

Obesity and Health:

Abstract

This essay asks the question, is the illness of obesity a socially constructed health concept within a western, liberalistic paradigm and context and is it possible, obesity can be envisioned as a symptom of a modern lifestyle process? This essay discusses how obesity has become a chronic health problem within a modern western society and endeavours to explain, why a modern, western liberalistic society, finds it hard to diagnose, what can cause the health condition- obesity.

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Why is it, that health is such a major concern for humans? Is it because health for humans, and all other living things for that matter, is such an essential primordial process in staying alive? The answer of course is yes. The next question of sociological importance is to what extent, is *any* illness, socially constructed? Hence this is the question I am to endeavour to answer in this essay. Infact I will argue that from a social constructivist philosophical perspective, that the illness of obesity is a socially constructed health concept and that within a western, liberalistic paradigm and context, obesity tends to be envisioned as a symptom of a modern lifestyle process. I will endeavour to elaborate as to how obesity has become a chronic health problem within a modern western society and endeavour to explain, as why a modern, western liberalistic society, finds it hard to diagnose what causes the health condition- obesity. First, what in general terms, is obesity? According to the early 17th century Doctor, Tobias Venner and his enlightened, liberalistic philosophical paradigm; obesity is: "An individual disease process, of a fat an gross habit of body, which is far worse than a lean individual body, as it is more prone to become sick." pp.19-20. (Gilman, 1998, pp.19-20) (Blackburn, 2005, pp. 209-210). However from a social constructivist, philosophical paradigm perspective, obesity is seen as a socially constructed illness, which is something quite different entirely (Blackburn, 2005, pp.158, 342). Indeed according to the Political Scientist Oliver, a social constructivist, philosophical paradigm, tends to envisage health concerns, such as obesity within a social context, so as to fully understand and identify the health issue concerned (Oliver, 2006, pp. 611-626) (Haralamobos, Holborn, 1991, pp. 2-5, 19, 758-761, 768, 799-804). Infact within the context of this essay, according to the Professors

Hafferty and Castellani, they suggest that in general terms, health in any society, is always, intrinsically bound up in contested dialogues. So it thus becomes very hard to envision, what is good health and bad health concepts (Hafferty, Castellani, 2006, pp. 331-338) (Poynter, 1973, pp.22-43). Indeed such a statement tends to confirm the many tensions within the medical fraternity itself. For instance, the concept of a chronic illness is completely different, to what an acute illness is. Infact a chronic illness is defined as: “As a health problem, which is long-lasting or recurring over a lifetime, some examples are, arthritis, cancer, diabetes, Alzheimer’s disease, depression, and heart disease.” p.1 (AARP-Educating Community, 2003, p.1). Which is completely different to what an acute health problem is: “ Which is a disease that lasts for just a short time, but can begin rapidly and have intense symptoms, such as, colds, influenza and strep throat, etc. ” p. 8 (Geddes,Grossent,1997, p.8).

Infact it has been suggested that within a modern, liberalistic philosophical perspective, it is not really possible to envisage obesity, as a socially constructed illness (Klienman, 1998, pp.3-8). This is because, according to a liberalistic philosophical view, a society is made up of individuals, who are embedded within voluntary contractual relationships within an authoritative paradigm concept, such as say, within government and business processes, etc (Bullock, Trombley, 1999, pp. 479-480) (Russell, 2008, pp. 544-550). Consequently there seems to be no such thing, as a perceived social community, thus health can not be seen as a social construct. Infact, according to the Psychiatrist Ogden, she suggests that an individuals identity is constructed through a process of individual knowledge concepts and to thus assume other wise, in that an individuals identity, is somehow embedded within an individuals concept of health and psychology, is to be very mistaken (Ogden, 2002, pp.98-107). Indeed Ogden implies, that an individuals self image is an internal, (ego-orientated), process that has little to do with any external (social) influences (Ogden, 2002, pp.19-30). For instance according to Ogden, this is obvious in that within the twentieth century, there have been three distinct internal selves, which have shaped an individuals identity, these are the passive self, interactive self and intra-active reflexive self (Ogden, 2002, p. 101). Infact the Sociologist Foucault, implies that this is essentially why a liberalistic philosophical perspective, should and can not, possible envisage any illness, such as obesity as an example, as a chronic health problem, but rather, it must be seen as an acute health problem (Foucault, 1998, pp.125-151). For example; “An acute illness is a lot more serious for an

individual, requiring attention from trained medical personnel and possible hospitalization procedures as a result (physicians, nurses, physical therapists). Where in contrast, a chronic illness is often controlled and even overcome by an individual, acting on their own initiative and without any help from others “pp.1-2 (Roy, Russell, 2006, pp.1-2). Consequently obesity has become a illnesses in today’s modern world, which is also seen within an epidemic, biological disease problem context, thus obesity tends to become classified as acute illness and requiring some form of medical treatment to rectify the problem (Williams, Germov, 2005, pp.138, 340-341, 344). Indeed Gilman mentions that many government departments, now, treat obesity as an epidemic illness and thus biological cures are necessary to treat this dire disease (Gilman, 1998, pp.3, 79,146-147, 14-44,164-175). For instance, China has a concern that their children, are at risk of becoming obese and dying before their parents. Infact it is mentioned that up to 20% of Chinese children, living in china’s cities within the 1990s were obese (Gilman, 1998, pp.146-151).

Though I suggest, from a social constructivist, philosophical perspective that any concept of obesity and all its imaging have, is constructed through a social health, paradigm concept (Oliver, 2006, p.626). For example, as implied by the Sociologist Blumer, who reigns from symbolic interactionism perspective, or a social constructivist philosophical view in essence, health in any society, is envisioned as a symbolic interactionism process, with health, cultural and social concepts experienced and embodied, in different ways within different “health expert” knowledge areas (Blumer,1969, pp.1-21) (Julian,2005, pp.150-151). Moreover in regards to Ogden suggestion that the self, (our identity), is an internal matter not to be incorporated within a social construct. I would have counter her view and agree with the Sociologist Gofman, when he implies that the self is intimately entwined within a social constructionist process and that this is quite obvious, in the case of how stigmas and labels are attributed to an assumed health illness, or anything else for that matter (Gofman, 1975, pp.13-83, 141-166, 231-249).For instance obesity has been stigmatized / labelled in our present historical period, as a non desirable concept, even deviant to some extent (Millen, Walker, 2003, pp.89-91) (Gilman, 1998, pp.78-101). Thus the assumed illness obesity *is* constructed through a social process, incorporating our self identity, (ego), in many respects. Infact, such a process confirms the suspicion of the Sociologist Klienman, for according to him, obesity has now become a chronic health problem, rather than an acute health problem (Klienman, 1998, pp. 5-30) (Conrad, Barker,

2010, pp. 72-73) (AARP-Educating Community, 2003, pp.1-28). Consequentially because a chronic health problem is defined as a long lasting in its duration, both within an individual and by proxy within a community, then obesity in essence, can only but be envisioned within a social construct (Cockerham, 2005, pp. 51-67). This is because health is seen to be analogical akin, as to how a society functions and thus it is statistically, much easy to implement preventative medicine to alleviate obesity concerns, rather than from a liberalistic, acute health perspective, which tends to initiate, only, symptomatic short term cures to obesity issues (Conrad, Barker, 2010, pp. 67-79). Indeed according to the Socialists Cleland, Teijlingen and Cotton, this is exactly the reason why it is virtually impossible, for a pharmacists / medical practitioner, who has a liberalistic philosophical perspective, to accurately diagnose when, where and why, a chronic health illness may originate from (Cleland, Teijlingen, Cotton,2011, pp.3-9). Specifically because pharmacists / medical practitioners who have liberalistic philosophical perspectives, can not, thoroughly diagnose what may cause obesity, without investigating and researching, as to how and why a chronic illness context may evolve. For instance the Sociologist White suggests, that today's obsession with medicalization; (Our present western societies, reliance upon doctors, drugs and the concept of normalization), as cure for an illness, obesity included, tends deny that any external factors, such as a communities cultural and social practices, can play a part in an illness evolving, which in reality is quite the opposite (White, 2002, pp.34-35, 41-44, 49).

Yet others suggest that it is not relevant or desirable to envisage any illness, obesity included, as a social construct (Berger, Luckman, 1975, pp.65-108). This is because it tends to relegate, preventive medicine to be an external factor within health and denies the role in which an individual plays, in being responsible for their own health concerns (Germov, 2005, pp.15-17) (Jusssim, 1991, pp.54-73). Which according to the early 17th century Philosopher, Descartes, this was neither desirable nor relevant, if medicine / health and society was to progress within the 17th century. Infact with Descartes, individualist philosophical claims off; *I think there for I am*; discourse, becoming embodied, within an enlightenment period of history. The individual became cental to decision making, this is because self responsibility and the idea of the body, as a biological machine took root, while an individuals mind became a separate entity (Turner, 2003, pp.15-16). Consequently the Cartesian / rational idea, of the body, as machine suited the adventures of an enlightened, empirical science process (Parker, 1995, pp. 24-29) (Duhamel, 1933, pp. 162-166). Indeed envisioning any

illness as a social construct within this period was not relevant as the main cultural paradigm of the time. As it has been implied that this period in history, was more of a religion based, cultural artefact. This is obvious in that; if you became ill within this period, it was the will of God and it had little to do with any social constructive processes within the society, at the time (Poynter, 1973, pp.43-62) (Parker, 1995, pp.22-23). Moreover from a liberalistic philosophical perspective, it is really quite easy to define and diagnose what obesity is and thus then find a solution to the illness (Hafferty, Castellani, 2006, pp. 331-338). Indeed it can be implied that due to “science” becoming involved within medical / research procedures, it has been much easier to diagnose any illness (obesity included). Specifically because a scientific evidenced based, empirical research processes tends to eliminate, many other complex pathogens, (biological and / or otherwise), within an illness / diseases process (Swami, 2007, ”pp. 1-37). For instance a 2010 Chinese study, has shown that obesity within Chinese culture seems to defy the social constructivist notion that a modern culture, with all its media communications seeming to advocate obese eating habits, can socially construct obesity scenarios within a culture. For instance, the study implied that males who were slender in BMI / build (Body Mass Index) had more heart attacks than those of men, who had high BMI and were obese in build (Yang, Maigeng, Smith, Yang, Peto, Wang, Boreham, Hu Chen, 2010, pp.1027–1036).

However I would argue, along with many others, from a social constructivist, philosophical perspective, that because obesity is envisioned as a socially constructed health concept, it is thus much easier to diagnose what causes the health condition obesity (Lupton, 1993, pp.429-431) (Jary, 1995, pp. 605-606). Infact according to the Sociologist Shove, because patterns of diets, such as high junk food diets, can become socially acceptable concepts, embedded through, infrastructural and institutional processes, it thus creates an environment where *obesogenic*, or normative conceptual frameworks evolve. Which unfortunately, is not a good outcome for humanity, as it tends to highlight the fact that we are ignorant of how and why normative social constructs can / do evolve (Shove, 2011, pp.9-10). Indeed this is no more obvious in how the 18th century American puritan pioneers, were ignorant of the fact that Native Americans, did not have any immunity to 18th century health problems, such as tuberculosis, influenza, small pox, etc. Consequentially the 18th

century Native American, was routinely ravaged, by pathogenic diseases within the later part of the 18th century (Duffy, 1981, p.72). For instance in 1738, the Native American - Cherokee tribes, had 6,000 warriors, however due to small pox epidemics, by 1765 the number of Cherokee warriors left were 2,000 (Duffy, 1981, p. 69). Consequentially as the above example has indicated, from a social constructivist, philosophical perspective, both past and present historical contexts are relevant and essential processes within any analysis / diagnosis of a health problem and it thus confirms that health *is*, (any health problem, that *is*), a socially constructed concept (Jordanova, 1995, 371-372,376-377). Infact because context, (that is *any*-context), is *not seen* as an essential analytic tool within a liberalistic, medical philosophical paradigm, in diagnosing solutions to a health concerns. Consequently it then becomes very difficult for a pharmacists / medical practitioner, who has a liberalistic orientated medical perspective, to engage in any preventive medicine measures, especially in regards to treating chronic illness, such as obesity, etc (Bambra, Fox, Samuel, 2005, pp. 187-193) (Capra, 1998,pp. 118-165). As a result liberalistic orientated, pharmacists / medical practitioners, tend to rely on drugs to alleviate obesity problems, thus creating dependency scenarios / social control process, for themselves and their patients, as they then have to rely upon these anti-obesity drugs, as a solution to their own and a patients weight problems (Busfield, 2006, pp.306, 308-310) (Poynter, 1973, pp. 152-153, 160). For example, the Micro Biologist, Dr-Dhurandhar implies: "That obesity may be caused by an infections decease virus, something like the AIDS virus and as such an anti-viral drug, is necessary to treat and cure the obesity epidemic virus." pp.22-23 (Gilman, 1998,pp.18,22-27,33,73,147-148). Infact it has been suggested that a holistic approach to obesity would be a much better option to alleviate the problem, as it tends to envisioning health, (all health matters), within a social construct and thus investigates how and why health concerns may evolve, (obesity - as a chronic diseases in this case), so as to then diagnose solutions to a health concern, not simply focusing on the symptoms of a health problem (Capra, 1998, pp.305-358) (Eckersley, 2001, pp. 51-71) (Najman, 2001, pp. 73-83).

In conclusion as I mentioned at the outset of this essay, that from a social constructivist, philosophical perspective, the illness of obesity is a socially constructed health concept and that within a western liberalistic, philosophical tradition and context, obesity tends to be envisioned as a symptom of a modern lifestyle process. I have endeavoured to elaborate, how obesity has become a chronic health problem, within a modern western society and endeavoured to explain, why a modern liberalistic, philosophical tradition, finds it hard to diagnose, what causes the health condition- obesity. Indeed I would tend to agree with the Social Scientist Lupton, when he suggests that: “Within a western liberalistic, philosophical paradigm, health is seen as risk concept, (obesity in this case), and it thus can become a covenant, hegemonic tool for big business and politicians, so as to maintain a power structure within society. This is achieved because, big business and politicians are in the unique position, as to be able to identify and define, what a health risk is (symptoms), (obesity in this case) and if there is to be any solutions (diagnoses), to such health risks. Consequently because politicians and big business are able to determine what a health risk is, they are then able, to also, legitimize and control a specific ideology and social practice within society, when it is necessary.” p.432 (Lupton, 1993, p. 432).

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