotic values, relationships with other family members, friendships, in which the parents participate [12]. Thus, we can infer that its discursiveness crosses the body of the infant made subject, subject of the codes of language. The social structure takes on such relevance in a pathology such as obesity since it is from this that it is prevented, intervened or denied, while assuming the moral condition that implies the reproduction of a historical discourse.

The subject is challenged by a discourse, an ideology and a device such as the family (within this framework, secondary groups such as friendships or love relationships or academic education and tertiary groups such as the practice of sports, the arts, etc., can

also be included); whatever the level of the social group, it must be understood that these groups generate an ideal and an identity in the person, since we signify the effects of the discourse. "Each of the identities represents a different perspective of us about the living space, and precisely their mutual interaction, and the resulting effect, reaches interpersonal communication. It has arisen from environmental communications, and has in turn influenced the transition of personal communication. This judgment leads to a practical awareness of the relationship between one's own identity and communicative behaviors, offering insight into the behavior of others and alternative explanations for the communicator himself. Personal, social and ideal identity are linked in a continuously dynamic way" [12]. Since personal identity implies the look towards oneself, while social identity implies a direct relationship with the other, in how it is supposed to observe and the judgment that according to makes and the ideal is what we seek to feel at ease and that others notice.

Now, referring to why it matters and how the obesity discourse works, emphasizing the changes that have been made via ideology and the appreciation of the phenomena from alternative perspectives that sometimes tend to demonize the discourses of rejection of their positions, it is necessary to understand that the function of the discourse as long as it has interests is manifested in society, obesity among many factors can be thought from a medical-social way.

The obese subject: a clinical psychological perspective

We have highlighted the aspect of the obese subject's identity and its relationship with discourse and ideology; however, identity is a process with greater attributions since it is part of the subject itself and determines its relationship with the environment and with other people. Normalizing a problem as evident as obesity puts in check the practice of health professionals, since even with the attack strategies to reduce the impact that this health problem represents, they do not contemplate aspects that surround the subject since "The beliefs and values that every society or community has, establish which foods are accepted or not. But we can also find individual preferences articulated to an infinity of events. Some examples would be: because that food was produced in a unique or special way for the person; when it is linked to the presence of a close and important figure from the point of view of affections; or to a certain mood; when its consumption was received as a reward; in cases where the food has been associated with the relief that occurs at the end of a stressful situation; for being frequently consumed on occasions of family or friendly meetings and especially if people are no longer accessible due to death, travel or other circumstances" [13].

Undoubtedly, obesity is not only a behavior that uncovers the passions for food, it is the duty of health professionals to find the causes even when these are not strictly medical. The relationship with the psychological aspect is born because when faced with the clear expression of a problem "Many patients come to consultation with the idea that obesity is solved by following a diet, without considering other areas of their lives. Sometimes this attitude

can be favored by the professional, who focuses all the patient's attention on weight loss, leaving aside the need for modification of lifestyle and behavioral habits [14]". Habits are built as we relate to our life history, so talking about obesity in a space where it is associated only with aesthetics gives rise to normalizing the phenomenon. Such a situation in consultation is reflected in the very arguments that in therapies with health professionals is necessary to contemplate.

"The overall approach to treatment focuses on changing lifestyle and this change is preferably aimed at three aspects: eating behavior, itself, the modification of sedentary life by a regular increase in physical exercise and modification of the factors of emotional life that affect obesity [14]". A mood to take into account what the patient prospects in the consultation, since in the medical-nutritional clinic is often overlooked what surrounds the subject in relation to their obesity, considering how necessary it is to give this comprehensive approach, contemplating in the clinic the subject as a recipient of disease does not benefit the practice or the patient himself.

García [15] comments: "Although edo chronological, hypothalamic or genetic causes are adduced, the most frequent obesity, the so-called exogenous obesity, is explained by a higher caloric intake than necessary. However, according to some statistics, Spaniards ingest 10% fewer calories than 10 years ago, and yet the phenomenon of obesity seems to be growing. How can this apparent contradiction be explained? In principle, the contradiction is resolved by appealing to two different types of interrelated causes: profound changes in society and in food consumption". Adding emphatically the factor of the obese subject's cognitions, the discourse he/she receives from the media, the ideology that is sustained from the family are entirely captured and processed by the subject who in turn has to reproduce the information, his/her perception, ideal and image are entirely related to the social approach, the integral clinic would focus on elucidating the majority of problematic issues.

The conditions that arise from obesity are discrimination, depression, and difficulties in psychological maturation. Ortega [16] asserted that "some studies have mentioned obesity as a risk factor for eating behavior disorders (ED). Excess weight is one of the predisposing factors for both anorexia nervosa and bulimia nervosa. In addition, obesity is associated with low self-esteem, fasting behaviors and affective disorders that act as predisposing or maintenance factors of the disorder.

Some studies point to an indirect relationship between obesity and academic performance, due to the relationship between obesity and sleep disorders and the deleterious effect of the latter on school performance".

There are factors that allow an improvement in the subject with obesity, since, it does not only imply maintaining a diet or a pharmacological treatment. Agents such as motivation work inexorably. "People with obesity often have difficulty finding

sufficient motivation to allow them to change behavior." Denia, 2011 [14], due to dissatisfaction factors, people end up deserting medical-nutritional treatments and psychological consultation, therefore it is always necessary to contemplate elements that are related, that help to maintain a healthy behavior and that support the improvement of health.

Some of the problems faced by a subject with obesity is the search for immediate results, since the patient suffers from pressure when trying to comply with aesthetic standards and not finding immediate results, he/she desists from any intervention. For Denia [14] there are two important keys to compliance with obesity treatments: motivation and psychoeducation. The first says "The focus in the first interviews is in terms of physical achievements, such as losing weight and regulating it in a stable way, but to achieve weight stabilization, feelings and emotions must be properly channeled without using food as an intermediary or as a goal. This behavior reflects in the patient a difficulty in expressing emotions, which it is desirable to improve through psychological help, so that it does not have a negative impact on his or her weight. However, the objective of participating in a psychotherapy group is not in their approach from the beginning and this possibility is usually not immediately accepted".

Consider the position of motivation, in relation to the discourse that has developed in the patient. The attitudes, beliefs and behaviors that are broken down from the ideological discursive system put the patient in a doubtful notion about whether the treatment works or not, however, it is possible to make him/her see that given the relief of options that are presented to him/her, it is necessary to adapt in a habitual way to the indications, promoting the disintegration of bad habits and beliefs that hinder the clinical process. The expectations of the clinical process generated by the patient, in this sense, are distorted by the research presented or by the intention and urgency to lose weight.

The second point that Denia [14] specifies is "Psychoeducation", which refers to a restructuring of thoughts and desires in relation to obesity, "Most people with obesity who come for treatment have been on numerous diets with generally poor results. They usually have excessive and inadequate information about diets, healthy eating, slimming process and, in addition, they are immersed in the society of thinness. They expect marked and rapid weight changes with almost any diet, the schemes are defined more by weight loss to be thin looking for a change of image to be more successful, self-acceptance and acceptance by others and not so much for health reasons (...). It should be understood that adequate physical activity and exercise are sufficient and regular to promote health and weight maintenance. The family will receive a detailed explanation of the program procedures".

Taking into account these two points are essential to understand and analyze obesity in its composition, a study made by the Federal Government [17] comments "Overweight and obesity have increased in all ages, regions and socioeconomic groups, which has led our country to occupy second place in the world

in adult obesity and first place in childhood obesity.", clarifying the correlation of obesity with other types of chronic diseases which are: Diabetes, Dyslipidemias, Arteriosclerosis, Arterial Hypertension, Cardiovascular, Osteomuscular ailments, Cancer. These crossovers between chronic diseases and obesity reveal that well-being, functional capacity, life expectancy and quality of life decrease, which increases mortality rates. We must also consider the fact that by generating ideas, beliefs and appropriate behaviors around the treatment of obesity in the subjects, it is possible to reduce costs.

Psychoeducation becomes relevant in the clinical aspect since it distorts the way in which the subject means the information on obesity, since risk factors such as sedentary lifestyles, the intake of energy-dense foods, the marketing of such foods, increase the probabilities of suffering from obesity or of perpetuating it. Villaseñor et al. [18] state: "Obesity is a pathology of multifactorial etiology (genetic, neurochemical, metabolic, cellular, hormonal, psychological, social and cultural) ... Therefore, it is necessary to address this problem psychologically with an approach that considers both the etiology and the maintenance of obesity, cognitive variables (beliefs), affective variables (management of unpleasant emotional states) and environmental variables (customs, habits, etc.)".

Conclusion

When we refer to obesity confrontation tactics, it is imperative to contemplate the interdisciplinarity that enunciates the areas, having an integral posture that allows the practice of all professionals. Obesity, in fact, is a health problem and also a daily cultural activity, that is, not only the person faces a biological problem, this is of vital importance because we just argue the look at a bio-psycho-social approach.

The responsibility of the great discourses should be committed to the promotion of health, the idea that bodies are as they are misrepresenting the notion of health, an obese body is a sick body, not because of biological conditions or imposition, but because of the obsession to maintain a liberal idea that should not be allowed, not from the field of health. The approach to this notion is not based on any aesthetic stance. Obesity, as we have reviewed, is a serious problem that must be addressed by analyzing sociopolitical aspects and discourse. Indeed, it is necessary to confront the promotion of hatred or racism, but we must not forget that the body suffers from obesity, as we have argued, an obese body is ultimately always related to chronic diseases from which the subject can lose his or her life.

There are consumption practices that highlight that the subject does not only represent a health problem, eating is not only about satisfying a need, food intake by the review that we have seen is affected by beliefs, the discourse that supports obesity would imply a "enjoyment for the sake of enjoyment", an aspect that undoubtedly needs to be analyzed, the permissions that are forged in the practices generally bring with them the liberal logics, that is why in recent years we noticed an increase in pathologies, being a

discourse in which everything is achievable, everything is possible and the subject places the limitations, the principle of ideology and the discourse of power used is that: Make everything possible. The patient with obesity problems undoubtedly perceives (without realizing it) that all the food he wants is his.

There are analyses that show the correlation between the economic and political problems of a country or region with food practices; however, it is not a determining factor in its totality, since social aspects have an influence. Undoubtedly, a better management of laws to regulate the purchase and sale of food would help to reduce the phenomenon of obesity.

The aspects of ideological discourse and obesity are reflected in intake, although the essay has focused on obesity, it is not exempt from extrapolating to conditions such as bulimia or anorexia, however, the analysis suggests a social proposal to address a health problem. Involving social aspects in the clinic suggests a wider scope to elucidate the treatment, improvements and the clinic to be imparted.

The living conditions of a subject are, therefore, the greatest risk; obesity is the result of poor living conditions, poor use of purchasing power, and how the subject perceives his or her environment. "The health promotion model, faced with what it conceives as a pandemic, has chosen to generalize about the causes and consequences of being fat, and this entails certain difficulties. The main one is to deal with the effects of its particular conception of the problem. Without questioning, from the outset, the causality and the figures offered by epidemiological studies, but putting some distance given the theoretical-methodological diversity used to present the problem, we understand that this ideation derives, in part, from a limited - insufficient and/or partial - understanding of fatness, nutrition and culture. Such limitation demonstrates, in any case, the need to broaden the respective views of each discipline, and include an integrative and transdisciplinary perspective, or what Claude Fischler calls an indisciplinatory attitude that allows us to bring together these fragmented images of the human being (biological and social) and the problems that concern him/her." Obesity should not be considered only as an isolated health problem, but as a symptom of social aspects that are a thread that spins the progress or not of a society.

The clinic to reduce obesity and discard normalization needs a structure that allows them to position integrative visions, because as we have reviewed, as the spectrum of the origin is so broad, contemplating it from different edges, a more stable cure or control would be appreciated. There is no health phenomenon that is not crossed by ideology and discourse, and obesity, being a multifactorial result, needs to be thought of in this way. Health personnel need broader perspectives.

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