

RESEARCH ARTICLE / ARAŞTIRMA YAZISI

**Testing The Projective Methodology On Obesity In Adolescence And Its Family Environment**

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**Abstract:** The aim of this study is to explore the psychic apparatus of obese adolescents within their families in two different cultures: Turkey and France. Participants are composed of a clinical group and a control group, each consists of obese adolescents between 12-18 years of age, with 10 girls and 10 boys, with their families. On the individual level, projective tests (Rorschach, TAT) are applied to the obese adolescents; on the family level, a semi-structured family interviews as well as “family projective tests” (projective geneography test, projective spatiography test) which allow obtaining a figuration referring to the unconscious structure of the family group are applied. The unconscious structure of the family group is assessed according to the test findings. Results showed a profile of dysfunction within the various family constellations: traumas transmitted through generations resulting in narcissistic weakness, sensitivity to separations and void, that voices the obesity symptom. It is noticed that the presence of past traumas that impact generational lineage weaken the inner group, regardless of the families’ country of origin. We present the results of this research through the presentation of two cases of obese teenagers and their families, one Turkish the other French, that are representative of the various families encountered. We show these two case studies by highlighting data from the Rorschach test and family projective tests, then we discuss the common and unique intercultural elements with the examples of these two families.

**Keywords:** Psychology, Obesity, Family Relations, Adolescence.

**Obes Ergen ve Ailesinin Projektif Testlerle Değerlendirmesi**

**Özet:** Bu çalışmanın amacı, obez ergenlerin psikişik aygıtlarını aileleri içinde, iki farklı kültürde araştırmaktır: Türkiye ve Fransa. Katılımcılar, aileleriyle birlikte her biri 12-18 yaşları arasındaki 10 kız ve 10 erkekten oluşan klinik grup ve kontrol grubundan oluşmaktadır. Bireysel düzeyde, projektif testler (Rorschach, Tematik Algı Testi) yalnızca ergene; aile düzeyinde yarı yapılandırılmış aile görüşmeleri ve yanı sıra aile grubunun bilinçdışı yapısına dair bilgi edinmeye olanak sağlayan “aile projektif testleri” (projektif soy-çizimi ve projektif yaşam alanı testleri) tüm aile bireyleri ile birlikte uygulanmıştır. Obes ergenin psikişik aygıtı ve aile grubunun bilinçdışı yapısı test bulgularına göre değerlendirilmiştir. Sonuçlar, aile dizilimlerinde bir işlev bozukluğu profilini göstermiştir. Buna göre, obezite semptomunu ortaya çıkaran; nesiller arası aktarılacak narsisistik güçsüzlüğe/ kırılabilirliğe, ayrılığa ve boşluğa duyarlılığa sebep olan travmaların varlığıdır. Nesiller arası aktarılan, soy zincirini etkileyen ve aile grubunu zayıflatan geçmiş travmaların varlığı, hangi ülkeden olduğundan bağımsız olarak çalışmaya katılan ailelerde gözlenmiştir. Araştırmanın sonuçları, araştırmaya katılan aileleri temsil eden, biri Türk diğeri Fransız olan iki obez ergen ve ailelerinin test bulguları üzerinden örneklendirilerek sunulmuştur. Bu iki obez ergen olgusunun Rorschach testi bulguları, aile projektif soy-çizimi bulguları ve aile projektif yaşam alanı test bulguları gösterilerek yorumlanmıştır. Ardından bu iki ailenin örneğinden yola çıkılarak birbirleriyle ortak ve birbirinden ayrılan kültürlerarası unsurlar tartışılmıştır.

**Anahtar kelimeler:** Psikoloji, Obesite, Aile İlişkileri, Ergenlik.

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## Introduction

According to the European Association for the study of Obesity, 500 million people are affected by obesity in the world and it is said to be the fifth cause of death on a global scale (The European Association for the Study of Obesity, 2020). The difficulties in coping with this disorder are linked to its multifactorial etiological determinism – hereditary, sociological, cultural, environmental, psycho-emotional factors, etc. Over the past few years, obesity has increased in children and adolescents and its clinical forms have worsened. Paradoxically, the cultural pressure to be and remain thin is unrelenting since thinness is deeply highlighted and associated with values such as health, beauty, success and control over one's body.

### The Psychopathological Approach to Obesity: Psychosomatic Trauma and Equilibrium

A lot of research on psychological processes at stake in obesity is currently being conducted and exploring the links between bodily and psychological sufferings. The work from Paris Psychosomatic School (IPSO) is undisputed in the field. Indeed, Marty (1976) puts forward a traumatic situation at the root of the first-psychic-then-somatic disorganization process. Similarly, Smadja and Szewc (1992) make the connection between traumatic and somatic states: soma and psyche are not antagonistic yet they both reveal instinctual functioning methods. When mentalisation is hindered, the regression and the psychosomatic disorganization are at work. The dementalization notion (Donabedian, 2012) appears clarifying regarding what happens with the obese adolescents we meet: dementalization may go along with a poor body image and a physical injury.

Somatic action, in this case weight gain, can be considered according to the model of the psychosomaticians (immediate unload stands in for the processes of mentalization), but it can also be viewed from the angle of a 'symbolizing somatisation', according to Dejours' model (1989). The latter stipulates that the individual's sick body engages mental representations necessary to the planning of the psychological conflict.

Dumet and Ferrant (2009) question the different dimensions of the trauma involved in the appearance of a somatization like overweight. They highlight the existence of a 'psychological circularity', in other words, there are retroacting loops between the trauma and the somatic disorder.

On the occasion of psychological consultations, adult patients with reacting obesity frequently tell of a painful experience bound to a disease few months before the weight gain. "These women have in a way (gotten) fat out of these old unnamed proven experiences, kept until then within them, without being able to unburden the load" (2009). The presence of traumatic events is key to the research we have conducted with obese teenagers and their families.

### The Use of Projective Tests in the Evaluation of the Psychic Functioning in the Obese

During the 80's, the Rorschach test was used to establish the profile of obese subjects. Gonthier and Bouleau (1983) in their study including teenagers describe an undeveloped fantasy life, a weak Ego and defenses poorly adapted to the regulation of the psychic life. They

prefer to talk about "a depression" in obese teenagers rather than a psychosomatic functioning.

Mariage and his colleagues (2005) try to reveal the characteristics of the psychic agency of obese adults using the Rorschach test. In the article they adopt the main types of obesity which are : the psychosomatic obesities (outside the symbolic, ); the neurotic obesities (the food impulse can take the place of the forbidden sex drive), ); the psychotic obesities (the feeding behavior and the resulting "fat body" is a defense against void-related anxieties and annihilation) and lastly the symptoms obesities (in the case of a pathological grieving for instance when the deceased is literally incorporated). In support of Bruch works (1994), the authors distinguish between the subjects those with a developmental obesity, in childhood or adolescence linked to personality disorders, to those with a reactive obesity that occurs after a traumatic event. The main results obtained from the quantitative factors of the Rorschach are very similar to those made by Gonthier (1983). Overall, the authors note that the protocols are labeled with inhibition: The associative blocking limits the expression to a description rather than an interpretation. On the emotional level, it rather sticks to a "wholeness" it deems more valid, even though it can perceive more detailed meanings. One can assume that the effort to a "wholeness" constitutes the search for a unity when dealing with a material that faces boundaries between within and outside" (Mariage, 2005). Regarding the differences between the two types of obesity, it seems that patients with a developmental obesity are more emotionally immature and prone to searching for a 'containing-envelope' than those with a reactive obesity. The authors view coincide with Dumet's according to which, regardless of the underlying organization of one's personality, obesity "allows the subject to move out of a binding psychological and phantasmatic organization and constitutes a psychosomatic adjustment capable of managing the shaky individuation and differentiation processes." (Mariage, 2005).

Gueniche (2008), offers another study using the projective methodology with a group of obese adolescents since childhood. The authors question the anti-depressive function of overweight through the iterative-incorporative conduct (aka hyperphagia) during adolescence. They assume that these young girls experience difficulties dealing with the psychic processing of both narcissistic and object loss, particularly stressed in a context of juvenile transformation and a reordering of Oedipian objects in adolescence. Certainly, hyperphagia that underpins weight gain holds a position within the psychic economy of the adolescent, she particularly quotes Jeammet (1990) for whom this behavior exhibits an auto-erotic function, containing traces of primal objectal investments. Some authors also speak of obesity counter-depressive function. Regarding the results, Gueniche sees in all these teenage girls a deeply fragile identity marked by an inner hollowness. "Obesity seems to be an obstacle and constitutes an impasse for young girls to recognize both the representation of loss associated with consistent sadness affects and a steady female sexual identity" (2008).

Obesity is not systematically underpinned by an hyperphagia behavior, however hyperphagia patients are most of the times obese themselves. Dumet (2006) points out that hyperphagia is a substantial disorder consisting of a massive food intake during or between the meals. On this occasion it is worth mentioning the significant contributions in psychoanalytical psychopathology using the projective methodology in the eating disorders studies : Those dealing with adolescent and young-adult girl populations (Brechon, 2003 ; Vibert & Chabert, 2009) and those regarding bulimic patients (Fabbri, 2000), all agreeing to recognize in these subjects, to a greater or lesser extent, a fragile identity, a fight against the feminine and a central problematic of loss.

Sanahuja worked deeply on the developmental obesity with adolescent (Sanahuja, 2009). It seems to be link to a flaw in the formation of the psychological containing itself, which is a result of a disruption in the early relations to the object and would act as a second psychic-skin compensating for an Ego-skin that the author refers to as “nebulous”. Sanahuja and colleagues have conducted a large scale research following a weight-loss program using the projective methodology (Sanahuja, Cuyenet, Mariage, 2012). They all are morbidly obese patients, but only some of them will benefit from a physical meditation workshop embedded throughout the weight loss process. The study aims to evaluate the impact of this workshop on the re-configuration of the body image through the Rorschach and the Tree tests. These results implied the existence in all of these patients of bodily expressed traumas. In patients who did not benefit from these workshops, the “excitation-shield” system carried out by the Ego-skin has failed, described as “fragile”, while in those who did attempt the shop, the authors note a strengthening in the bodily boundaries and a better processing of the excitation drive. Sanahuja and Belot (2014) come back to this study and specify the Rorschach indicators found in the subjects protocols demonstrating the weaknesses in their “excitation-shield” systems. Another facet of Sanahuja and Cuyenet’s work deals with the family dimension of the obesity (Sanahuja, 2015). Some families are marked by early separations (placement, internship, grief) that breach the containing function of the “family body”. She also notes the fragility of the paternal function whose splitter role is weaker regarding that of the maternal omnipotence. The resulting confusion of the mental boundaries “lead to a fantasy of a common body that annihilates individualities and creates a feeling of interpenetration making the boundaries blurry”. In the context of a fragile “fantastical family body”, it’s the adolescent obesity that would “maintain the familial homeostasis by combating the narcissistic depressive collapse of all”. The adolescent becomes the spokesperson for the family suffering and obesity is designed according the authors “as an attempt at defense against the parents’ anxieties and narcissistic weaknesses that are no longer working as a containing “excitation-shield” for their children”.

## Method

### Sample

The study population is composed of a clinical group and a control group. The clinical one consists of obese adolescents between 12 and 18 years of age, with 10 girls and 10 boys, along with their current families (nuclear

families, single-parented or stepfamilies). The control group consists of non-obese adolescents between 12 and 18 years of age, with 10 girls and 10 boys, along with their current families. The objective of this research is to better understand the family dynamics in which the obese subject evolves to which the transcultural hypothesis is : The unconscious image of the body would differ depending on the culture of the families.

In the clinical group, only teenagers with developmental or reactive obesity will be retained. Psychotic elements in reference to Bruch’s typology (1994) are excluded. The methodology is based on semi-structured individual and family clinical interviews in wich a frame has been developed by the research team. It’s been previously tested on a sample of selected patients.

### Instruments

This research will follow two distinct ways of investigation: that of individual problematics and that of family problematics. On the individual level the methodology consists of projective tests given to the adolescents ( Rorschach, TAT) ; on the family level of a semi-structured family interview as well as “family projective tests”: a test of projective geneography (drawing of a Genealogical tree) and a projective spatio-graphy test (drawing of a “dream home”) “), according to an original idea developed by Cuyenet (Sanahuja, 2015) that allows to obtain a figuration referring to the unconscious structure of the family group.

These two mediating tools offer us the opportunity to access the family unconscious through its projection on a sheet, thus accounting for the metaphoro-metonymic dimension of the family body in its different forms. This in turn allows us to have the opportunity to re-situate the obesity symptom and its transmission in the context of a “family body”. These tests offer us an x-ray of the unconscious image of the family body in its spatio-temporal structure, ie the state of the “skeleton” (through the family tree) and of the “containing envelope” (to through the dream house) of the group (Cuyenet, 2015,2017).

These family tests are imaginary drawings in a projective approach. The family is given a sheet of paper placed vertically on a board and a pen. For the family projective geneography test, the instruction addressed to the family is the following: “Draw your family tree together. You can do it however you want according to your imagination. You are completely free to give it the shape you want in this sheet.” The arrangement of the family tree reflects the conflictual dynamic or not, by which the family deals with its psychic heritage, its intersubjective relationships and the representation of a family identity (Cuyenet, 2015). For the Projective Family Spatio-graphy test, the instruction addressed to the family is the following: “Draw as a family the ideal house of your dreams, you can imagine it as you want in the form of a plan.” The arrangement of the dream house reflects how containing envelope of the family is and how they invest in this ‘living space’ as a representation of the family psychic apparatus.

The analysis of the family’s discourse and behaviors besides drawings makes it possible to better understand the configuration of the unconscious structure of family ties in “the here and now”, to assess the degree of

instinctual investment, to identify the anxieties and the defenses used by the family (synchronic vision).

The Rorschach test consists of 10 cards containing ink stains. Each card in the test differs in terms of shape, color, movement and toning. While some of the cards that can be called as a whole are referring to the body image more; other mirror-shaped cards refer mostly to object relations and interpersonal designs. For the analysis of the protocols in the research, the approach determined by the French School was taken as basis. The important thing in the French School is not only the content of the test, but also how the discourse is made, its continuity and interpretation is of great importance. This school's approach allows to address the unique quality of each card, its visible and hidden content, and to interpret the imaginative and affective connotations it creates (İkiz, 2007).

In the Thematic Apperception Test (TAT), the participants are given 16 cards with the instruction "We want you to imagine and tell a story or story based on the cards given to you". TAT gives detailed information about the personality structure of the individual, object relations, how he/she deal with the depressed position, oedipal conflict, competition among women, jealousy, identification, inner and outer boundaries, anxiety of castration, archaic fears, feelings of anxiety and inadequacy,

sexuality and aggression, early fantasies, defense mechanisms and capacity to stay on its own. It also reveals the active or passive position of the person taking the test against the authority figures. In TAT, just like the Rorschach Test, the continuity of the responses to the test and the internal processes of the person are taken into consideration. Rorschach and TAT tests are seen as complementary tests (İkiz, 2011).

Informed consent of the participants were taken after all the procedures are fully described. First, the semi-structured family interview and family projective tests was conducted by an interviewer and an observer who both are clinical psychologists. While interviewer did the interview and conducted the tests, the observer noted the nonverbal information coming from the family members. The interview, the projective geneography test and a projective spatiography test were applied to the family, respectively. The individual projective tests Rorschach and TAT was given to the adolescent by the interviewer, in a one-to-one setting, after the family tests finished.

The results obtained are statistically compared to those of "control group" families. This way clinical data of "family projective tests" have established a profil of dysfunctioning within the various family constellations.

## Results

The hypothesis regarding the emergence of obesity in adolescence is as follows: the subject expresses through his body a distress associated with a dysfunction in the family group. The symptom of the adolescent holds a central place and allows the maintaining of a family homeostasis, so that each other's place is not in question (Sanahuja, 2015).

In projective test protocols (Rorschach and TAT) of the obese adolescents, the major problematic seems on the area of object relationships and affective areas. In adolescents, the inadequacy of the psychic containment

and the problems in the early object relations that cause this inadequacy are apparent. The existence of an insufficient mother image in early object relations, problems in the capacity to be alone, and early relationships dominated by anxiety and depressive affect in general leads to insecurity in object relations. It is almost impossible to leave and separate from the persecutive object. Short and dull answers on the last cards of the tests are also examples of denial of separation. Eating out, which seems almost the only differentiation method for the adolescent, appears to be a sort of acting out. The deformed bodies encountered in obese adolescents' answers to the tests refer to an unconscious body image where the limits are not clear. When the bodies with ambiguous boundaries are thought to indicate a skin-ego with ambiguous boundaries; the symptom of obesity acts as a protective envelope. When the other's containment can not be protective; adolescent creates a protective area / envelope around himself by eating food. Since the obese adolescent cannot define his/her borders psychically and physically, the narcissistic problematic, feelings of anxiety and emptiness are at the forefront. It is very difficult for obese adolescents to tolerate emptiness. The problematic of emptiness is rejected or covered under all circumstances. Perhaps the obese adolescent's body can be thought like a very good 'cover'.

When it comes to the family dimension, just as in the individual level, narcissistic and identity issues belong to the family group are apparent. Some families are marked by early separations and traumas (displacement, internship, grief) that impact generational lineage and breach the containing function of the 'family body'. Also, it is notable the fragility of the paternal function whose splitter role is weaker regarding that of the maternal omnipotence. The dominance of the maternal lineages strengthen the fantasy of self-engendering, of parthenogenesis as well as the reproduction of the identical.

The resulting confusion of the mental boundaries lead to a fantasy of a common body that annihilates individualities and creates a feeling of interpenetration making the boundaries blurry. In the context of a fragile 'fantastical family body', it's the adolescent obesity that would be at the interface of single and group defense mechanisms aimed at containing the body. This obesity symptom would maintain the familial homeostasis by combating the narcissistic depressive collapse of all. The adolescent becomes the spokesperson for the family suffering and obesity is designed 'as an attempt at defense against the parents' anxieties and narcissistic weaknesses that are no longer working as a containing "excitation-shield" for their children.

We are going to present the results of this research through the presentation of two cases of obese teenagers and their families, one Turkish the other French, that are representative of the various families encountered. The first adolescent is a Turkish teenage boy (B. 14 years-old), the second is a French teenage girl (L.17 years-old). We are going to show these two case studies by highlighting data from the Rorschach test (individual investigation) and graphical tests (family investigation), then we shall discuss the common and unique intercultural elements with the examples of these two families.

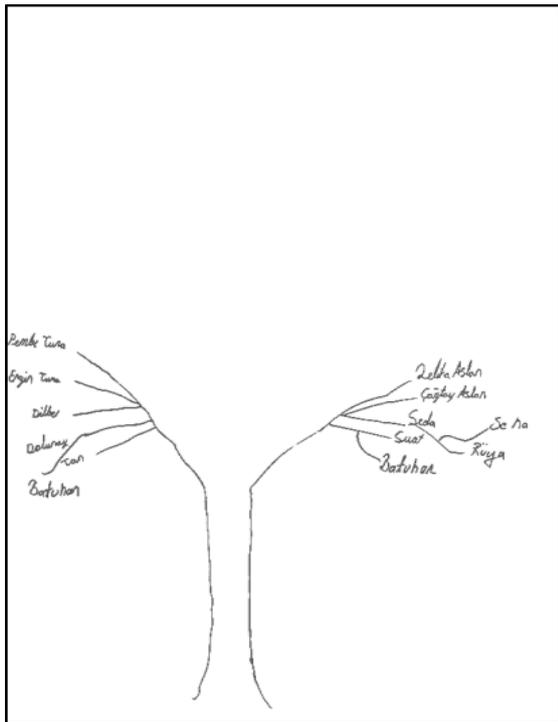
**The Case of B., 14 Years Old, Turkish.**

B. is an only child who came with his mother. She reports a difficult pregnancy: indeed she didn't take it too well, to the extent that she did not want a second child. She always uses the pronoun "we" when talking about herself and her son, as if it goes without saying that they do absolutely everything together, particularly gaining weight: "We are responsible, we are starting to get fat." Besides B. is always stuck with his mother, they spend a lot of time together.

According to her, the family history is marked on the one hand by the immigration of the parents and on the other

hand by the death of her grandfather. The family has been through major famines, that is why its members emigrated. Her husband (B.'s father) is having financial difficulties: he's working a lot and taking on two jobs to support his family. B.'s obesity goes back to his 7th birthday. At the time he would have been diagnosed as "hyperactive". She refused the psychotherapeutic and drug care that had been offered for her son. School was also dismissive towards B. She then explained that the weight gain started when the hyperactive attitudes stopped. Now he is very subdued and hardly moves.

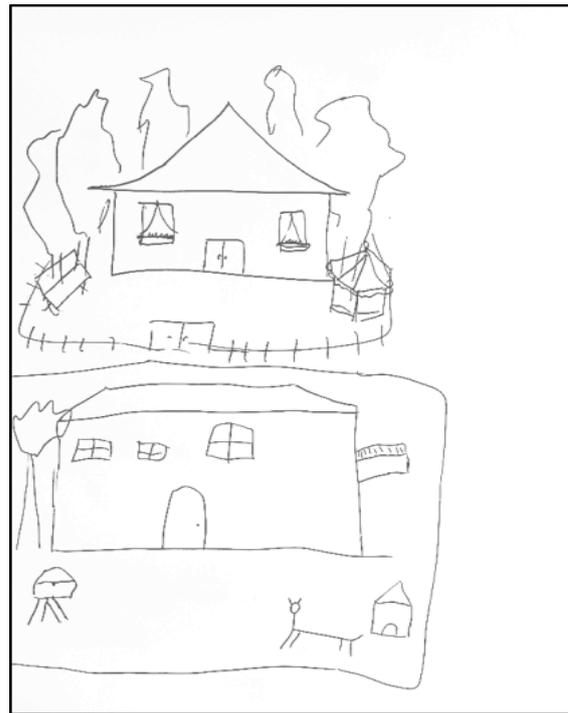
**Figure 1.** Drawing of family tree



In his family tree drawing B. includes few generations (Figure 1). We can also note that very few links between family members exist as well as a total confusion regarding the generations through the image of the undifferentiated mother-son relationship. We notice two splitted branches: the maternal branch on one side, the paternal one on the other. The father and the mother, each show up on their lineage while B. appears on both branches, reflecting B.'s non-affiliation to either families. Each member does not take support on one another thus preventing them to rely on the lineage forefathers. The family-envelope seems rather thinly reassuring, without any support on past generations.

The drawing of the house attests to a fantasmatic life (Figure 2). However both he and his mother have expressed some concerns about it. The mother does not tolerate the void and the shortage. The drawing of the house shows, on the one hand, the symbiotic connection to the body and to the child and, on the other, a distrust of the outside world. The envelope is akin to a protective shell to make up for the shortage : The outsiders are kept outside and they aren't asked for help. Overall, there is an important difficulty in representing a family body (for

**Figure 2.** Drawing of dream home



the mother and the son since they draw together) and a problem of separation / individuation.

Regarding his Rorschach protocol, there are few responses (R =13) but they are of a good formal quality. They are all very simple and not individualized responses until Card VI ("bird, bat, butterfly") then projective movements appear, suggesting a good instinctual life with a libidinal investment in relationships. Card VI "a blooming flower"; Card VII : "two people dancing"and Card VIII : "Here two jaguars go somewhere and here two lions roar".

In general there is an important point in teenagers during the family interviews in Turkish families, however they fully engage in the individual projective tests (Rorschach and TAT) that give them a chance to open up and express themselves, leading to a good connection with the clinician.

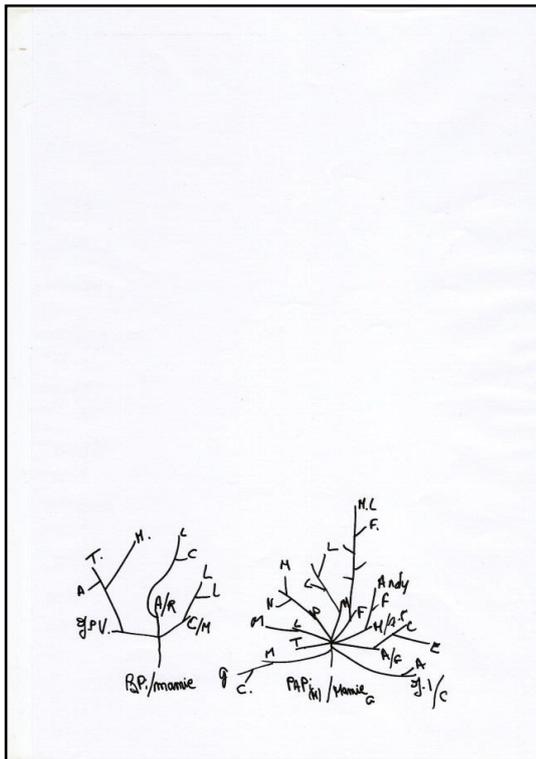
**The Case of L., 17 Years Old, French**

During the family interview all the family members were present: the father, the mother and L.'s younger sister aged 15. The family is marked with the recurrence through generations of cardiac diseases: both the maternal grandmother and grandfather suffer from it as well as the father. L.'s obesity goes back to her 3rd

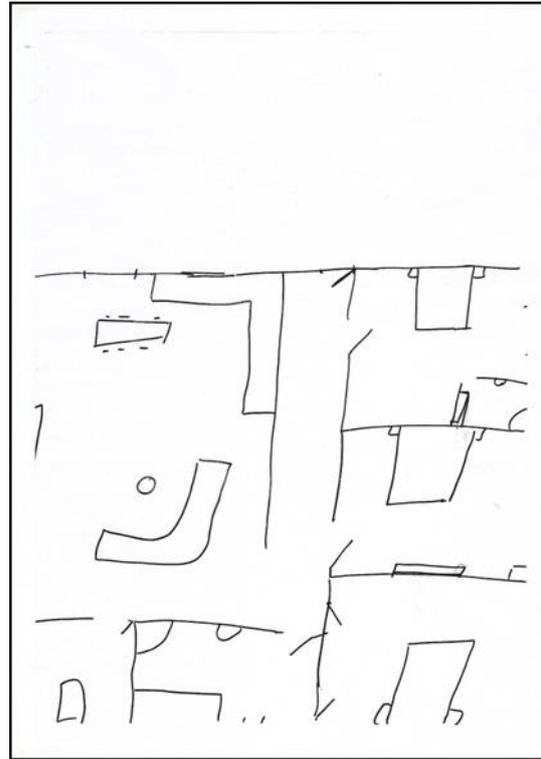
birthday and according to the family is linked to the father's illness.

The mother gives an ideal description of her own childhood. She is very close to her sisters : "I am three" she says. The lack of differentiation with her siblings is also found in her relationship with her eldest daughter. She expresses the need for support by her extended family.

**Figure 3.** Drawing of family tree



**Figure 4.** Drawing of dream home



The family tree drawing shows a preferred affiliation with the maternal family (Figure 3). When describing it the mother assimilates herself to her own parents reflecting a form of confusion. The paternal family seems to be on the sidelines. The maternal family-envelope is valued, moreover it includes the nuclear family including the father (he is registered in the mother side of the tree).

The Rorschach protocol demonstrates the fragility and limits of narcissism when the bond with a mother figure is sought out. In both cards I and VII, L. gives "skin" answers (hard shelled animals), to strengthen the borders separating the inside and the outside. L.'s responses demonstrate the building of significant defensive structures to prevent any instinctive emergence or any conflict. However they remain relevant. Neurotic elements such as questionings around the sexual identity are present. The emphasis on the phallic identifications protect her from more regressive identifications with the maternal imago that weaken their identities. L. seeks to consolidate her mental envelope. Obesity's corporal reality may evoke an embodiment of the necessity to strengthen the borders around one's self. Overall, L. reaches an underdeveloped neurotic-identifying issue (acknowledgement of the castration anxiety) as often the case with teenagers in view of majors oedipal changes.

The drawing of the house demonstrates that the family has difficulty taking over the premise, defining the limits between the inside and the outside (Figure 4). It materialises itself through a very realistic drawing (the blueprint of the house) without edges: It's the edges of the sheet that demarcate the house. This family overinvest the exterior at the expense of the interiority. They evoke a feeling of suffocation facing the 'family fall-back'. That feeling refers to one of the symptoms of the father's cardiac disease (angina pectoris). This family seems to be overrun by separation and death anxieties. Regarding those two graphic tests, the family-envelope seems breached and sparsely containing. These specificities of the envelope also exist on L.'s individual level, for which the obesity symptom may be seen as an inclusion of the family's anxieties.

**Discussion**

Overall, our first results point to the existence of traumas transmitted from generation to generation which result in a great narcissistic weakness within these obese adolescent families. These family traumatic factors manifest themselves through a great sensitivity to

separations and void, that voices the symptom of obesity. The emptiness created by the unconscious (or the unrepresented) of the traumatic history is transgenerationally marked and frustrates the family envelope. This psychic envelope is proving unsafe in the families of obese adolescents and hinders the establishment of an individual psychic space favorable to the deployment of fantasy life and creativity. Some modalities of functioning of these families evoke the operational thinking of the "psychosomatic" families (İkiz, 2016). Obesity, however, can be understood as a symptom of family dysfunction. As such, the obesity of the adolescent can come to give consistency and containing role in the family group.

### Differences and Similarities between the Turkish and French Families

We notice the presence of past traumas that impact generational lineage and weaken the inner group, regardless of the families' country of origin. In these families it is difficult for their members to differentiate themselves from one another, as if they were living under the primacy of an undifferentiated common body. The subject himself does not possess clearly defined bodily and mental borders. The narcissistic issue is paramount (separation and void anxieties) and fantasmatisation seems lowered.

Regarding the general cross-cultural differences between the two countries, we note that the extended family plays a more prominent role in Turkey whereas in France the family group is often reduced to the nuclear family (parents-children). Furthermore, the separation between parent and child takes place in the school entry stage of primary school for Turkish families. The separation happens earlier in French families, during nursery school (early childhood).

With regard to the two groups of obese adolescents, Turkish and French, the comparison shows that we find more individual childhood diseases history with the Turks. Also, the nature of family traumas varies amongst the groups. Turkish previous generations have endured lives of trauma linked to war and immigration (hunger, poverty etc...). Within the French families, we track a prevalence of traumas linked to narcissistic and identity-related issues (mental illness and serious conduct disorders: psychosis, depressive states, addiction, etc...) marked by a fixation on orality (anorexia, bulimia, hyperphagia, snacking). Lastly, we note the importance of the father figure amongst Turkish families, whereas in the French ones, it is weakened in favor of the prominent mother figure.

### Conclusion

The first aim of this research is to add new information to obesity symptom from a familial perspective. According to the information and the observation gathered from the study, it can be concluded that the obese individual experiences and carry the pain caused by a dysfunction in his/her family's psychic apparatus in his/her body. The symptom of the adolescent is placed in a central place in the family, which does not disturb the harmony of the family. This study shows how striking obesity is in explaining the problems in family functioning, and how intergenerational traumas are transmitted in the form of the adolescent's symptom. This clearly demonstrate the importance of working with family ties, when working with the problem of obesity in adolescence. Future studies are suggested to investigate family dynamics further, including the role of paternal function in this symptom. In therapeutic work, by creating a more solid envelope, it may be possible to define one's psychic and physical borders better, to reshape the family structure and to create a better defined family body by giving a new definition to intergenerational traumas.

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