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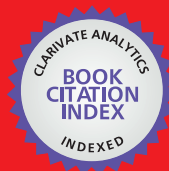
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## Chapter

# The Eating Disorder's Society

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## Abstract

Feeding has been subjected to a process of medicalization throughout history that has caused its perception to be assimilated to the intake of nutrients. However, it is necessary to conceive feeding as a total social phenomenon. That is to say, a phenomenon that impregnates food and the practices that surround it with different meanings. It is therefore necessary to understand how certain social dynamics (secularization, rationalization, bureaucratization) have modified the way we feed ourselves and how we interpret food itself. This, in turn, has generated a series of negative meanings that have influenced how we perceive the body and the image of people. The calculability of nutrients and an unrealistic and unattainable image canon for people have been installed. Thus, a social food imaginary has been created based on a whole series of myths that are transmitted through social networks and that produce that the society in which we live has become an obesogenic and lipophobic society. It is therefore necessary to understand how the social imaginary of fat and fatness has been constructed in order to understand how people perceive their body image and how this can be altered.

**Keywords:** eating disorders, social imaginaries, body, feeding, society

## 1. Introduction

*The human sciences, since a long time ago, they are insisting on the fact that the human feeding belongs to an imaginary, symbolic and social dimension (...). It is a commonplace: we are feeding ourselves from nourishment, but also from the imagination [1].*

In this chapter, we are going to understand the pacing throughout the feeding process. This process must be analyzed like a social phenomenon, which acquires identity dimensions with people, and it is affecting in a great scale by moral aspects which affect mainly how obesity and fat is understood. Therefore, in the feeding process, we should acknowledge phenomenon like the fasting, hunger, diet, food taboo, etc.

Furthermore, we will explain how the important process of medicalization of the feeding resulted into a reduction of the feeding phenomenon by the fact of acquiring necessary nourishments for surviving (diet/nutrition). This locates the symbolic power for its social evaluation again in the hands of doctors.

In fact, the food and its social uses were soon associated with different social meanings. The symbolic universe of the feeding was branding this practice from the beginning of the times. The Anthropology linked the practice of the feeding with taboo, the

totemist, and the sacrifice [2]. The taboo, at the same time, it was linked to the impurity's meaning of the soil where everyone should stand apart from it [3]. Some foods, as like Harris would say [4], they are healthy for eating, and there are others that are not. In such rules, the Sociology interprets them as part of the symbolic universe of each society and/or culture. From this perspective, the forbidden consumption of beef in India, or some specific cultures that were allowing cannibalism in different ages since the prehistorical times, like it was founded in Atapuerca, the Tupinambo in Brazil in the sixteenth century, the Yanomami on the border between this and Venezuela until practically today, the Aztecs in the sixteenth century, the Fore in the highlands of New Guinea until the end of the twentieth century, etc. [5, 6].

It was Marcel Mauss [7] who was the first to recognize feeding as the category of total social fact. This category implied, to the French sociologist that feed would be turned into a speaker of institutions: religious, legal, economic and moral (we understand that this sphere would include the politics and the family). All in all, we eat what we are. Thinking from the same framework, Herrera would say that "far from being a spectre, from the beginning, a simple sign of other fact, the feeding is the social act where memory and fashion are intertwined, arguing and practice, power and knowledge, liking and necessity; where all the references are added, where behaviours are defined, where the differences are established" [8].

This starting point imposes the necessity of performing an analysis of the social dynamics that affects feeding. In specific, the medicalization process is the same, the canon of beauty that rule with an iron hand the postmodern societies and the obesity phenomena. This is understood from the perspective that the feeding as a phenomenon that is born and produces, in specific types of moral that can allow to introduce unique meanings in social imaginaries that we share, not only with the workers that we work with people with eating disorders (onwards, ED), but also with them.

## **2. The medicalization of the feeding**

Following Fischler, the relationship between the medicine and the feeding is inseparable, hence, "feeding is the first step to access to the body, namely, a privileged instrument of medical intervention. The incarnation explains the difference between the dietetic and cooks some kind of continuum, ambiguity, may be a fundamental rivalry" [1]. From Hippocratic medicine the medical treatment seems linked to some specific ways of eating. The Hippocratic medicine was based on the necessity of achieving the mood balance and in order to, in a sickness situation -we mean, an unbalanced situation-, the food was employed as a medium or tools for the doctor's work.

Nevertheless, in the prehistory of the society of the hunter-gathering they dedicated a huge amount of daily energy for seeking food. They hunted what they could with weapons that they had. Women, however, they recollected plants and edible seeds as a way of complement the diet. They were having satiety or relativity abundance and other of famine and even starvation. This situation was the main characteristic of the nomad lifestyle that they had. After a while, agriculture emerged that, namely, allowed to evolve into a new sedentary life. However, this fact did not prevent famine, whether it was for climate reasons or for other kind (plagues, lack of insecticides, etc.) The last mayor famines in the occidental world can be situated in France between 1741 and 1742 and Ireland between 1846 and 1848 due to the lack of potatoes [1].

In the present times, starvation continues to exist in the world, but it usually affects the majority of the population of the Third World, or the so-called undeveloped countries, as it is said in the politically correct paradigm likes to call them. Countries for known structural global causes, they do not achieve that wished development that emerged in international analysis or in macro figures that, unfortunately, are not edible and they do not redistribute, most of the times, a redistribution of the wealth which is still located in a small number of people.

Anyway, Herrera [8] points out that from the XVII in advanced it will raise the process of the blossoming of the modern nourishment. This process of modifying the feeding for the contemporary society would be characterized by the following traits: it is a process of a progressive secularization, rationality and bureaucracy. However, what it is true if that the act of feeding, always was affected by a number of tensions:

- The tension between the good and evil. Since the surge of different cultures, some foods were affected by morality (disgust, taboo, etc.); determinate by different cultures or religions. For instance, the prohibition of eating pork for Muslims, or eating beef for Indian o the disgust for occidentals for eating snakes or insects.
- The tension for eating for pleasure or for ethical reasons, morality or religion.
- The tension between moderation and gluttony.

Some authors [8, 9] point out that this tension “were resolved” by gathering around the process of a progressive calculated rationalization and leaded by nutrition, for ending being assumed by the homonymous medical knowledge. If in the antiquity the argument for recommending one or other food choice were clearly biased due to moral factors linked to religion or social, moral, with the irruption of nutrition the social speeches allow to estimate what kind of food is correct for each person in specific. Or what food would be beneficial for a specific person to eat, hence it may be harmful in that case.

Using the Foucauldian terminology, Coveney [9] would say that the apparition of the nutrition was due to the fact of the rationality feeding that was produced by the workhouses and prisons. These possibilities broad up a new kind of governmentality allowed by the surge of Social Science’s applied statistics and the Medicine.

Despite of this exquisite asepsis in discourses, some authors warn us that maybe behind of the façade we could find that these discourses are “equally “pastorals” in their intentions and objectives” [9]. In this sense, the author claims that “the nutrition is not only a science, but also an ethos” [9] Diet, then, would be defined by the formula [9]:

$$\text{Diet} = \text{Health} + \text{Medicine} + \text{Lifestyle}. \quad (1)$$

Some specific social dynamics: the rising of the population, the rapid acceleration of lifestyle, the women’s incorporation to the workforce, etc., it forced the necessity of acquiring food in the most rapid way (with the minimum time expended) and the minimum effort (minimum economic and energy cost); it is imposed that what it is called Fordist diet [10]. At the same time, this process leads to a *macdonalization* [11], namely, a system that responds to the population demands. A system that favors

the efficiency, allowing a fasting feeding (both in relation to the raw material, as the elaboration process, as the price that is charged to the population that consume them).

Some processes or social changes can be pointed out in order to influence, the changes of the feeding habits in the contemporaneity [8]:

- The progressive urbanization and industrialization that was produced in twentieth century.
- The globalization-
- The women joining the workforce.
- The regulation and time distribution dedicated to work and the consequences of incrementing the time destined to leisure time.
- The mass population schooling. The demographics are changing, led by the birth-rate reduction and the population aging.
- The changes are produced in the ideas and values: the imaginaries of the body, the new beauty standards, the resignification of the obese, the ecological movement, the new feeding consumption habits: vegan, vegetarian, ecological products, light products, etc.
- The individualization that characterizes contemporary societies in the field of food causes people to see themselves “drowned” by the need to make responsible decisions taken in the mare magnum of contradictory information about the characteristics of food. In addition to this, the media that offers information and the advertisements is increasing even more the typical characteristics of scientific jargon, what it turns to be the common framework for talking about; Omega 3, triglycerides, cholesterol HDL or LDL, active bifidus, etc. and a huge panoply of modified food with the supposed benefits of characteristics which are found to be really difficult for the casual consumer understanding them; milk with more calcium than normal, light products, drinks for lowering the cholesterol levels, foods for improving the student’s memory, etc.

All these possibilities are immense which they produce “an informative cacophony where the ignorance of products and the processes of the elaborating food (...) the modern commensal it is plunged into a permanent state of insecurity and uncertainty where there are no reliable criteria or coherent rationality funding their decisions” [8].

These changes in society cause food to undergo a series of changes [8, 12, 13]:

- In the cultural representations and the symbolic value of the food: the fat consideration, the feeding taboos, etc.
- In the rules, consuming options: homogenization of consuming (types of food, ways of preparing, etc.), the *macdonalization*, the unfocused of the feeding, the timelessness, disocialization, the offshoring of the meals.

- In the ways of learning and transmission of knowledge and feeding skills: contest and reality shows, etc.
- In the feeding language: the spherification, textures, the trompe l'oeil, deconstruction of dishes, etc.
- In the values and worries related to the feeding: the health care (level of glucose and cholesterol), the overweight worry, the quest for thinness, etc.
- The knowledge and feeding abilities of the population.
- The foods democratization originated by the rising gastronomy situation [1].

This type of changes and dynamics created a paradoxical eating defined from two incompatible characteristics: the homogeneity of the feeding and the diet [1, 2] and the food diversity and cuisines that currently coexist [8].

## 2.1 The feeding and the risk of the ED

Nonetheless, what is the link between the feeding with the ED? In this case, this hinge concept is the consideration from the Sociology in the contemporary societies, such as the risk society [14–17].

As far as food is concerned, the legal regulations that the food industry must respect are increasingly strict. This raises the risk perception among the population, something that was ate until it may be harmful and must be retired from the market. Secondly, new debates are emerging:

*Regarding bioethics about the genetic alteration of the foods, the environmental degradation which involves the organization of production and the technological apps or the nutritional degradation of the own food (lack of fiber, vitamins, high fat content, sugar and salt, excess questionable chemical compounds...) they are creating perceptions and risk situations to the consumers that demand the introduction of strict regulations that guarantees the food security [8].*

These kinds of characterizations produce that the health field is not only restricted to effective health and real, otherwise it enhances their limits until reaching the potential health. Now, in addition to the diseases that they suffer, it matters as well as the risk factors, the predispositions related to the risk situation, etc. The sanitary prevention just started to enter into our lives.

In the present times being sick is not the same, you have to be vigilant in order to maintain your health in a good shape. From time to time you will have to measure your vascular pressure, be aware of the glucose levels, if she is a woman, she would have to get a mammogram, if he is a man he would have to get a prostate check... This is how we enter in a long list of “mandatory” individual actions that we have to assume as responsible people. The sanitary prevention can turn into one of the monsters that threatens our individual freedom along with the internet (and the possible elimination of our privacy) or even the flexisecurity paradigm (which justify any domain measure of our bodies and our mobility freedom despite of being consecrated in almost any of existing Magna carta).

This calculability that characterized the social imaginary of nutrition opens the door to the social evaluations in another sense. Right now, each person can know what the recommended food intake is, for healthy in their specific case. That is, for me it can be 1500 calories, for another person 2000 calories, etc. If I eat more than is recommended, evaluations automatically appear that say that I do not have enough willpower, or I am an indolent person, or that I am simply fat because I decide to be (guilt), etc. Fatness becomes governed and led by a calculative logic [18], which frames everything in the sphere of morality.

In addition, the definition of the frameworks that sets the limits to the mentioned assessments is established by the medical staff. And they are transmitted to society due to the guarantee of medical research. Herrera reminds us that “Doctors, biologists, educators, publicists, media, national and international institutions...are now claimed as information agents and educators in the food field, becoming an integral part -and often decisive- of an agri-food system that is thus significantly enlarged in its elements” [8]. And what this sociologist calls rational superstition, that is, “a new sacredness that institutes faith in scientific rationality, and its legitimate administration by a medical priesthood” [8].

Once again Herrera will be the one who sums up in a magnificent way the situation of food in contemporary societies when they say that:

*The main consequence of the process of rationalization in culinary practices is observed in the radical change of agency that entails. The progressive extension of medical-biological rationality, and the consequent erosion of traditional religious restrictions and patterns of social distinction, of the dictates of the body and of tradition, induces a growing reversal of the agenda in the subjects of food that figures in the transition from eating to nutrition, from action to reception, from the attribution of an agent role for the diner related to a patient role [8].*

Based on the introduction of morality in the food imaginary, the question is whether this provoked some kind of consequence or influence in the field of ED. As a matter of fact, it does. Gracia-Arnáiz and Comelles [19] refer that the biological. Medical paradigm imposes a threefold look at medical practice: The medical-centrism, that is, the use of a reductionist rationality supposedly shielded by the scientific asepsis, androcentrism and misogyny.

The process of medicalization of food takes its first steps in the famous “experiment” carried out at the spa of Battle Creek in Michigan in 1863 and that would end in an experience of creating a healthy diet for the human being, but that along the way was commodified and led to the famous cereals Kellogg’s [9, 20]. This process takes off after the Second World War, guided by the attempt to reduce the levels of cholesterol, glucose, etc., but it will do so by establishing the parameter of statistical normality established by medicine. Toro notes that in the United States “By 1880 girls were conspicuously worried about not looking too thin” [20]. And Gracia-Arnáiz and Comelles qualify that “Preventing obesity was never a biomedical priority before the twentieth century. Being fat was not considered pathological, malnutrition, yes” [19].

These types of events run parallel to the change in the canon of beauty. Referents such as Marilyn Monroe or Sofía Loren are abandoned and the canon evolves towards the image of the Twiggy model [19, 20]. From that moment on, the aforementioned model will be followed by: Kate Moss, Nieves Álvarez, Cindy Crawford, etc. But perhaps it would not hurt to remember that all these women, over time, ended up

recognizing their eating disorders or, at least, dalliances with inappropriate eating behaviors.

Right now, the problem of the image is much more complex, because programs like Photoshop allow to create women and men that do not exist and will never exist. People with perfect images that only exist in the virtual reality of the computer documents in which they are stored and edited.

All this outlines a social imaginary permeated by a true mythology that, following Sanders and Bazalgette [21] would respond to the following myths:

- All kinds of fat in food are bad.
- The roundness is not healthy.
- Thinness is healthy.
- Fatness or fat can be lost quickly, and this is not dangerous.
- There is a special type of fat that occurs in women, called cellulite.
- Cellulite fat is caused by toxins.
- You can reduce the fat of a particular part of the body, for example, hips and thighs.
- Certain foods and certain combinations can activate metabolism and accelerate weight loss. In this sense, the Dukan diet is fashionable lately, based on the predominant protein intake.
- Women under 50 are at risk for heart disease.
- Dieting is healthy.

Toro after making a tour of the investigations that studied the dissatisfaction of people with his body, concludes that “practically all citizens value his physical appearance, pays attention to it, thinks about it, worries and tries to modify it actively” [20]. In relation to this matter, Moreno finds three types of beliefs that would lay the basis of what he calls “ideologies about eating disorders” [22].

- The belief in the existence of a single body market that would not be affected: the social class, the phase of the life cycle, or the life choices that people take.
- Even if a specific model exists, each individual would make a personal retranslation based on his or her body “diagnosis”.
- By becoming the body in modernity on the battlefield of its own construction one can believe that this presents no limit. Opposing to this, Moreno points out that the aforementioned battlefield can transfer the confrontation to the perception that would swing between maximizing the problem of the body and the “Belief that the same is an exaggeration cultivated by professionals eager to read in the key of pathology in everyday life” [8]

In his research he concludes that the social position of the individual determines in a similar way his perception that in the case of EA “the body as a possible space of a personal construction project is absent from the discourse” [22] Moreno [22] detects the resistance of the influence of discourses in the symbolic sphere of the body in certain sectors of the population:

- In men, especially if they are married. It is also the case that “among men, as we decrease socially, the number of cases that people consider normal increases” [22].
- In the elderly (70 years).
- In people whose perception tilts towards the material consideration of the body (the solidity of the body would make it difficult to modify it).
- In the people of the urban habitat.

Compared to the above enumeration, the social sectors most likely trend to influence their body perception, like middle-aged women, around 45 years old would be [22], in specific, women who reside in small localities (less than 5000 inhabitants). Overall, according to Moreno [22] women would show a greater tendency to show perceptions of having a higher-than-normal weight.

### 3. The moralization: obesogenic and lipophobic societies

One of the most repeated expressions in the scientific literature to describe the ED would be to define them as an epidemic of contemporary societies [23, 24]. This occurs in parallel to the consideration of current societies as societies suffering from the obesity epidemic [25]. As a result, different authors have been using the term lipophobia [1, 26, 27] to describe the current situation of hate to fat, the fear of fattening produced by the process of medicalization of the body and food.

Lipophobia would be a relatively recent phenomenon, Gracia-Arnáiz tells us that:

*Fatness was, and still is, welcomed in numerous societies. Gluttony and binge eating can be a socially accepted and even valued practice that not everyone can afford. In contexts where food shortages are not unusual, corpulent individuals were more likely to survive. While being thin was associated with fearsome diseases, being fat denoted status and often beauty and sexual appeal [26].*

What processes led us here? The truth is that some specialist [25] studying obesity, pointed out that its imaginaries were always paradoxical. In the Middle Ages, Vigarello distinguishes “between two possible looks. On the one hand, there is the fat that imposes its mass and causes an immediate respect, which provides distinction and holiness. And, on the other hand, the fatness that underlies its heaviness, which produces the grind and the weakness [25]. Thus, there would be a social imaginary of fatness, provided it does not impede the mobility of the person, characteristic of the upper classes. The nobility and the aristocracy were the social strata that enjoyed sufficient economic level to be able to afford to maintain a certain leisure and a high level of food intake, which together could produce excessive weight gain.

But from the end of the twelfth century and the beginning of the thirteenth two relevant phenomena occur. From that moment on the pastoral work of the monks who used to live more closed in their abbeys will increase. On the other hand, the growth of cities modified sociability, and facilitated the sermon itself, which would be supported by phenomena such as that of mendicant monks [25]. You have to control the appetite for food, as well as sexual appetite, abstinence and moderation, can protect us from falling into sin. As Coveney [9] points out, Christian practices are rearranged around eating habits, examination of conscience, confession and penance.

The food itself in this sense is an ambivalent element: it is a gift of God and as such should be considered; in addition to being used as an instrument of mortification of the body and praise of the divinity through fasting; but at the same time, carries with it great opportunities to fall into sin: food as something external that could contaminate the body. Fat participated in the canon of beauty of the moment. Vigarello [25] cites some excerpts from the romances of the time in which we speak of “tender and beautiful fatties” [25] and how in the “Roman de la Rose” a “feminine and beautiful maiden (who is) quite fat” is quoted [25]. But as Vigarello [25] says, fat was present until the fifteenth century in the discourse, but it was practically absent from the iconographic representation. Even some historical personage of which there is much news of his corpulence as William the Conqueror was represented without this characteristic. The fat in the image used to be reduced to the representation of a rounded belly, but it was not usually represented in the rest of the body. Obesity was structured around the popular/distinguished distinction [25]. It was therefore a social differentiation to which moral meanings are beginning to be assigned, but which will increasingly be pointed towards the moral sphere in later times.

At the same time, we find a medical discourse still vague and without concreteness, and of a low level of influence [25]. In the Renaissance we find a reevaluation of the possibility of activity. In the sixteenth century the criticism of the heavy, of the enormous, of laziness was introduced. But without forgetting that thinness is also criticized, the object of search is balance [25]. This equilibrium, which is attempting to recover from the classical canon that had been established in Greece centuries ago, is embodied in the man of Vitruvius, which Leonardo elevates to classical canon through the balance of the Aurea proportion. Leonardo recovers the classical canon of the Greek proportion that had defined the ratio between the body and the head in 7 to 1. But as exemplified by Raich, Sánchez Carracedo and López Guimerà [27], although the Venus de Milo meets the requirements of the aforementioned canon of beauty and balance, it would not meet those of the current canon, since the aforementioned statue would need a size 42. And such considerations will remain throughout history. Marilyn Monroe and Sofía Loren are cited in the literature as examples of the sixties beauty canon [20, 27]. It should be remembered that Marilyn responded to the canon of the famous 90–60–90, but in reality, Marilyn wore a size 44 [27]. So, the famous triple figure still dominates the popular imaginary, the truth is that it does not respond closely to the measurements of supermodels and advertising models today. The 90–60–90 parameter, applied today, would relegate figures such as the two actresses cited to be “seen as plump, low-muscled women” [27].

Even so, fatness was preferred to thinness. Thinness with its fat removal prevented reaching the balance that was the criterion of beauty. In addition, the thinness was linked to the classic type of melancholy described by the mood model [25]. At this time there are many engravings that reflect different allegories of melancholy. This emotion had already been pointed out by Aristotle in the famous problem n° 1 in Section XXX of his Problems [28] as a possible cause of mental illness. The etymology

of melancholy itself refers to mélas (black) and khôle (bile) [29]. The predominance of black bile makes people unstable, but at the same time, it makes them capable of great works of intellectual or artistic character. This kind of link between melancholy and genius was picked up by Cicero and passed through him to the entire Western culture (Seneca Plutarco Galeno Marsilio Ficino Montaigne). Until being sanctioned by Diderot through its inclusion in the Encyclopedia when, on the other hand, it was something already installed in the popular culture of the time [30]. This link reaches to the present time in which some specialist relates the high IQ with a personality structure that generates emotional difficulties that affect the patterns of functioning of people in their daily lives [31].

This process will end in melancholy swallowed up by medicine because:

*Within the process of medicalization and medicamentation of daily life, people learned to denominate as “depression” most of the problems of life (frustrations, disappointments, burdens, lack of happiness), so that the thresholds of acceptance of the “discomfort” and the ability to face life’s vicissitudes normally was lost [32].*

The iconography finally begins to reflect large, greasy bodies, eager for reality and implantation in space [25]. One only must remember some of the figures painted by El Bosco. And not to mention the bodies painted by Rubens; to finish remembering the epitome of “las tres Gracias”.

As usually happens in history, this moment of excess and lack of measure follows the time of the containment of bodies. This containment would occur at two levels: at the physical level with the systematization from the sixteenth and seventeenth centuries of the physical systems of containment of the female body: the corsets, the bodices, the slips, etc.; and at social level the first diets sprout from the imaginary dry mood. The fat is linked to the liquid. The diet should be carried out with the intake of meat, astringent foods, avoiding, on the contrary, typical birds of rainy climates or with stagnant waters, as well as legumes or citrus containing a lot of liquid [25]. The contemporary construction of obesity would take its first steps in the Enlightenment. It is at this time that the consideration of fatness is individualized. There will be as many fatties as individuals. Obesity becomes an object of the gaze: “This work of the gaze transformed perception: alerts were created, and fatness was noted that did not exist, concerns were displaced, the gaze was sharpened” [25].

We are at the moment when science is establishing the measures of length, weight, etc. This helped the establishment of two symbolic universes, which unfortunately still live with us today. These two universes would be concretized in particular in “two thresholds of “acceptance“ of fatness. Towards 1780, the Galerie des modes points to a considerable reduction in the female size and a greater freedom of the male volume: the lightness of women opposes the density of men” [25] The male model begins to be established on the basis of more permissive criteria, they are allowed a certain body volume, even being plump; they, on the contrary, must show stylized sizes, even exaggerated by the use of corsets.

At that time obesity was borne. The first use in French is found in the second edition of 1701 of Antoine Furetière’s Dictionario, when the term was not mentioned in the first edition of 1690 [25]. The word is commented on in the medical entries of the Dictionary. The change necessary to begin the medicalization process occurs because “fat is no longer a simple quantitative excess that should prevent sobriety, but it is a disorder, an internal degradation that has progressions of his determinations” [25]. Soon after we found in the Encyclopedia obesity as a medical term.

With the passage of time a rationalizing logic and new calculative type is introduced [25]. The nineteenth century must weigh obesity, measure it, etc., we must reduce everything to figures. This will cause the bourgeois world to give itself the swollen belly and take a step further with the sanction of the romantic prototype.

In Romanticism lapels reach impossible sizes, men had to wear belts that gird their waist, the use of vests is imposed, etc. The criterion to reach is youth full of strength and embodied in a spiky body. In the case of women, the paradigm is established fragility, often linked to a sickly appearance. The pallor of the skin, promoted by the use of different cosmetics; and care not to be exposed to the sun. The dominant values are the delicacy, passivity [25] The subject's imaginary in Romanticism could be summed up saying that:

*Everything is sorrow, a kind of metaphysical loneliness, abysmal, in front of a strange world, more than strange, to suggest that one is out of place in his own family world, a foreigner without a homeland (...). What remains as a remedy (...) is to enjoy sorrow, that is, to turn sadness into a way of life and to recreate itself in melancholy, because, as is known, melancholy is the joy of sadness [32].*

As Lama [33] points out in the nineteenth century, the disease was introduced into the social imaginary of women. But not only did women join the disease, but this link was sometimes made with mental illness [34–36]. In literature and opera of the nineteenth century, the so-called Scenes of Madness are widespread. Scenes in which a woman tormented by circumstances and/or an impossible love fell into the nets of madness. So it happens in *Hamlet de Ambroise Thomas* (Á vos jeux...Partagez-vous mes fleurs...Et maintenant, écoutez ma chanson), in *Il Pirata de Bellini* (¡Oh! S'io potessi...Col sorriso d'innocenza), in *Anna Bolena de Donizetti* (Piangete voi...al dolce guide lame castel natío) or in *Luccia di Lammermoor* by the same composer (Il dolce suono...Ardon gl'icensi).

Once the standardization process of the models and measures was finished, there were parameters for medical science set the goal for each. The first therapies to treat patients suffering from obesity arise: the burning of calories, spas, etc.

Everything is ready to begin the desperate and absurd race of contemporary society towards martyrdom. Vigarello writes that towards the beginning of the twentieth century there is a displacement of two stigmas:

*The fat one is first of all someone who "eludes", who rejects thinness, who despises striving to take care of himself. His defect is abandonment, and his responsibility, an intimate fault (...). Failure takes on a new form, which reinforces not only the generalization of treatments, but also the rise of psychology (...). The obese is no longer just a fat man. He is also incapable of changing: a failed identity [25].*

The medical imaginary of fat, therefore, aims to highlight the individual responsibility in the causality of this situation, forgetting the variety of influences and interactions: metabolic, genetic, and hormonal that can affect the obesity of people. All this causes a perception of obesity to be generated within medical science, which following Gracia-Arnáiz [26], is dominated by moral interpretations.

Obesity rapidly progressed from a social situation, a personal characteristic, to being considered a medical problem. This medical condition would, in turn, go from being considered a risk factor, to a disease, even an epidemic of global proportions [26]. When talking about obesity, unfortunately, we must begin by noting that this

is not an ED, it is not classified as such either in the DSM or in the CIE. As a result of this it cannot be said to be a mental disorder. The surprising thing is to find in the literature articles that question this type of assertions, and that link obesity with a deranged gesture of eating that, ultimately, puts in solfa the homeostasis of the body [37]. On the other hand, some authors, relying on the use of food to relieve moments of high anxiety that people have from time to time, raise the consideration of binge eating disorder as a subtype of obesity [38]. But the truth is that it is common to find manuals or books on the ED in which obesity is treated without making it abundantly clear that this is not a mental disorder [39].

The truth is also that the figures that reach overweight and obesity in countries such as the United States, Spain, etc. can be worrying. The Spanish Ministry of Health, Social Services and Equality reports that “the prevalence of obesity in adults reached 16.91% in 2014, maintaining the high levels achieved in 2009 (16.0%) and 2011 (17.03%), in the upward line of the last 25 years [40] and now slightly higher in men than in women. According to the same ministry, since 1987 obesity in the case of women has doubled, and in the case of men the problem is even greater, since it rose from 7 to 17%,1%; maintaining the prevalence of overweight in these same years stable around 32–35%. In 2014, if the figures for overweight and obesity were added, the figure was 52.7% (men 60.7 and women 44.7%).

Fat in medicine, according to Fischler [1], is going to be considered a useless substance, so much so that it is not considered worthy of research on it. This point would be reached through the translation of a series of social processes into the symbolic realm that dominates medicine. The social processes in which lipophobic arises would be [1]: the role of technology in today’s society, the division of sexual roles and the modern conception of the individual and the relationships that the latter maintains with the collective.

This author [1] points out the decisive role of American insurance companies in the resignation of obesity as a risk factor for health. In 1890 it is noted that fatness reduces people’s life expectancy, but in 1951 statistical support is given to this observation. Metropolitan Life concluded that “obesity increases mortality very dramatically” [1]. But the problem was that according to Fischler [1] this statistic lacked sufficient methodological rigor: the sample was not representative of the universe; the rigor of the data collection was not desirable (weights were made with clothes and shoes on) etc. On the basis of all this Fischler concludes that:

*Be that as it may, Metropolitan Life studies served as the basis for a vast campaign of insurance companies to incite the population to lose weight. American doctors, subjected to an intense campaign, easily adopted the conclusions and considered the duty to disseminate them and to advocate widespread weight loss [1].*

From this moment a series of processes occur that affect and increase the phobia to fat [1]:

- The criminalization of sugar: this food is considered bad at all times and places.
- The criminalization of cholesterol: cholesterol is indispensable for the survival of the human being; it is part of the cell membranes and makes certain hormones.
- The social stigma associated with fat.

- The canon of beauty.
- The *juvenilization* of society.
- The criminalization of sugar: this food is considered bad at all times and places.

#### 4. Conclusions

To end with, it can be said that obesity advanced vertiginously from a social situation, a personal characteristic, to be considered a medical problem. The aforementioned medical situation, in turn, would go from being considered a risk factor, to a disease, and even an epidemic of global proportions [26]. Thus, in Western societies come from two processes that intersected in the current standardization of food: the medicalization of food and the moralization of it. This produced the current dietary standardization that comes from criminalizing half of the western population labeling it as obese. From that moment on, all the dietary food imaginary linked obesity to meanings of personal weakness, lack of will of people, etc. Which can cause the typical vicious circle of so-called obesogenic societies to arise. Better not to say: "When prescribing slimming diets, many doctors consider that the carriers of the anomaly -excess fat- are responsible for their dysfunction: if you are obese, it is because you eat a lot or because you do not know or do not want to eat well" [26].

In this way it is necessary to take into account that for the explained it is possible that the stigma effects of some tide to the ED. It should be known whether it affects only the general population or whether it may also affect the perception of professionals of the persons affected by any of the disorders covered by this research.


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