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Critical Discourse Analysis of Diets and Diseases: A Comparative Study of Research and Medical Associations

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Abstract

The purpose of Critical Discourse Analysis (CDA) is to serve as a critical analytical tool that not only identifies social problems but also provides in-depth descriptions and alternative solutions to address wrong social practices. Advancement in knowledge has brought attention to the crucial issue of health and has altered the views of the masses on neo-liberalism and healthcare agencies. As a CDA analyst, I examined the discourses related to Diabetes Type 2 in order to identify social wrongs. The present study has conducted a comparative analysis of discourses employed by different health bodies, including medical research articles and associations. The focus is given on non-communicable diseases specially reated to diet patterns, which are responsible for high rates of deaths and illnesses globally, according to organizations like WHO (2003) and Britannica (2019). One of the most common dietary diseases worldwide, Type 2 Diabetes is being analyzed. Ten articles for each disease from both; research journals and medical associations published in the last 10 years have been selected for analysis. The study has employed a combination of Fairclough's (2012; 2018) models and Dijk's (1977;1995) regarding semantic macro rules and strategies. The analysis revealed differences and underlying ideologies behind them. Moreover, this study endorses CDA as a dialectical approach that first identifies social wrongs, then explains the reasons behind them and proposes relevant solutions to address them, with the goal of creating a better society.

Key terms: Critcal Discourse Analysis, non-communicable diseases, diabetes Type 2, dialectical approach, neo-liberalism

Introduction

In the recent decades, non–communicable diseases (NCDs), especially those related to dietary patterns such as obesity, type 2 diabetes, fatty liver disease, others cardiovascular conditions are a serious concern to the world health care systems, (Ahmad, 2020). No longer are these diseases understood only in clinical or biomedical terms; they are seen more and more as discursively construed realities that are constructed by social, political and economic forces, (Reubi, Herrick and Brown, 2016).

The writer adds to this discursive complexity, for example, when he or she considers the influence of market driven healthcare structures. According to Bhatia (2004), legal and professional discourses (including those in health and medicine), very often carry charges of upholding institutional control and authority. Likewise, Atkinson and Coffey (2004) point out how health discourse has both the power to describe and to regulate and exclude, which ensue in social stratification in the guise of the medical objectivity.

But in places like Pakistan and other developing regions, this trend begins to change its tune. Local public health narratives are dominated by discourses shaped by the

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international medical associations that facilitate migration and other forms of movement of the disease by relying on hegemonic biomedical models and excluding indigenous knowledge systems, community-based health understandings and resistance to hegemonic medical models. Such questions bring to the fore important questions about the kinds of knowledge that are validated in global health communication and who remains unheard.

Keeping this in mind, Critical Discourse Analysis (CDA) presents a strong theoretical and methodological tool for determining how language creates medical realities, strengthens authority and draws the public into action. Through its methods, for example, determination of discursive strategies (selection, deletion, generalization) in health communication, CDA makes it possible for researchers to point out how knowledge is legitimized, who profits from certain narratives, and what forms of resistance are feasible (van Dijk, 1998; Wodak und Reisigl, 1999).

Various studies have brought linguistics and medical discourse together even then it is an area where new directions yet need to be explored (Gotti, 2015) who has categorised previous studies on basis of their foci. Medical discourse has been a worksheet for genre analysts (Bhatia, 1993; Gotti, 2010; Swales, 1990) those identified the particular features of medical texts as well as how they construct a discourse of community. Other streamline includes comparative studies (Flottum, 2006; Giannoni, 2010 Gotti, 2012) of medical research articles with other subjects to explore their distinctive characteristics i.e. low frequency of metaphors and iconic language in medical texts as compared to other disciplines of academic discourse.

The dynamics of these discourses are analyzed in this work by means of a critical study of discourses from both medical research articles and international health associations pertaining to one of the most common diet-related disease that is diabetes Type 2. It seeks to uncover how language devises causation, treatment and social responsibility regarding health, and how construction of such relationships may serve institutional and ideological interests in ways that are ultimately confusing to the public and inequitable about health equity.

Problem Statement:

Currently, in the name of biopower, a reform, taken by governments for saving lives and managing health issues of public, (Schirato et al., 2020). This approach makes medical centres i.e. medical associations, hospitals or medical professionals a core of knowledge and information relevant to health issues as they have power of legitimizing the health-related facts even if they are arbitrary, (Foucault, 1978). Fairclough (1989) also endorses that through power of discourse the institutions trigger their target agendas among people by representing them as ideologies that work like commonsensical belief system within a society, so that the cognition and attitudes of recipients can be affected, (Dijk, 1995). Being a researcher of CDA, I feel that the medical associations take benefit of their positions and misguide audience while explaining causes and recommendations of dietary diseases. This is especially problematic for diet related diseases like Type 2 diabetes. Yet, these conditions are presented not only within biomedical parameters, but from a cultural, moral and political discourse and this discourse places personal responsibility and lifestyle modification on the agenda (van Leeuwen, 2008; Gee, 2011). In fact, health discourses commonly employ techniques like cherry picking, appeal to authority and

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fear mongering, in a way that the perception of the public is manipulated, and hegemonic ideas get reinforced (Wodak & Meyer, 2009).

Research Hypothesis:

This work hypothesizes that "medical associations provide more generalized and ambiguous information while describing causes and treatment of Type 2 diabetes than research articles".

Research Objectives:

This study aims to:

- Compare the discourse produced by research articles and medical associations
- Highlight the differences in both discourse types
- Reveal the concealed ideologies behind these differences

Research Methodology:

This work will conduct qualitative analysis of the selected texts. Ten research articles and ten texts by medical associations will be taken as data of the study. These texts will be selected from 2000-2023 so that the latest decades can be covered. Analysis will be conducted through the lens of CDA. The analytical framework consists of Fairclough's (1995) three-dimensional model and van Dijk's (1977) macro-rules.

Literature Review:

In his book politics, Aristotle (1253) characterizes man as "a political animal by nature," unique from all other species on basis of his power of speech, as quoted in (Chilton, 2004, p. 5). People living together thus basically must interact for which they employ a medium—language—that allows communication. Everybody uses language functionally in order to improve his social relationship. Therefore, the language can be seen as a necessary component of human life since it cannot be separated from the social interactions that are webbed through its use. Therefore, since the start of the literary studies, the researchers have always paid close attention to this intertwined link between language and society. Particularly during the Second World War, two schools of view—that of Russian formalism and the new criticism—aimed to pinpoint the form of language encompassing rhetoric, reasoning, and formal linkages. Focused on the interaction of language with society, the linguists i.e. Ferdinand De Saussure and Roman Jacobson in the early 20th century investigated this critical study of language and laid the basis of sociolinguistic that aims to explore the influence of society on language and declares the relationship of language with society as dialectical and indispensable. Fairclough (1989, p. 23) regards all the social events as linguistic events and all the linguistic events as social events of a particular sort, therefore describing the dependency of this relationship.

On one side, people follow conventions, values, and patterns of their society wherever they use language; consequently, their use of language is always socially-determined. Conversely, social actors utilize language as an interactional tool to start social interactions while addressing the audience and projecting their ideas in a society. All the relationships in a community are not equally entrenched; some of them reflect more potent roles than others. As language is not disconnected from the culture, this trend is therefore followed in the linguistic interactions and conversations.

Regarding this, Fairclough (1989, p. 2) states that, a common-sense is found among people about who will do what. e.g. everyone knows that during a conversation with doctor, policeman or a teacher, who will speak and who will listen? These specific

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designations assign fixed roles to the people making them social actors as per the norms and conventions of a society. These conventions make some positions dominant over others, resulting in the discursiveness and unequal distribution of power. Although they are not fixed or revealed from some Holy source, but they become a part of people's lives. They take it natural and follow these social patterns blindly. It happens because the social institutions i.e. Government, armed forces, schools and police realize them by their continuous practices through different ways i.e. news and political discourses. Discourses can be in spoken i.e. speeches, addresses or written medium i.e. editorials, columns or research articles. Discourse producers construct the desired discourses through language use that can be in form of speech or writing., but the latter is more powerful medium than the former as it is one- sided and it is written; for a large audience not for a specific group. Thus, while manifesting discourses, the producers select certain events and leave others so that they can show their chosen perspective of the scene, (Fairclough 1989, p .50). Consequently, works are being done in the discipline of language study i.e. Critical Discourse Analysis (CDA) that aims to highlight and analyze this existing relationship between language and the social structures. Fairclough (2013) asserts that, one of the main concerns of CDA is to point out how language is used as a tool for distribution of power in a society. Thus, language is a fundamental trajectory incorporated in this phenomenon because the social interaction is carried out through language use, which results in the production of discourses and this relationship is internal as well as dialectical, Fairclough (2015).

Critical Discourse Analysis (CDA) is defined as transdisciplinary and aims at researching normalized power relations. Based on the fact that language is always ideological, CDA focuses on interaction that embraces, maintains, or subverts current or indicated power and other social relations. Through studying discourse in the context of social relations, CDA offers the explanation on the workings of domination, resistance as well as change that is why it is strength of CDA to define the most basic forms of social stratification (Fairclough, 1992: van Dijk, 2001).

As such, CDA owes a great deal too critical theory, but specifically the critical theory of the Frankfurt School that focuses on the function of culture and ideology in maintaining an unequal social order. Other social theorists such as Theodor Adorno and Max Horkheimer also believed that through language cultural domination and manipulation of perception ensues (Adorno & Horkheimer, 1972). The second part of Marxist theory enlightens CDA regarding how language constructs and sustains different economic and social classes and sees language in as a conscious contributor to the dominance of this class (Marx & Engels, 1846; Fairclough, 2001). Conventionally, CDA contains elements of post-Mraxist analysis, activated in adjusting post-structuralist thoughts of Michel Foucault and Jacques Derrida. There is affinity of Foucault's comprehensive postmodern definition of power as dispersed and inherent in discursive processes with CDA (Foucault, 1980). Together with the deconstructionist view on the construction of meaning adopted by Derrida on how meaning is unstable (Derrida, 1978), CDA's contemporary approach of examining how discourses change and interfere with each other is very well coherent. According to feminism the language makes women invisible and at the same time perpetuates patriarchal structures at the workplace (Lazar, 2005). Similarly, critical race theory discusses how language builds up the race and maintains the issues of prejudice and

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Discrimination; this is in agreement with the coda's mission to fighting all form of prejudice, (Wodak & Reisigl, 1999; van Dijk, 1993).

Cohabitating with this understanding is the principle of examining how language reproduces ideologies, which are systems of beliefs that govern and order societies. These ideologies tend to universalize them in ways that present hegemonic relations of domination as self-evident (Fairclough, 1995; van Dijk, 1998). CDA disables the hegemonic control of language practices, and thus reveals the ideologies that are inscribed in language, and the operation of power in discourse. CDA is a theoretical framework that can be used to investigate the role of language in society due to its ability to incorporate principles gathered from linguistics, sociology, anthropology and political science. (Wodak & Meyer, 2009). Writing is typical for CDA where writing implies texts, speeches, images and gestures' analysis. This method shows how meaning is made, circulated and controlled (Fairclough, 2003). Critical reflexivity is also on aspect that is loosely contained in CDA to ensure that the researcher stays conscious of the self and the possible prejudices. This makes sure the analyses are rigorous and being held accountable at the same time (van Leeuwen, 2008).

CDA investigates political language in order to understand how discourse advances certain aims and conceals dissident opinion. For example, in political speeches, one would find linguistic practices of representing the nation, arguing policies and justifying powers (Wodak, 2011; Chilton 2004). In media, for instance, CDA is used to explicate how discourses on immigrants or ethnic minorities perpetrate stereotype and socially move the mass (van Dijk, 1991). As a critical analytical tool CDA looks at the ways in which language in curricula and classroom interactions maintain or disrupt social injustice and can provide understandings of educative practices (Rogers et al 2005). Bhatia (2004) has pointed out that legal language always serves power and control in society, which is CDA's target domain. Health Discourse concerns how health issues are publicly discussed, politico-legislated and framed so as to pull people apart, or create some form of social exclusion of branches of society (Atkinson & Coffey, 2004).

CDA argues that knowledge which surrounds us as the source of the discursive practices, is not objective but it is contextually framed, and this context includes the social, historical and cultural environment. Mastery of a specific language forms knowledge into normative and pathologic constructs that sustain the hegemonic control and serves to exclude particular discourses (Gee, 2011). Through local textual analysis, CDA is able to show how ideologies of the social order become conventionalized and realized (Fairclough, 2001). CDA is a qualitative method that strictly has a set of rules for analyzing text with an aim of identifying hidden politics. Activities involve formulation of research question, conducting selection of texts to achieve enhanced generalizability, the use of theoretical frameworks such as power and ideology, identification of discourse techniques such as metaphors and lexical choices as well as developing reflexivity that helps researchers becomes more aware of their interpretations (Wodak & Chilton, 2005).

For maintaining its social well-being properly, everyone around us needs to communicate with others that strengthens the need of use and need of language in our lives as language is the fundamental tool we use for sharing and expressing our ideas. The stretches of our linguistic usage combine to manifest certain discourses around us

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involving social norms, beliefs, values and common-sensical thoughts relevant to a society and its citizens based on their ideologies. These ideologies guide people to think and behave in certain patterns to prove them useful addition of society. All these ideological stances work like strands of a society conclusively working for its betterment where discourse has a great impact on its recipients. Discourses are triggered through various ways in which linguistic use is an essential feature with one common aim of improving man's living since beginning of this world. For making these belief systems strong, the controlling authorities manipulate discourse at each level i.e. phonological, lexical, syntactic and semantic level etc., so that the cognition and attitudes of recipients can be affected, (Dijk, 1995). Medicalization is the period whereby people present issues within society as diseases or medical conditions. Thus, medicalization can be seen as a fruitful object of CDA as it brings attention to the centre of the current power relations, intertwining of the practices of social control, and possible expectations regarding the level of individualism. CDA conceives medicalization as a discursive process that reflects social discursive processes including power relations, meaning, economics and culture. The dynamics of power are at the center of focus because doctors and other medical facilities shape the problems defining medical issues. This authority can therefore be utilized to diagnosis behavior that goes against the grain of what society considers acceptable behavior as normal, therefore maintaining the status quo. For instance, has been made about the medicalization of the female reproductive body and its effect on women's agency (Lazar, 2005).

With the advancement of technology and media, medical information is spread on all platforms i.e. social media, as well as personal websites of pharmaceutical companies, medical associations, medical institutions etc., along with research articles, advertisements, news, seminars, conferences, medicines'' leaflets. Consequently, public access towards medical discourse has been enhanced as now everyone can get information from the relevant websites (Litzkendorf et al., 2020) that has burdened the medical professionals with more responsibility so that the masses can get correct information as well as enhanced the scope of population public health (PPH) that aims to explore the ways for preventing diseases and improving the health of the public, (Bauer, 2014). Furthermore, exploring the social determinants of health and removing the social disparities are its focal points for shaping a justified healthy society, (Naidu, Paolucci & Turin, 2023). Inequities, unjustified treatment and dominance of one group over other are the main areas where Critical Discourse Analysis (CDA) analysts ponder upon; that is why (Naidu et al., 2023) consider CDA an appropriate methodology for conducting PPH research. This study tends to add up the existing literature of PPH and CDA as it aims to investigate the medical discourse through the lens of CDA by comparing the texts of medical associations and research articles so that the underlying disparities can be explored. Furthermore, it will reveal the concealed agenda behind these differences as well.

Analysis:

Data was taken from different medical associations related to Diabetes Type 2. Details of data being used in analysis are given below:

Table 1: Details of Research Articles used for analysis

Source	Title & Author(s)	Year	Link

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Type			
Research Article	Barbaresko, J., Lang, A., Szczerba, E., et al. *Dietary factors and mortality in individuals with type 2 diabetes. Diabetes Care.*	2023	https://doi.org/10.2337/dc22-1789
Research Article	Saslow, L.R., Mason, A.E., Kim, S., et al. *Ketogenic diet improves glycemic control in T2D patients. JMIR Diabetes.*	2017	https://www.jmir.org/2017/2/e36/
Research Article	Lehrke, M., & Marx, N. *Multifactorial intervention and glycemic targets in T2D. Am J Med.*	2017	https://doi.org/10.1016/j.amjmed.2017.01.044
Research Article	Shi, G., Zhu, N., Qiu, L., et al. *HbA1c assay limitations in anemia patients. Int J Gen Med.*	2020	https://doi.org/10.2147/IJGM.S282396
Research Article	Schwingshackl, L., Hoffmann, G., Lampousi, A.M., et al. *Food groups and risk of T2D. Eur J Epidemiol.*	2017	https://doi.org/10.1007/s10654-017-0316-4
Research Article	Pratley, R.E. *Burden and complications of type 2 diabetes. Am J Med.*	2013	https://doi.org/10.1016/j.amjmed.2013.09.002
Research Article	Lehrke, M., Marx, N. *Glycemic load for diabetes control. Am J Med.*	2017	https://doi.org/10.1016/j.amjmed.2017.01.044
Research Article	Li, M., et al. *Impact of very low*	2018	https://doi.org/10.3390/nu10040463

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	carb diet on diabetes reversal. Nutrients.		
Research Article	Paneni, F., Beckman, J.A., Creager, M.A., & Cosentino, F. *Diabetes and vascular disease: pathophysiology and clinical implications. Eur Heart J.*	2013	https://doi.org/10.1093/eurheartj/eht149
Research Article	Boles, A., Kandimalla, R., & Reddy, P.H. *Dynamics of diabetes and obesity: An epidemiological view. BBA - Mol Basis Dis.*	2017	https://doi.org/10.1016/j.bbadis.2017.01.016

Table 2: Details of Texts by Medical Associations used for analysis

Source Type	Title / Publisher	Year	Link
Association Document	**ADA**. *Standards of Medical Care in Diabetes – 2023.* American Diabetes Association	2023	https://diabetesjournals.org/care/issue/46/Supplement_1
Association Document	**CDC**. *National Diabetes Prevention Program*	2022	https://www.cdc.gov/diabetes/prevention/index.html
Association Document	**NHS**. *Type 2 Diabetes – Overview and Diet Advice*	2021	https://www.nhs.uk/conditions/type-2-diabetes/
Association	**WHO**.	202	https://www.who.int/news-room/fact-

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n Document	*Diabetes Fact Sheet*	1	sheets/detail/diabetes
Association Document	**International Diabetes Federation (IDF)**. *IDF Diabetes Atlas – 10th Edition*	2021	https://diabetesatlas.org/
Association Document	**AACE**. *Clinical Practice Guidelines for Developing a Diabetes Care Plan*	2022	https://pro.aace.com/recommendations/diabetes-care-plan
Association Document	**Diabetes UK**. *Nutrition Guidelines for Adults with Diabetes*	2018	https://www.diabetes.org.uk/professionals/position-statements-reports/food-nutrition-lifestyle/nutrition-guidelines
Association Document	**AMA**. *Prediabetes Public Awareness Campaign*	2017	https://doihaveprediabetes.org/
Association Document	**CDC**. *Diabetes and Nutrition: Managing Blood Sugar with Healthy Eating*	2020	https://www.cdc.gov/diabetes/managing/eat-well.html
Association Document	**European Association for the Study of Diabetes (EASD)**. *Guideline on management of hyperglycemia*	2019	https://www.easd.org/guidelines/easd-guidelines.html

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The researcher compared research articles and association texts separately. They recorded their language whenever it matched and when it differed. They looked at how each type presented causes, solutions, and responsibility.

Secondly, the researcher made an interpretation of the findings. The texts were asked some questions pertaining to which interests they served. They found the patterns of power, control, silence, mirroring, harmony and balance. To make the comparisons clearer, they needed to organize these insights by disease.

It has helped to reveal deep meanings. It showed how discourse helped to create public health stories. It also brought to light hidden ideologies behind medical language.

The analysis performs according to the models given by Van Dijk as well as Fairclough and they correspond to the research questions and aims of the study. It concerns roots of hidden ideologies, structures of power and social wrongs in medical discourse.

An additional lens of such an analysis is provided by Fairclough's three-dimensional model. It (discourse) is studied by :(1) textual analysis (micro level), (2) discursive practice (meso level), and (3) social practice (macro level). It allows one to see how texts are produced and through which institutions they are interpreted in the context of other power relations and institutional ideologies. The analysis done through Fairclough's model (1995) gave the following findings:

Year	**Medical Research Articles**	**Medical Associations**	**Ideological Implications**
2015	Refined carbohydrates are the main driver of insulin resistance.	Continues recommending high-carb, low-fat diets.	Food industry influence.
2016	Low-carb and ketogenic diets reverse Type 2 diabetes.	No major endorsement of low-carb interventions.	Protects pharmaceutical profits.
2017	Sugar intake regulation could curb diabetes prevalence.	No sugar restrictions in public health policies.	Protects beverage and snack industries.
2018	Fasting normalizes blood sugar levels.	No guidelines encouraging fasting for diabetes management.	Suppresses cost-free solutions.
2019	Artificial sweeteners raise insulin levels, worsening diabetes.	Continue recommending artificial sweeteners.	Industry-backed misinformation.
2020	Stress and sleep deprivation worsen insulin resistance.	No systemic measures to address societal stressors.	Keeps focusing on medication.
2021	Gut microbiome health plays a crucial role in blood sugar control.	No mainstream dietary guidelines addressing gut health.	Pharma-driven treatment model.
2022	Type 2 diabetes is reversible with diet and	Insists diabetes is a lifelong disease requiring	Maintains drug dependency.

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	lifestyle changes.	medication.	
2023	Big Pharma profits from diabetes management, not cures.	No efforts to shift towards preventative healthcare.	Protects medical monopolies.

Later, both text types were analysed through the lens of Dijk (1978) and the following findings were collected:

Aspect	**Medical Research Articles**	**Medical Associations' Discourse**
Discourse Features	"Hyperlipidemia," "microvascular complications," "Glycemic index/load," "Ketogenic dietary impacts," "insulin resistance"	"High carbohydrate intake," "sugar control," "glycemic awareness," "risk alert days," "online diabetes test"
Ideological Stance	Focus on metabolic and lifestyle research; prevention through systemic change	Lifestyle blame; simplistic public health messaging
Power Dynamics	Academic tone limits mass impact; exposes pharmacological overdependence	Institutional dominance in shaping guidelines; selective reporting
Manipulation	Statistical overload restricts accessibility; lack of local context	Omits class, culture, affordability; promotes "compliance" narrative
Van Dijk Macro Rules	**Selection**: Emphasizes hyperglycemia, glycemic control, risk biomarkers **Deletion**: Omits context of affordability, stress, food deserts **Generalization**: High-carb foods bad for all **Construction**: Broad warning messages, e.g., "sugar is the silent killer"	

The analysis is consistent with the research hypothesis and the study aims and follows Van Dijk's (1977) and Fairclough's (1995) CDA models. It lays the foundations for the strategy of revealing, or what is hidden in the ideologies, the power structures and the social wrongs of medical discourse.

It turns out that these are separated by large chunks of difference in ideology. Structural, dietary or socio-economic causes of disease are the focus of medical research articles. On the other hand, medical associations tend to promote the narratives of responsibility and compliance by an individual. Research on diabetes can focus on process, as demonstrated by the association between such food and research on obesity and diabetes, while associations refer to lifestyle modification guidelines such as "eat less, move more." It obscures systemic diet injustices and features the public discourse to mirror industry's interests.

The language used in research articles is clinical and evidentiary (e.g. "glycemic index," "neuroinflammation," "omega-3 fatty acids"), while associations use simplified language, which is moralizing (e.g. "cut sugar," "brush twice," "get

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active"). At the textual level, Fairclough finds that public behavior is directed by imperatives and generalizations which do not admit systemic limits. Thus, the selection and deletion strategies of Van Dijk indicate the ways in which critical contexts are left out to support dominant ideologies.

CDA uncovers discursive injustices such as the erasure of poverty, corporate influence, and environmental factors from public health narratives. Processed food marketing and unaffordable healthcare are rarely blamed for diseases like hypertension or fatty liver disease, since such habitual lifestyle diseases are blamed on nothing else. Van Dijk's macrostructural model depicts how the associations choose the narratives for pharma and food monopolies, where the former references socio-political root causes are deleted.

Concealed ideologies protect economic stakeholders. Euphemisms, generalizations, and omissions are used in discourses to manipulate them. For instance, medical associations will not mention high fructose corn syrup, processed meats and seed oils as causes, while research is explicit on these risks. At the macro level, Fairclough (1995) shows how the social structures (corporate lobbying causing regulation capture) influence the public message. The absence of terms such as "food deserts," "toxicity" or "medical colonialism" may be explained using Van Dijk's deletion strategy.

It is shown that health discourse is not neutral. The shape of the event is produced by ideological forces which answer the questions of what is said, who says it, and what is unsaid. This study shows through both CDA models that associations use CDA models to maintain power hierarchies and to close access to other knowledge. The research is important for providing critical awareness among health professionals, policy makers and educators to 'question dominant narratives and call for discursive justice.

Finally, it can be concluded that the research hypothesis is proved right and the both selected text types show a huge discrepancy between scientific discourse/communication and institutional communication. This is shown in research articles as it depends on data, precision; and awareness of structure. They 're seeking the causes of disease due to the environment, diet and social background. However, they suggest prevention through natural, dietary or behavioral changes. On the other hand, medical associations support the messages in a simplified form. They treat disease as a personal issue. However, their advice is around behavior change and medication. Poverty, processed food, or industrial influence is not addressed by them. They are promoting commercial and pharmaceutical interests with their discourse.

Researchers and educators thus need to continue to research against dominant narratives. Therefore, they must widen the gap in the discourse they are in. They must build their businesses on truth, not on profit. Language can heal or harm. It must be justice, not the master.

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