

The socio-family influence in the feeding behavior of obese patients

A influência sócio-familiar no comportamento alimentar de pacientes obesos

La influencia sociofamiliar en el comportamiento alimenticio de pacientes obesos

RESUMO

Objetivo: Compreender de que forma a família, como instituição social, influencia no comportamento alimentar de pacientes obesos. Método: Pesquisa de natureza qualitativa, realizada no laboratório de avaliação psicológica de um hospital escola na cidade de Recife-PE. A coleta dos dados se deu por meio de entrevista e a análise foi realizada utilizando a Análise temática de conteúdo. Participaram 10 pacientes, a maioria do sexo feminino. Resultado: Os resultados revelaram quatro categorias temáticas relativas aos aspectos que circundam a dinâmica familiar dos sujeitos participantes e seus comportamentos alimentares, considerando questões simbólicas. Conclusão: As dinâmicas de gênero, os processos de alimentação, escolha, consumo e a preparação da comida, podem resultar de influências familiares desenvolvidas através dos processos de identificação, aprendizagem, interiorização e repetição das experiências vivenciadas nos ambientes de convivência, denotando o caráter simbólico da comida e seu papel na vida dos sujeitos, adicionando subjetividade e afetividade à esta forma de nutrição.

DESCRIPTORES: Comportamento Alimentar; Família; Obesidade..

ABSTRACT

Objective: To understand how the family, as a social institution, influences the eating behavior of obese patients. Method: Qualitative research, carried out in the psychological assessment laboratory of a teaching hospital in the city of Recife-PE. Data collection took place through interviews and the analysis was carried out using thematic content analysis. Ten patients participated, most of them female. Results: The results revealed four thematic categories related to the aspects surrounding the family dynamics of the participating subjects and their eating behaviors, considering symbolic issues. Conclusion: Gender dynamics, the processes of eating, choosing, consuming and preparing food, may result from family influences developed through the processes of identification, learning, interiorization and repetition of experiences in living environments, denoting the symbolic character of food and its role in the subjects' lives, adding subjectivity and affectivity to this form of nutrition.

DESCRIPTORS: Feeding behavior; Obesity; Family.

RESUMEN

Objetivo: Comprender cómo la familia, como institución social, influye en la conducta alimentaria de los pacientes obesos. Método: Investigación cualitativa, realizada en el laboratorio de evaluación psicológica de un hospital universitario de la ciudad de Recife-PE. La recolección de datos se realizó a través de entrevistas y el análisis se realizó mediante análisis de contenido temático. Participaron diez pacientes, la mayoría mujeres. Resultados: Los resultados revelaron cuatro categorías temáticas relacionadas con los aspectos que rodean la dinámica familiar de los sujetos participantes y sus conductas alimentarias, considerando cuestiones simbólicas. Conclusión: Las dinámicas de género, los procesos de comer, elegir, consumir y preparar alimentos, pueden resultar de las influencias familiares desarrolladas a través de los procesos de identificación, aprendizaje, interiorización y repetición de experiencias en los ambientes de vida, denotando el carácter simbólico de la comida y su rol en la vida de los sujetos, agregando subjetividad y afectividad a esta forma de nutrición.

DESCRIPTORES: Comportamiento alimenticio; Familia; Obesidad.

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Renata Teti Tiburcio Maia

Psychologist at the Instituto de Medicina Integral Professor Fernando Figueira (IMIP) and professor at the Faculdade Pernambucana de Saúde (FPS). Graduated from the Federal University of Pernambuco, Master in Health Psychology and specialist in Clinical and Hospital Psychology.

ORCID: 0000-0003-0798-7226

Monica Cristina Batista de Melo

Psychologist at the Instituto de Medicina Integral Professor Fernando Figueira (IMIP) and professor at the Faculdade Pernambucana de Saúde (FPS), making up the institution's undergraduate, graduate and master's program. Graduated from the Catholic University of Pernambuco (UNICAP), specialist in Hospital Psychology, Master and PhD in Maternal and Child Health

and Post-Doctorate in Health Sciences.
ORCID: 0000-0002-8504-5501

INTRODUCTION

The look at overweight and obesity in today's society has been expanded, as these conditions have become an important aspect in establishing the search for public health. According to data from the Vigitel survey, released by the Ministry of Health in 2020, 55.4% of adult Brazilians were overweight and 20.3% of this population is obese.¹

The World Health Organization (WHO) defines overweight and obesity as an abnormal or excessive accumulation of fat that can affect health and addresses obesity as a complex issue that involves social and psychological dimensions, affecting subjects of different age groups and economic classes.²

Current society has been expressing its notion of food intertwined by cultural aspects where food leaves the place of nutrient to promote sensory pleasure, to be a ritual, a symbolic language that conveys meanings. From this perspective, the subject feeds according to the environment to which he belongs and according to the society in which he is inserted, his social group, establishing distinctions and marking precise boundaries.^{3,4}

Therefore, behavior is understood as a function that unites phylogenetic and ontogenetic factors, which operate in the interactions of a given organism of this species with its environment. In this perspective, human eating behavior reflects interactions between the physiological, psychological and environmental conditions of a given individual, characterizing the foods or type of food that this individual routinely and repeatedly consumes in their daily lives.^{5,6,7}

It is known that the family institution, mediator between society and individual, provides him with his first social identity, being a source of constitution of his personality and his behavior. The family is one of the main examples of a social institution, and it is within and through it that the sub-

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ject learns about the world, how to situate himself in it and about his nutritional education.^{8,9,6}

In food practices, which range from procedures related to food preparation to consumption, the subjectivity conveyed includes, among others, cultural identity, social condition, religion and family memory. Food, as a practice, originates in the domestic universe, being involved in family and social life, most often linked to the figure of the mother and woman and, therefore, linked to an affective reference.¹⁰

Several studies already consider the family as an influential factor in the individual's feeding process, demanding research that delve into the bases of this relationship, identifying determinants that were projected in the eating behavior during adult life.^{6, 7, 10, 11,12} Given this perspective, this study aimed to explore how the family, as a social institution, influences the eating behavior of obese patients.

METHOD

This is a descriptive study, with a qualitative basis, aiming to understand possible social and family contributions in the construction and development of the eating behavior of obese patients, entering the analysis of the phenomena according to the perspective of the subjects, that is, of the participants in the situation under study, having a socioculturally constructed reality as a paradigm.^{13,14} It was carried out at the Psychological Assessment Laboratory belonging to the General Psychology Outpatient Clinic of a teaching hospital in the metropolitan region of Recife, between May and August 2016.

The sampling of this research took content saturation as a predictor for the completion of the collection, with a total of 10 patients being interviewed. Patients of both sexes, over 18 years of age, undergoing psychological counseling before and after bariatric surgery who agreed to participate

in the research were included in the study. Patients under 18 years of age or those with physical and/or psychological impairments that made it impossible for the researcher to understand the elaborated questions and/or to understand the answers by the researcher were excluded from the research. Data were collected through the application of a sociodemographic questionnaire and an interview, which was recorded, with the prior authorization of the subjects. 15,16

After the construction of the interview data, the recorded audio content was transcribed and submitted to the content analysis process, leading to the elaboration of four thematic categories for discussion, seeking to understand the meaning and significance of the interviewees' speech. 16, 17 Participants were identified in numerical order, maintaining confidentiality and secrecy. The subjects were invited to participate in the research, voluntarily, and the ethical aspects and details of the research were clarified, with the reading and collection of signatures from the Free and Informed Consent Term. The research followed the guidelines of resolution 510/16 of the National Health Council (CNS) and was approved by the Ethics Committee for Research on Human Beings of the IMIP (CAAE: 54767816.6.0000.5201).

RESULTS AND DISCUSSION

Ten patients were interviewed, aged between 23 and 36 years, nine of them female, two of them being in the post-bariatric follow-up process and the other eight in pre-surgical follow-up, bringing in their speeches contents, which were structured in four thematic categories related to the aspects that surround the family dynamics of the participating subjects and their eating behaviors, considering their symbolic aspects.

Category 1: The Affective Dimensions of the Food Process

In the interviews, the participants commented on their experiences in the families of origin with affective intonations that surround the act of eating and the meanings

This act can generate in the other the search for a fulfillment in a cyclical perspective that can extend to adulthood, with the role of women as preponderant in the preparation of food 18 since, the kitchen space, 19 it is the space of articulation between nature and culture, where the maternal role is the holder of a culinary knowledge that expresses personal and cultural characteristics specific to each family

around it, revealing specificities of an eating behavior that originates in childhood, having as a background the family group in which they were inserted, as we can see in the following statements:

Subject 1: (...) my childhood I cried and my parents filled me with food; I already say as a baby, which was a funny story, that when I was hungry, when the milk wasn't ready, my aunt would stop flour and put that thick porridge in my mouth, it was porridge and water, porridge and water until I was full . I grew up... sometimes I ate, ate, vomited and started eating again.

Subject 6: (...) My mother always cooked everything well, then I ate a lot, ate and went to sleep, my habit was this, that I ate a lot. (...) At home everyone ate everything different, it's not the same thing, every day is something different, because my mother, to make everyone's taste, makes a meal for each one...

Based on the statements, it is possible to assume that the feeding act in the family dynamics can represent care in the sense of satisfying something that is lacking. This act can generate in the other the search for a fulfillment in a cyclical perspective that can extend to adulthood, with the role of women as preponderant in the preparation of food 18 since, the kitchen space, 19 it is the space of articulation between nature and culture, where the maternal role is the holder of a culinary knowledge that expresses personal and cultural characteristics specific to each family. 18

The speeches also remind us of family history, where the mother figure promotes food experiences associating food with affection and protection. 20 Such an experience transforms food into a language and opens space for possibilities of communication between mother and child, generating pleasure and family satisfaction. 21, 22 The woman, by taking on this role, is in charge of preparing the food, putting her

own "spice" on it, giving the food a unique taste, revealing cultural dimensions that mark identities, evidencing feelings and memories of the palate. 18 Taste arises, then, beyond a biological basis, but also cultural and affective, 23 the taste and choice for food becomes something guided by affectivity, something familiar, projecting an identity within a social environment, in an idea of belonging. 18

Category 2. The food perspective in a context of social vulnerability

Observing the contents of the participants' speeches below, it is noted that the economic aspects surround the family environment, characterizing belonging to a social class defining their purchasing power that, together with cultural characteristics, directly interfere in the choice of food to be consumed.

Subject 1: When I lived with my father, at first only he worked, then what he could buy was just that thick food that people from the countryside talk about, that thick food that was beans, couscous and bread, crackers, those supermarket things at home. And he worked in agriculture and so, there was always a green bean, the chicken that people raised (...) my mother, when shopping, she could only buy oranges and bananas, she could not buy a huge variety of fruits for 5 children. and vegetables, right? So it was all very limited.

Subject 2: (...) times were changing, things were getting better, conditions... Before, we had more of the basics, you understand? Bread, beans, rice... But then things started to improve, the financial conditions, then butter cheese started, every week butter cheese, curd cheese, cake and that's it...

It is known that the family culinary space and the way of eating becomes the first sign of difference between individuals and

classes. 24 Thus, food strategies that determine means of selection and preparation, where cheap and high-calorie foods are chosen, through which the low-income population obtains the calories they need to survive. 25 This finding leads us to think that these selection strategies can make the diet of this social class monotonously repeated, opting for foods considered "strong" in the food classification system, given the socioeconomic conditions experienced, 24 making this repetition a habit that imprisons the subject.

According to the literature, hunger, as the engine of the search for food, characterizes the eating habit and in a context of social vulnerability, from a criterion of food availability, abundant food becomes an object of desire, that fills and gives the subject the longed-for feeling of satiety. Taste is also determined by the ease of finding the product, its ability to be preserved and prepared, and its filling potential. 24 Eating habits become dependent on the possibilities and conditions of access to food. 22

Another aspect observed in the speeches suggests that belonging to a certain social class is not characterized as static. Faced with possible socioeconomic changes, space is opened for the social ascension of family groups. From this shift, there is a change in eating habits in the face of increased purchasing power. The object of desire is no longer abundant food, but rare; not the one that fills and makes you hungry, but the one that encourages and invites you to eat more. 24 In this context, the possibility of consuming less nutritious products may appear associated with the affective dimension, that is, offering what is not essential for food translates to parents and children as a demonstration of affection. 20

Another aspect refers to the consumer society and globalization where social ascension presents itself as an opportunity to move the family food space to external spaces, where food becomes individualized and isolated. Maternal cooking and the family's eating habits run the risk of losing their importance in the formation of taste. 26

Category 3. Subjectivity and Beliefs around eating

From the perspectives around the notion of satiety, to the very place occupied by food in the life of each subject, different

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forms of individual subjectivation are perceived, corroborating a vision of eating permeated by unique experiences, highlighted in the following speech:

Subject 1: Today I eat to live, before I lived to eat. It is a phrase that I sought for strength and encouragement for me to start this life change of mine, because before I filled my-

chological support that I had, that I never attended one, I never had psychological support and in my family its base, so, I didn't have this preparation to help me decrease...

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self with food and I was not satiated, it seems that I ate and there was an emptiness in me. And now I eat a lot less and I feel fuller, I think it was more a change and a psy-

The social-historical character that defines the eating behavior of a subject displaces food from the simply nutritional scope, making eating a social act, consisting of attitudes, linked to uses, customs, protocols, behaviors and situations. In this way, it is said that no food that enters our mouths is neutral, and can reveal beliefs, memories and meanings. 27

When studying the Sociology of Meals, Simmel 28 states that "Of all that human beings have in common, the most common is that they need to eat and drink". But even in the face of this generalization, the food routine also reveals the specific characteristics of each social space, the common then becomes the proper, stimulating distinction and belonging.

Food takes on a space, a function and can reveal vulnerability, as it was possible to observe in the speech of Subject 6 (post-bariatric patient) when bringing the highest food intake associated with the loss of the father figure:

Subject 6: I think I gained more weight after my father passed away, and then I really started to eat heavily. I ate normally, which wasn't even that exaggerated normal, but after my father died I got sadder, then I started to eat... the more I ate, the more I felt hungry [...]

Also for Subject 3, who reveals the use of food as a reducer of experienced anxiety:

Subject 3: [...] if I have something like that, then it says, 'that day I'll give you something', then I get anxious until that day comes, then I eat (...) I keep snacking (Laughter)... cookies, bananas (...) it's like that when I'm anxious, I keep picking things up and eating them.

The speeches reveal the representation of the food experience with a role that goes beyond the feeling of satiety, of an organic need for nutrients, but as a way of filling a subjective void, of achieving completeness. From a psychological and behavioral perspective, the way of eating reveals an individual's personality and character, 24 showing that human beings do not feed only on nutrients, but also on symbols and representations that they attribute to the food they consume. 26

The analysis of food practice as a whole involves the selection, consumption, production of the meal, the method of preparation, distribution, and ingestion. In the family context, these practices come from knowledge, experiences and experiences, built from the conditions of life, culture, social networks and scientific knowledge of each historical and cultural period; in addition to being influenced by different dimensions: temporal, health and illness, care, affective and economic. 29

All the criteria that constitute the definition of food practice intone its symbolic character, at the same time that the subject reveals in himself, through his body, his concrete aspects. Desires, satisfactions, dissatisfactions and contradictions are expressed in the body and obesity appears as a symptom. 30 Individual issues, often hidden to others, are revealed in the most visible place, the body, the part of the subject that is first presented to the world in social interactions, a perspective brought in by Pinto's study. 31

Category 4. Conceptions about Obesity

As well as eating, the weight gain itself and the diagnosis of obesity were brought by the subjects as characteristics that enter the subjective reality in a unique way. The speeches bring the meaning of changes in self-image and general health, intoning the limitations and a loss of identity between who one was in the past and who one is now:

Subject 2: I think that when we lose the conditions to practice a sport, to

do an exercise, you don't feel good about yourself... let's say, you look at a thin person or a certain weight who can do things that you can't, because of those extra pounds, then you feel bad, you know?

The current demand reflects the need to search for the beautiful, thinner, more perfect, for the possibility; while obesity seems to reflect in the subjects' speech limitations, loss, not being able to do more, generating a feeling of unease in the face of demands. 30

Faced with the standards required by a society that is concerned with cultivating youth, beauty, a healthy body and good shape, fat acquires the status of a disease, 32 being internalized by the subjects as something that should be treated, especially in cases of obesity, generating comorbidities that were projected in the subjects' daily experiences, as we can see in the following speech:

Subject 7: (...) obesity is a disease, because if obesity were a good thing, it wouldn't need to be treated, right? And it reflects on health. Everyone I know who is overweight hurts the spine, hurts the knee, is hypertensive, is diabetic, there is always something.

Thus, when obesity assumes the definition of a disease, ways of reversing it are

sought, usually from the call of medicine that will be responsible for achieving a cure. 33 Such a process sometimes displaces the subject's implication under his illness, gradually excluding his subjectivity. 33 Therefore, the importance of rescuing this subject as the protagonist of his process is emphasized, revealing the specifics of his illness and the history of his eating behavior.

The uniqueness of the experiences, however, also reveals family influences developed by the subjects as significant in the process of adopting their eating behaviors that led to obesity, as can be seen in the following statements:

Subject 1: (...) you have to feed what your father and mother offer you when you are a child, in adolescence, in youth... that I stayed there until I was 26 years old, living with him, and so, it's because of the education they didn't have, my father is illiterate, my mother... and they didn't have the mind that knew that obesity could lead to death, they didn't have this awareness of obesity that leaves your whole body inflamed, yeah. .. obesity causes several diseases (...) I think that if parents could be aware of educating their child from birth, knowing what the right diet is, influencing physical exercise, guiding good nutrition, I think it could not develop

obesity in adulthood.

From this speech, we can see the importance of clinical intervention in obesity in a transgenerational logic, 34 together with families and subjects, aiming to minimize the prevalence of obesity and, consequently, the need to adopt large-scale interventional measures. It also highlights the increasingly comprehensive demand for the implementation of health promotion and prevention measures, providing comprehensive care to individuals and their families. 35

CONCLUSION

In this study, it was possible to observe that in the speeches and behaviors of the subjects, family experiences and their influences are expressed. Gender dynamics, food preparation processes and interpersonal relationships denote the processes of interiorization, repetition and ruptures predetermined by past experiences within the means of coexistence. Family influences, however, combine with individuality, building conceptions and beliefs around eating habits, denoting the symbolic character of food and its role in each subject's life, adding subjectivity and affectivity to this form of nutrition. In addition to the symbolic aspects of food, historicity and socioeconomic models should be highlighted as forms of influence in the construction of this behavior. ■

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