

Group therapy with bodily mediation for obese teenagers. Therapeutic containment when losing weight

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Abstract

our reflection centers on the utility of the psychoanalytic body-based group as a way to take charge of teenager obesity. Indeed, the therapeutic group can work as a containment for obese teenagers when they are losing weight. Indeed, in this period they show a lack of both transitionality and psychic containment which results in a turbulent unconscious image of the body. In this article we will underline the psychic and bodily dimensions of these girls that lose weight and, at the same time, the individual and group challenges of a body-mediated aesthetic atelier. These challenges have a double impact on the individual and group psychic envelope.

Key-words: group, adolescence, group psychic envelope, containment, transitionality

Introduction

Obesity was officially recognized as a chronic disease in 1997, by the World Health Organization (WHO). On a global scale, the number of obesity cases has roughly tripled since 1975. It affects men, women, adolescents and children. In 2018, 35% of adults in the world would be affected by obesity or overweight, which represents about 1.4 billion more people in twenty years. To date, French rate is currently 15.7%. The population of overweight or obese children and adolescents is the most affected one, having it multiplied by 10 in less than 40 years. Nevertheless, even if obesity is related to an energy balance, a disequilibrium between physic exercise and caloric intake, the psychological sphere is implicated for both the origins and the consequences of the symptoms. The difficulty in managing this disease comes from multiple factors that are incorporated into it: epigenetic, physiological, sociological, cultural, environmental, psychoaffective and so on. Thus, French obese girls are not saved from this flow, victims of the judging social glance, they hope to lose weight and to adhere to the body ideal in order to do not suffer anymore. Even today, despite the social movements for the acceptance of different morphologies, the thinness associated with success occupies an important place in the media sphere and in society. To avoid suffering, some girls decide to leave the family home and be taken care of during the school year in institutions specialized in the obesity treatment. I have been working in this kind of institutions as a psychologist and a researcher for more than ten years. In this period, I noticed that the legitimate desire to lose weight exposes these girls to a fragile psychic equilibrium which results in a “de-containment” phenomenon. These findings let me think that the treatment of adolescent obesity requires the implementation of an innovative psychological management. Thus, I will demonstrate in this article the psychic difficulties related to weight loss in many girls, especially if they have developed with this "obese" identity since childhood. In addition, we will highlight the need for specific therapeutic groups, such as a “Look”, a body mediation atelier, to accompany weight loss.

Some psychic characteristics of the obese teenager who is losing weight. From the lack of maternal container to the unconscious image of the "nebulous" body.

First of all, we should underline that obesity has its origins in the biological body, this is a medical term which describes the psychic state of a person with a “*fat mass excess*”. This excess, this body, can make the subject suffer since it “*represents a difference or even a handicap*”. It does not collimate with the body social image which needs to be aesthetically thin. This somatic state and the negative intersubjective experience are inscribed in the unconscious image of the obese subject's body. This somatic state's impact on secondary narcissism will produce a negative self-image, however, in certain subjects it finds an anchor in the primary affective and libidinal experiences, in the moment of nutrition. A malfunction of the intersubjective relations, related to an original lack of maternal containment, would be an important factor in the failure of the unconscious body image building of the obese subject (Sanahuja, 2011). Later, it will become a subject's symptom, a short-circuit, an hyperphagic eating behaviour with an immediate emotional response (3) and a confusion of emotions, affects and of the unconscious body image. Consequently, an ill-defined, fragile and deformable unconscious image of the body develops in the obese subject, which refers to a "nebulous" (4) (Sanhuja, 2009; 2011a) "Skin Ego ", whose main function is of the type protective. We can as well refer to the developmental obesity described by Hilde Bruch as connected to an oral fixation, due to the primary interactional deficiency. According to her, some anxious or depressed mothers (Bruch, 1974; Trombini et al., 2003; Banis, 1998; Jonhson, 1994; Stradmeijer, 2000) are unable to intuitively perceive their child's needs and proceed to a systematic filling which constitutes the genesis of the obese hyperphagic behavior. This primary link lack is also linked to a deficiency of the maternal container (Sanahuja, 2011a, 2016, 2019). This deficiency can be explained by the fact that the caregiver lacks the resources for the alpha function (Bion, 1962). The mother struggles to psychically contain the baby and he can not assimilate and make a sense of the experiences (Féres-Carneiro, T. e Do Carmo De Almeida-Prado, 2009). This failure in the intersubjective relationship has an impact on the subject's "formation and activity of the preconscious" (Kaës, 2012, p. 168). Actually, the mother has the function of containing, filtering, protecting and interpreting archaic experiences, bodily sensations, so to cope with the baby disorganizing excitations. As Debray underlines (1991), the maternal psychic organization, her preconscious modalities have a fundamental role. According to this perspective, “*the mother preconscious is an important aspect to be signified/interpreted for the baby*” (Kaës, 2012, p. 168). If the mother defects in her interpretating function, the subject will risk developing with a preconscious defect (Marty, 1990) and with a mentalization defect linked to the difficulty in associating the representations of things with words. The obese subject thus has flaws in his transformative process (Féres-Carneiro, T. et Do Carmo De Almeida-Prado, 2009). Indeed, most of these adolescents find it difficult to verbalize their history, emotions, affections and to fantasize and mentalize, which refers to an alexithymic functioning and an operative thought. They have no access to the

symbolic, they cannot elaborate on the basis of their experiences. And even the libidic drives are not recognized. Their psychoaffective sphere is perturbed, the emotional and affective experience is "crystallized" in the eating act. They resort to the nutritional object (bulimic hyperphagia) to calm the state of internal tension linked to the emotions and the anxieties experienced (Sanhuja, 2011a).

Transitionality and psychic boundaries lack: a separation issue

The malfunctioning of the original interpersonal relationships has an impact on the process following the oral separation-individuation phase (Sanahuja, 2013) and is therefore connected to a difficult separative process from the maternal object (Bruch, 1973; Sanahuja, 2013). Fathers are more distant, they do not often intervene and when they do it is in a maternal way, which reinforces the problematics of the original interpersonal bonds. It should be reminded that the father is the principal *third* in the mother-baby dyad and in their symbiotic status (Golse, 2006). He creates a new thinking space which later will allow the emerging of the transitional space. This area is defined by Winnicott as a "intermediate experiencing area": "*a resting place for the subject who is busy in the human eternal job of maintaining the external and internal reality both separated and connected*" (Winnicott, 1931). In other words, this is what we find in subjects which manifest evolutive obesity, for whom the absence or lack of a paternal figure implies a difficulty in integrating the third function. This leads to an unavailable transitional area and to a permanent mother-child symbiosis which will interfere with the adolescent separation. Thus, when the third function does not work properly there could be a psychic immobilization (Drieu et Hurvy, 2015). This could lead to a fixed symbiosis in both the maternal and the peer area, being the last one a secondary belonging group. The absence of the separation need brings an object fixation which obstacles the differentiation process, this is what we find in the obese teenager. He struggles with the object interiorization and this leads to a transitional space deficiency, which appears in the psychic space and in the function covered by the object (Mc Dougall, 2004; Sanahuja, 2011b). We can also articulate the lack of transitionality with the conceptual dimension we have introduced for understanding this symptom. It will appear as a psychic container pathology, its manifestation will be a psychic envelopes alteration, linked to the poor quality of early relationships (Sanahuja, 2012). We can deepen this alteration in the problems of the boundaries of the two psychic envelopes to which Anzieu (1971) refers to: those of excitement and communication. We specify that the psychic envelope is located at the limit between the internal and the external world. Like any limit, this is in contact with both sides. Each surface ensures the permeability between internal and external world. Anzieu asserts that the external side acts as a shield, it reduces the effects of the external exciting elements. The internal side instead moderates the subject reactions toward the environment, this is the communicative slope of the psychic envelope. From this point, Anzieu deepens the transitional area posed by Winnicott (1971). According to Anzieu, the transitional area is the separating space between the internal and external world. Anzieu thinks this is the extension of the articulation between the exciting and the communicative

surface. When the transitional area lacks, as in obesity, there is a communicative emptiness, communication is cold, impassive and inexpressive. This deficiency appears in an improper or absent gap between the two worlds, which results in a transitional object dysfunction that makes the subject divest on emotions and communication. Metaphorically, the envelopes can be "stuck together" or "unique". Given that, there is no space for the subjectivizing creativity. This is the reason for the adolescent communicative difficulty, which many researches underline (Sanahuja, 2014; 2011b). Thus, the subject grows with a fantasmatic deficiency, with an operative and psychosomatic functioning and alexithymic. Furthermore, transitional deficiency reinforces bodily change and the undifferentiation process (Sanahuja, 2017). It seems that the attack of the body, symbolized by the destructive emotional food relationship, would embody a defensive form against the ego / non-ego indistinction in adolescence. This process may result in addiction. In particular, Apfeldorfer (1997) describes the strength of dependence on external objects that replaces the one on "nutrition". In this way, eating goes towards the impossible separation in order not to separate completely. In this way the processes related to autonomy puberty are seriously hindered. Bonding to the maternal object and the absence or deficiency of a separative third can generate a transitionality lack (Sanahuja, 2016). Indeed, the integrative impossibility, the absence of a third subject that detaches the maternal-infant symbiosis (Jeammet, 1989) creates a symbiotic continuity with the nutrition object.

The losing weight teenager and the “de-containment” phenomenon

Firstly, we should remind that these teenagers have grown up narcissistically with the evolutive obesity postural model. When these subjects lose weight, numerous phenomena appear. Indeed, slimming both enforces and psychically upsets these girls (Sanahuja, Cuynet, 2011). Analysing these girls, we discover numerous and widespread anguishes, depression, auto and hetero aggressive acting out (verbal, harmful, physical violence, suicide attempts). Indeed, they do lose weight but they do not perceive it, which affects their unconscious body image (Schilder, 1950; Dolto, 1984) and their knowledge about themselves, their body, and their limits. Thus, physical pubertal changes and slimming stress the body's unconscious image deficiencies. These considerations agree with the ones made by experts (Isnard, 1994; Raich, 2007; Bruch, 1994; Slade, 1994, Sanahuja 2011). These girls experience a narcissistic loss, their identity is perturbed. In addition, they can not count anymore on defence mechanisms based on obesity. As a consequence, they face a “de-containment” phenomenon, a self-loss, since they lose their body defence. Despite the de-containment experience, we also observe a feminization phenomenon in some of these teenagers. When these changes are going on, they ask for narcissistic support by the carers. When the last ones accept to do it, they act a maternal role, offering a reassuring and containing function. They enhance the girls, offering a positive body image of themselves and congratulating during the body metamorphosis. We believe that these girls need to be psychically enveloped to lose weight. To answer to this containing need, the girls dispose of a bodily mediated group atelier named "look".

This atelier proposes some techniques to improve the experience of the unconscious body image. In this therapeutic perspective, we started from the subject operative functioning. Through the body experience and the considerations about its borders, we help the subject psychicize her experiences so to live her feelings in the mirroring of the therapeutic group setting. Starting from these considerations, the therapeutic process can settle in the space of the transitional area. This place could become a therapeutic tool to operate the passage from the transient to the transitional, so to allow the subject to leave a nebulous body image.

Group therapeutic disposition and "reordering" space:

Groupality

According to Jacquet (2016), the adolescent body-psyche adjustment cannot take place without "the encounter with the other" (Jacquet, 2016, p. 405). Through group immersion, the subject finds the way to creativity and space that allow for body processing. To be noted, the adolescent process refers to a search for subjectivation (Cahn, 1998; Gutton, 1996, 1991) and for separation-individuation (Blos, 1997). The success of this adolescent process can be assessed when a body-psyche adjustment appears, that is, when the egoic transformation is in relative equilibrium. Indeed, due to the various adolescent upheavals (among others the pubertal phenomenon, the oedipal decline), the subject finds a balance and can integrate a transforming body image with new limits that define identity. The ego is then much more satisfied and it finds homeostasis. Adolescence is commonly perceived as a period of differentiation from parental figures, achieved thanks to the peer group. This is the reason why we chose the therapeutic support of the group to help the teenagers restore their body image and improve their narcissism. In fact, this allows girls "to exist in the eyes of others" (Rouchy, 1990) and not to feel alone when facing their disturbance. We chose the body group support because it reaches archaic and profound subject levels (the primary group). In the atelier setting the body regression (experienced by the subject) has a group nature and goes along with the syncretic state posed by Bleger (1979). More precisely, the syncretic psychic bottom develops at the same time at the individual level and in the interpsychic bond with the mother which is sustained as well by the envelope of the family body. The group Ego is the individual Ego fundament. The regression need toward a syncretic group ego enables the internalization of the external group. The sustaining function of the carers group and the group itself allows the subject to feel similar to others, to share the same anguishes and body between "obese subjects". Also, Houzel (2005) sustains that the group psychic envelop provides a stability fund to the subject. So, the passage through the group elaborates this stability need. The group talks to the group inside the individual, thanks to the maternal envelope which it procures.

Therapeutic body mediation and corporeality

"The so-called "mediated" psychotherapies are used in order to produce an effect of language, and more precisely of word, where this is lacking or is suffering" (Kaës, 2012, p. 165). According to Roussillon (2011), the mediated therapy device is

based on taking charge of the transference dynamics and "the subjective appropriation of the challenges of the symbolization work" thanks to a malleable medium. Roussillon underlines that the mediating object should match with the subject sensory-motricity so that the connection between perception and hallucination can create a specific kind of transference. The therapist guarantees the setting within which the mediating object displaces its phoric function (attracting, gathering, containing, and carrying what is transferred), its semaphoric function (signifying shape, beta element), and its metaphoric function (symbolization/giving sense to the signifying shape into representation, transforming the beta element into the alpha one). The main scope is to let the object appropriate his subjective experience, incorporated in beta element or pictograms. Sensory-affective-motricity traces are necessary to access representation (Brun, 2011). The mediator activates hallucinated sensations which are re-actualizations of unsymbolized experiences and registered in body sensoriality. The primary symbolization process will be restored (transformation of body experiences into pictograms or beta elements). However, this process needs the support of the transference relation which re-actualizes the primary bond with the object. These body techniques activate identification processes. They will sustain psychic envelopes whose plastic or incorporative deficiencies do not permit narcissistic inscriptions and representation. The primary bond re-activation allows the subject to stay in touch with his sensations, affects, and primary identification ideal. "Body mediation techniques, making use of transference as well, constitute the staged body, support to sexual drives ob body functions, trough body, and language symbolization" (Allouch, 2011). As far as the physical therapeutic approach is concerned, many psychology researches (Bruch, 1974; Raich, 2007; Sanahuja, 2011) assert that a revision of the unconscious body image is necessary for the cure. As a consequence, we introduced specific techniques to better self-representation. Indeed, we proposed a group therapeutic aesthetic atelier (5) which focuses on modifying one's appearance perception. The atelier promotes and accompanies the slimming process with a multidisciplinary approach (6). The subject experiences an Ego and Narcissism reinforcement thanks to the carer and her maternal body mediated job. The following clinical vignette highlights the importance of the group psychic envelopment to delimits the unconscious body image.

Clinical vignette

First of all, it should be remembered that this atelier (7) is a room prepared in a place conceived as a "transitional space" as Winnicott (1971) meant it. Throughout the year, Carlotta came in the atelier every week. She is one of a group of six girls (8). She chose this atelier because like the others she lacks self-confidence. She feels bad in her skin: "I hate myself, I'm a big pig!". She cannot stand her image in the mirror. She has avoided it for a long time. The three carers ask Carlotta and the girls what care they want in the first hour. The carers protect the setting stability during the sessions to maintain group cohesion and the unified group psychic envelope. This is why they are always present and always take care of the same girl. Once the girls

decided which care they desire, they take place in the hall. Carlotta changes her habits and for the first time, she sits down in the common room armchair, accepting to receive the care in front of the others. Before this session, she always stayed in the relax area, far from the looks, hidden by the screen. The carer Isabella is surprised by this change and she does the facial care, explaining with a sweet voice what she is doing. Isabella applies a clay mask which generates two sensations: a first one of fresh and well being and a second one, when the mask hardens, of hot and tension. In this way, the subject can become more aware of her skin and its limits: this can evoke the packing methods in the work with adult patients (Racamier). While the mask hardens, Carlotta lays down, with her eyes closed. She lets herself be lulled by the music, made by sounds of water onto a sound background. The smell of beauty products spreads around the room. So, the smell and music surround Carlotta and the other girls. During this regressive moment, the carer Clotilde and Maria take care of the other girls. Some become able to compare with the other girls. Some more can even look at themselves in the mirror accepting their image without shame. Others isolate in the relax area with the carer. Later, when the mask hardens, Isabella takes it off with a warm sponge, soothing her skin. The subject experiences a pleasure restoration by the carer. The well-being keeps with the application of a toning lotion and a moisturizing cream applied with a massage. Isabella ends with a scalp massage that makes Carlotta feel more enveloped. Thus, the use of tactile allows the acquisition of limits that favor differentiation, the boundary between the inside and the outside. After the treatment, Carlotta gets her make-up done by the mirror. Isabella tells her she is beautiful and, once the maquillage is over, Carlotta as well says she feels beautiful. After the session, during the verbal elaboration, the girls congratulate each other. The carers do the same with a positive speech. Each girl allows herself to express how she felt during the session. The carers ask Carlotta why she changed her habits: "I feel good in the group, I feel reassured, I wanted to change place.../...it made me feel good.../...I feel relaxed, I was nervous before I came here.../...I was waiting for the end to go swell my face but I do not want it anymore, I do not feel distressed!". The whole group feels like being in a reassuring envelope.

Active functions and processes in the device

In our device, we, therefore, use the benevolent group support (secondary group) oppositely to previous experiences to guarantee a feeling of security (Manga-Carrola et al. 2018). This offers a space for identification and differentiation. Indeed, our population experiences difficulty in separating from the family (the primary group), especially from the maternal object. However, to work on this separative problem, according to Chapelier (2019), the specificity of the group in adolescence is to pass from the family (primary) to the fraternal (secondary) group. This passage in the setting of our work is favored thanks to the proposed therapeutic device. It bases on body care and speech freedom induced by the free association in the moment of verbal elaboration. This group work allows a certain regression, a group illusion in adolescents, and the creation of a common body that reinforces a common identity and the expression of fantasies. It also allows "a psychic reorganization through the

internalization of a redifferentiated group" (Chapelier, 2019, p.12). From this point, the process of the secondary group triggered by the device will become therapeutic because it allows adolescents to elaborate elements of the internal group (9) (Kaës, 1976). We specify that these elements (body image, original ghosts, object relations systems, identifications networks, oedipal and fraternal complexes, imago, and the image of the psychic apparatus) are introjected via the primary group and are transformed within the secondary one. This transformation allows the subject to detach himself from parental icons, to differentiate himself from the primary group by identifying with his peers and passing through the path of the body.

The body path and psychic impacts

Within the group, the sharing and pleasure dimension constitutes an essential point of updating primary care, to work on the intersubjective supportive bonds and affective sharing (thus working on the possible affection composition for these patients in difficulty with the emotional register). Therefore, it seems necessary to start from the symptom and make the subject re-experience emotions and sensations that reactivate missed early primary interactions. In this setting, the subject experiences a regression, rediscovers her body and its limits. We help the subject relive what did not work, what was unsuccessful (touch, word, and so on) "we have never been touched like this.". So that she can verbalize, metabolize, and access the experienced sensations. Working on the excitement envelope linked to the communication one, we progressively help the subject create delimited internal space, a boundary between the internal and external world that favors access to transitionality. These limits, as a result of body care, are also created on the redefinition of the subject's identity, favoring a more consistent self and a feeling of internal security.

Besides, this transitional space repetition allows the subject to create a limit through the setting rhythmicity and favors the object permanence, repetitively, facilitating the subject's introjection of a stable and solid internal setting. By passing through the body and the group mirror, the subject can thus redefine herself basing not only on the weight aspect.

Containing group effect on adolescents and unconscious image of the "bounded" body

At the time of the débriefing with the carers, we interpreted Carlotta's change of place as a search for group cohesion with the other girls, to form a body to find a containment envelope that protected her from anxiety. The group ensured a para-arousal and containment function for this girl. Thus, the therapeutic mediation group can be containment support for these obese teenagers who are weighting loss, who have a psychic container defect, which results in a perturbed unconscious body image. We have focused our attention on both individual and group challenges, which are activated within the beauty studio. These challenges have a formal impact both on individual and on group psychic envelope in terms of psychic delimitation. The group support with therapeutic mediation gives these girls "a reassuring and curative envelope". Metaphorically, too, the group can represent a psychic limit that

corresponds to the implementation of a protective and defensive second psychic skin, which favors a phenomenon of containment. The containing effect that the group experiences is also linked to the different psychic envelopes (sound, olfactory, tactile, visual) that provide the relaxing state in which the girls find themselves. The therapeutic device also allows the unfolding of a relational envelope that favors secondary narcissistic identifications, the subjects struggle against an existential loss linked to weight loss. They identify with the permissive and re-narcissistic model of the carers. They appropriate their body changing thanks to their reflection in the mirror and the compliments that accompany that image. Then the group dynamism supports individual defences and this allows internalization processes of the reassuring limits for the safety that the body mediation atelier offers to every teenager. The setting also acts on the subjects redefining psychic, individual, intersubjective, trans-subjective, and group limits (Sanahuja, Cuynet, 2012). The girls internalize the group and its envelope thanks to the identification processes as well. Mirror effects in the group influence the way identification processes emerge, and threatening them contributes to the girls' psychic improvement (10).

The group experiences an enveloping effect in the atelier setting that promotes well-being: "I felt good", "It is relaxing", "I fell asleep". It favours the consolidation of the para-excitement outer skin, thanks to that of inscription (re-narcissistic symbolic traces that reinforce self-esteem). The first psychic skin can thus consolidate. Indeed, the psychic envelope becomes more flexible and less "nebulous", and this materializes in an ability to think about the group, reflect it, and also in a weight loss that adolescents experience. Concretely, according to the sessions and their measure and weight loss, adolescents become feminized. In the moment of "verbal processing time", they increasingly verbalize to the group how they feel. They feel much better in their skin. They are less locked in "their body" and their obesity. We observe that they are more directed towards each other and the outside world. Their unconscious body image consolidates and becomes more "flexible" and more "delimited". The group allows the subject to redefine her place through the other. She can thus receive reassurance. And the subject can progressively define herself on the base of her identity. Finally, the effects of this transitional space on the subject favor a "detachment" from the object, we are witnessing a transition from the transitory function to the transitional space that the girl has internalized. This step allows the latter to disengage from the process of incorporation and tend towards introjection, identification, and subjectivation: the preconscious becomes more operational. The morphopsychological change consequently has an impact on the subject's place at the level of her family body, which can also lead to an internal reorganization, with a balance of isomorphic and homomorphic poles, which allow more flexible group homeostasis.

Conclusions

The original idea of this text is to approach the eating pathology not at a biological level and through the eating prohibition but as a limits redefinition. In this way, we can overcome the oral therapeutic stereotype which says to eat less to lose weight.

We replace the obesity treatment in another context other than overeating, in that of the treatment of a not feeling good in space, which one can express only through a bulky body. In this oversizing, we immediately work on what is showed in the therapeutic atelier; to allow the patients to feel better on the personal level and at the interpersonal and social level as well. From these assertions, it seems important that the institutions caring about the physical symptom of adolescents, take advantage of this therapeutic mediation. Besides, group experiences are important in institutions and they can be a therapeutic base for the individual. The group device can thus become a therapeutic tool and establish a new way of taking charge of psychosomatic pathologies. These places allow adolescents to access mental representations of their emotions, their anxieties, and their bodily sensations and this can change their "food" behavior as they become aware of the link between emotion and food onset.

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Notes

1. Our considerations concern female obese teenagers since this was our observation sample. Specifically, we refer to pubertal obese girls which grown-up developing evolutive obesity: look for definition on page 2.
2. The institution's goal is to take in charge obese teenagers during the school year, to help them losing weight with a multidisciplinary approach (dietetics, psychological, sporty and educative). Separated from the family, these girls benefit from a "bio-psycho-sensorial approach" whose main purpose is to help the girls becoming autonomous in understanding their internal body sensations. Our model is different from the classic dietetic one which bases on a low-calorie regime and eating equilibrium.

3. Hyperphagia is an eating syndrome, the subject assumes a huge food amount.
4. Our work made us describe these teenagers' Ego as "nebulous" and with a protective function. This means that they use their huge body image to impress the other and, on the other side, to create an amortizing space to dissolve the external stimuli aggression.
5. Atelier "look".
6. Nurse, educator, care assistant.
7. The atelier goal is described to the girls in the first therapy session: "During this time we will take care of you in turn according to the different roles, so there will be waiting times for each of you. We will take care of you by giving you tips on make-up. We will teach you how to make up well, to choose and harmonize the makeup according to the rest of the body. So that you find and feel beautiful!".
8. These teenagers grown up with an evolutive obesity.
9. Internal groups (Kaës, 1976) are intrapsychic link formations involving a group structure. This structure orders the relations between the composing elements"(Kaës, 2005, p.11). Kaës defines seven main internal groups organizing unconscious psychic in the construction of representations, the image of the body, the original ghosts, the systems of object relations, the network of identifications, the oedipal and fraternal complexes, the imago of the psychic apparatus.
10. Benevolent looks, reassuring and enhancing words, compliments, exchanges of smiles.

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