

15 The role of the Adult Attachment Projective Picture System in treating childhood obesity

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Childhood obesity is a significant problem in our world today, affecting a child's health and their emotional well-being and relationships with peers and family (Farpour-Lambert et al., 2015). The drastic increase in overweight youths in the United States and Europe over the last 30 years has led psychologists and other health professionals to examine what might be contributing to this complex and detrimental issue (e.g., Harrison et al., 2011; Serra-Majem & Bautista-Castaño, 2013). Psychological components are considered crucial: preadolescents and adolescents with overweight/obesity and disordered eating, with the high prevalence of girls, often carry significant emotional problems and experience profound distress with peers and family (Evans et al., 2017). Moreover, specific family features and structures, an abnormal familial climate, and a dysfunctional parent-child relationship contribute to obesity and weight problems (Berge et al., 2014; Mazzeschi et al., 2013). This chapter illustrates using the AAP to elucidate the relationship foundation of obesity in the case of a young girl referred for weight problems in a center for obesity treatment using a family-based approach.

Attachment is a recent addition as a “new” dimension to understanding obesity because of its power to grasp the relational aspect of human functioning in terms of an internal representation of attachment (internal working model; e.g., Lacasa et al., 2015). Bowlby (1980) viewed the internal working model of attachment as the precipitate of the early relationships and attachment experiences characterizing the inner representational world of the self. In this sense, attachment is the expression of an emotional nucleus of felt security and perceived protection from danger at the presence, real or internalized, of an attachment figure and relationship. The unconscious mental representation of attachment, developed in the early and ongoing parent-child relationship, serves as a self-regulating mechanism and an emotion-regulating process that promotes self-regulation in those first and later in other relationships. Attachment theory offers a developmental perspective when considering the emergence of weight gain, eating disorder symptoms, and their association (Gander et al., 2015).

An increasing number of obesity studies use an attachment theory framework (Fiese et al., 2012; Frankel et al., 2012). These studies highlight the role of young children's insecure attachment and low parental responsiveness as the connection to the onset of weight problems later in life (Anderson et al., 2012; Anderson & Whitaker, 2011; Coutinho et al., 2020). They also discuss the role of negative regulation strategies and emotion-feeding pressure practices by insecure parents (Bost et al., 2014).

Interest in the different contributions of both parents has also increased. Insecurity with the father is significantly associated with more concerns about eating and higher report of subjective and objective binge eating; however, the mother relationship seems more strongly associated with children's eating pathology and weight status (e.g., Goossens et al., 2012). These studies support the importance of including an extensive evaluation of the mental representation of attachment (Tasca et al., 2011) in the clinical assessment of obesity and its developmental risks.

Assessing the unconscious mental representation of attachment is crucial to grasp the internal processes and dynamics of the self-regulative mechanism. All the above studies used self-report measures, which only elicit conscious appraisals. The use of free-response narratives and performance-based instruments evokes unconscious mental representation. Assessments like the *Adult Attachment Projective Picture System* (AAP) provide a comprehensive window into the emotional strategies, correlations, and consequences of individual differences in attachment system functioning and the strategies individuals developed to cope with the anxiety aroused by the tasks. In short, these assessments overcome biases such as social desirability that can affect self-report results (George & West, 2012; Mazzeschi et al., 2014).

Evaluating attachment patterns helps assess the relative weight/role of parental and individual factors contributing to the clinical condition in the complex association between obesity and risk for eating disorders in adolescence using a family-based approach. In this period of life, parental and family context factors play an essential role (Fiese, 1997). The parent-child relationship in pre-adolescence predicts vulnerability for psychopathology in adolescence (Mezulis et al., 2006). A family-based approach is considered the gold standard for treating obesity in childhood (Skelton et al., 2012). Within this context, evaluating attachment provides incremental validity for the clinical assessment of this complex and heterogeneous syndrome by identifying the unique and interrelated role of the self-regulating mechanisms for each family member.

Our collaborative assessment lens: Integrating the AAP into assessment

Using the above framework, the CURIAMo¹ developed a family-based model for assessing and treating overweight-obesity in youths (see Mazzeschi et al., 2014, for a comprehensive description). The most substantial

effects in treating the psychological features of overweight-obesity require including the parents as intervention targets. The psychological portion of this program is characterized by counseling centered on each family's needs. The program uses established psychometric psychological measures that demonstrate their characteristics, strengths, and weaknesses, such as psychological risk factors, family functioning, parenting alliance and practices, attachment when needed.

The psychological work begins with an assessment phase to evaluate the child's and parents' risk factors associated with overweight-obesity. Assessment is followed by psychoeducational groups of parents or adolescents and two follow-up sessions. Psychotherapy is also recommended if the assessment results suggest it is needed.

The assessment phase follows a collaborative therapeutic assessment approach (Finn, 2007) to maximize parents and youth involvement. Involving parents is considered crucial for the intervention, expanding treatment success rate (Gilles et al., 2008). The AAP is administered in this phase. Youths and their parents also completed self-report measures (described below). Parent self-report measures provide better predictors of child outcome than physical measures (e.g., body mass index). Moreover, parental functioning influences the course of the intervention (Zeller et al., 2007).

A case study: Claudia and her parents

Claudia, age 15, was referred for treatment at the CURIAMo by her parents because of her eating practices. She is the only child of an intact family. Physically, Claudia appears plump and a little obese. Claudia and her parents were interviewed separately during the assessment phase.

Claudia says she is sometimes anxious about her "body shape and weight" and would like to be slimmer to become a hostess. For this reason, she tries to follow her mother's suggestion about diet, but at the same time, she finds it very difficult to resist food. She complains about parental control over what and how much she eats. Their approaches to her eating and her life are different. Her mom is calm and detached; her father is anxious and uncontrolled. Claudia complains that her father is also very controlling about her school achievement. Being at the top of her class is not enough for her father.

Claudia's peer relationships are uneven. She is very proud that she made many international friends on their family summer cruise because she was able to speak different languages. She says that she has some good friends that talk and go out together. However, she said it was not easy when she was younger because her peers teased her about her weight. She describes a pool party where some classmates made fun of Claudia in her swimsuit, calling her a "whale." Although she found herself crying in her bedroom, she was very detached when describing this incident and concluded that now "it is all ok."

Claudia's parents' appearance and their approach to Claudia's problem with food are quite different. Her mother has a slim, slender build. Her mother emphasizes the importance of healthy foods, which she tries to prepare and share with Claudia. Her examples stress how Claudia is happy to follow her mother's rules about food, school, and other aspects of her life. She describes their relationship as good and affectionate.

In contrast, her father looks overweight. He says that Claudia was always like the way she is now; she was a little "plump" from when she was a child, and "she has always eaten with gusto, ...as me..." (smiles as he indicates his round belly). He tries to follow the mother's diets but says sometimes it is challenging for him to have small portions. He regrets his mother's ways of dealing with food. Sunday lunch at his mother's home always has plenty of food on the table. The family milieu is to eat with "gusto," not controlling how much or what you eat. Claudia's father describes their relationship with anxiety and ambivalence. He focuses on the crucial achievements in every aspect of Claudia's life and how he can fly out of control when Claudia is not "doing her best."

Claudia's parents agree that she is growing well, although they also remember a specific episode when one of her primary schoolmates made fun of her because of her body shape. They were happy that this child did not go to Claudia's high school, concluding that "It is all forgotten." They agreed that the most important was that Claudia is at the top of her class and has good friendships.

Clinical assessments

Clinical assessments began with the body mass index (BMI) assessed when they first arrived at the clinic. Claudia had a BMI of 30.2, indicating low-level obesity. The mother, age 38, had a BMI of 25.39, and the father, age 41, had a BMI of 29.7. (BMI assessed on arrival to the clinic.)

The family also completed a set of self-report measures. Her parents completed the Child Feeding Questionnaire (Birch et al., 2001; Burrata et al., 2021), which assesses the parents' perceptions of their own and their children's weight status, concerns about weight, and feeding practices. Both parents engaged in restrictive feeding practices, taking excessive control of Claudia's food intake. They paid exaggerated attention to Claudia avoiding junk or unhealthy foods. Claudia completed the Spence Child Anxiety Scale (Spence, 1997) and the Body Uneasiness Test (Cuzzolaro et al., 2006). The Child Anxiety Scale assesses anxiety symptoms. Claudia's results showed clinical levels of panic agoraphobia and social phobia and near-clinical levels of fear of physical injury and obsessive-compulsive symptoms. She specified in particular worries about her body image. Her Body Uneasiness Test results showed significant body dissatisfaction (worries about physical

appearance) and a fear of becoming fat with compulsive monitoring of her body appearance. She was especially dissatisfied with her body parts, such as her legs and buttocks, and her physiological reactions, such as blushing.

AAP results

The AAP was administered individually to Claudia and her parents during the assessment phase. We begin with the results of Claudia’s AAP.

Claudia’s classification is Dismissing, Failed Mourning (see Chapter 4). This representation indicates that Claudia has experienced attachment distress as traumatic (i.e., attachment figure failed protection, George & Solomon, 2008). She attempts to regulate by armoring herself and detaching from her parents’ intense affect. The AAP showed weak agency of self – no thoughtfulness and the capacity to act in only two of the four alone stories). Her stories showed that she does not feel connected to others, and she views attachment figures as distant and removed or not present.

Claudia’s view of parental absence and alternative regulation strategies is demonstrated in Ambulance.²

There is someone here (she indicates the stretcher)? ...	
So they are carrying away someone in the ambulance	
... he/she is looking outside the window... probably	
he/she knows the person the <i>paramedics</i> are taking	Deactivate
away, probably he/she is <i>worry</i> and the other figure is	Disconnect
<i>tranquilizing</i> him. and... That the person who is carried	Deactivate
away felt ill and so they have called the ambulance	
which is arrived... ...after this person was able to	
<i>tranquilize</i> him/her... they will go to the hospital to	Deactivate
know how he is ...Beh ... him or her, let’s say is <i>worry</i>	Disconnect
is probably <i>frightened</i> , instead the other figure feels	Segregated system
compassion, but according to me <i>she is not really</i>	Deactivate
<i>involved</i> , she is only there in that moment to try to	
<i>tranquilize</i> the other person.	Deactivate

Notice how a social role figure (paramedic) takes care of the ill person by taking this person to the hospital. The two central figures in the picture (a woman and a boy), however, are unidentified; the projected self (boy) is labeled “he/she” and the potential caring adult that is identified in most responses around the world as a grandmother is reduced to “the other person.” Claudia’s disconnected worry and fear in response to a medical emergency are evident in her story. The other person, described as “not really involved” (deactivated by distance), tranquilizes those emotions (deactivate). This story shows how Claudia can name worry and fear but is prevented from showing them.

The Corner picture activates attachment with the greatest intensity (Buchheim et al., 2008). Claudia's response reveals her distress as traumatizing (see Chapter 4).³

Here he is <i>frightened</i> ...he puts his hands up, so he is	Trauma
<i>frightened</i> , he defends himself from someone, he is <i>cornered</i>	Trauma
...so he tried to <i>escape</i> before to be <i>blocked</i> ...and....before	Trauma
... <i>I don't know</i> ...someone wants to <i>hurt</i> him ... and so	Trauma, Disconnect
later <i>I do not know</i> what will happen. <i>Fear</i> maybe.... <i>I</i>	Trauma, Disconnect
<i>don't know</i> ...I have really to create a story? Mm...Maybe	
it was night and he was going around alone, and a <i>criminal</i>	Trauma
had seen him, and his intentions were really bad. He tried to	
<i>escape</i> , but later <i>he was blocked</i> in this corner, and now <i>he</i>	Trauma
<i>cannot do anything to defend</i> . and.... How will it finish? If	Trauma
we are positive, he will be able to <i>escape</i> , or someone will	Trauma
see him and help him. Maybe a <i>policeman</i> .	Deactivate

Claudia shows us in this story how she is helpless (cornered), afraid, and desperate (needs to escape) she feels when she is feeling persecuted (criminal). She attempts to control her affective response first by trying to disconnect but finally deactivates. Her terror is so intense that she can name a social role figure (policemen) as coming to her assistance in this story. The story is void of attachment signals (i.e., communicating the need for care) and attachment figures.

In sum, Claudia's AAP shows that she walls off feelings of attachment distress and trauma, trying to segregate fear and helplessness (i.e., repress) from consciousness. The AAP, however, makes her trauma visible. This survival strategy indicates a very fragile state of mind. According to Bowlby (1980), Claudia is primed for dysregulation; she is a risk of plunging into an unresolved state of helplessness and despair should her deactivating defenses fail.

Her mother's AAP classification is Unresolved. This representation indicates that Claudia's mother becomes frightened and flooded by her attachment fears when confronted with situations that trigger feelings of being frightened or helpless. Some of these situations are residues from her childhood; other situations likely include her daughter's obesity (George & Solomon, 2008). Her mother's AAP shows poor agency; the projected self shows no expectation for comfort from attachment figures (haven of safety) or no capacity for integrative reflective thinking. The Corner story was the only time her mother showed the capacity for action, suggesting that only the most threatening attachment situation would elicit images of protective behavior. Claudia's mother becomes sentimental in her response to Bed, an image that portrays a mother and her child. She describes the situation as "affection, tenderness, need of cuddles" but cannot immediately act on this evaluation. The mother's response in Bed thereby fails to demonstrate sensitive caregiving (Ainsworth et al., 1978). Like Claudia, her mother's main regulating

defense is deactivation; her defensive goal is to create distance in relationships and turn away from distress. The mother's AAP also evidences segregated systems. Her Ambulance story shows how attachment figures can regulate a frightened child with reassurance, which is then deactivated, as in Claudia's response. Bench and Cemetery, however, push Claudia's mother over the edge. She can neither exclude nor regulate feelings of being lost and desperate. Here we show Bench⁴:

This looks like <i>an athlete</i> . She <i>failed</i> a volleyball match (she laughs), and now she is on the bench, <i>desperate</i> because <i>she made a mistake ... I don't know in the volley match or in an exhibition of an artistic gym</i> , what she is feeling...	Deactivate Trauma Deactivate
I would like to say sadness again, <i>she is sorry</i> , maybe next time things would be better. Then it can happen that she will go back to play, <i>hoping</i> to play better	Disconnect Disconnect

This narrative demonstrates how the projected self's achievement failure activates desperation, negative self-evaluation (made a mistake), and disconnected regret (is sorry). The mother shows she has the will to make changes but fails to develop a strategy. She lives on hope. In the absence of agency, we see also that no attachment figures or others help her. She is desperate and utterly alone.

Claudia's father's AAP classification is also Unresolved. Like her mother, representation of the projected self alone fails to include images of comfort or integrative thinking. He does demonstrate, however, the capacity to act. When available in the dyadic pictures, he can see attachment relationships as providing comfort and consolation. Her father's main regulating defense is cognitive disconnection. Unlike the deactivation of his daughter and his wife, Claudia's father's main regulating defense is cognitive disconnection. He cannot entirely exclude distressing experience and affect; disconnection creates a fog or smokescreen so that he cannot identify sources of distress or how they are managed. He is preoccupied, ambivalent, and confused about attachment until responding to the last two AAP pictures, where he becomes dysregulated. Confronted with a "visit" to a past relationship in Cemetery and the potential threat of being alone and unprotected depicted in Corner are dysregulating. In Cemetery, the father shows his response to anger. Here is her father's Corner story:

Ah (he laughs) something else.... <i>fear?</i> Ah what happened before? <i>Maybe he had done something bad or he was scolded... or he was bit</i> . Ok. Later it could happen that//	Trauma Disconnect, Trauma
The re-pacification with the//...so there is not the other face, I do not see the other face... I see <i>fear...</i> this I see	Trauma
<i>fear...</i> to approach him. He does not want the contact. He is	Trauma
<i>cornered</i> , he was sent to the corner. I think that once one is	Trauma
<i>fighting</i> , then he tries to stop, no? ... to find a solution, <i>Fear,</i>	Disconnect
<i>anger, pain</i> , but <i>pain</i> maybe <i>I don't know</i> surely <i>fear</i> and	Trauma,
<i>anger</i> maybe... nothing more is coming in my mind.	Disconnect

Claudia's father is frightened, helpless, and preoccupied with what we must assume is attachment figure anger. He is so distressed that he "cannot see the other face," creating a representational fog that obscures this person's identity. Attachment trauma overwhelms his regulatory capacity.

Clinical considerations and conclusions

Claudia's parents referred her to CURIMo for a specific symptom: obesity. However, the CURIMo process incorporates a psychological approach to a child's problems and the family system. The AAP provided an added perspective to this complex situation.

Claudia is indeed a plump girl whose BMI indicates a low level of obesity. She is, however, also an adolescent where body awareness and social comparison are typical sources of angst. Her discomfort with her body was evident from her interview, including her goal to realize her ideal self and become a slim hostess. However, peer shaming about her weight began in childhood, suggesting that Claudia's problems were not simply normative adolescent worries. We see her deactivating defenses kicking in when she sloughs off the teasing by saying it was now all ok. Her self-report assessments showed her anxiety and body dissatisfaction. The AAP provided a deeper picture of Claudia's attempt to slough off her experiences, including demonstrating her dismissing representation of relationships and the traumatic level of her wounds and unavailability of her attachment figures.

We spoke with her about her test results during the restitution phase of treatment. The conversation was not so difficult. Her assessments demonstrated the convergence of conscious and unconscious awareness. She came to recognize that "underneath" she is not ok. One of the essential conversations was discussing her AAP results during this phase. The first point of discussion was how Claudia used dismissing defenses to distance herself from her emotions and regulate when they were about to overwhelm her. She acknowledged that "they are still in the back of my mind."

Dismissing attachment (the mature analog of child avoidant attachment) develops when the child knows that the parents are not available and reject their needs; dismissing individuals regulate by detaching themselves from parents. In Claudia's stories, we saw potential images of parents being replaced by other people, including social role figures. Being in a state of Failed Mourning, we know that trauma was in the back of her mind. She was frightened and helpless, and she could not envision attachment figure protection from her feelings or peer persecution. The next step for Claudia is that she needed to mourn. Following Bowlby (1980), Claudia needed to interrupt the cycle of unconscious deactivation of her fears and worries and begin to address them directly, bringing them out in the open for discussion and help.

The psychologist discussed this conundrum with Claudia, suggesting that she felt her parents had concentrated too much on obesity and controlling food and school. This discussion raised thoughts that perhaps Claudia would like to have her parents more connected with her feelings about her adolescence and her personal life. She agreed she would like to have support from them about issues not related to food. She did not understand why this was so difficult for them but had some idea that their problems sometimes blocked them from understanding she was asking for help.

The parents' interviews showed scarce awareness of their daughter's feelings; they were only oriented toward her physical symptoms and their achievement demands. Their demands did not always attune with Claudia's needs, such as problems with friends about which they seemed oblivious. The AAP showed the complexity of the parents' internal world. Both were unresolved and helpless; her mother was desperate, and her father was frightened. Neither of their regulating defense structures – deactivation for mother and disconnection for father – was working. Neither demonstrated the quality of agency, connections to others, or relationship synchrony that would be needed to respond to their sad and frightened daughter.

One of the strengths of the AAP is that it is not a biographical interview; therefore, it can detect segregated fear, pain, isolation, and helplessness that the parents either did not want to address or could not name. The parents also needed to mourn. Talking with them about their AAP results was not so easy because, being unresolved, they could be easily overwhelmed by the results. Overwhelmed, they could be flooded by their trauma and lose sight of the goal to provide Claudia with the protection and support that she needed to grow.

The psychologist started by talking about the difficulties of parenting an adolescent girl because of the changes that occur at this time. The psychologist underlined how the mother thought about the importance of regulating "healthy" food and how sometimes a parent can feel unprepared, lost, and even desperate when talking with a young adolescent. The discussion with Claudia's father addressed how an attempt to control her academic life was a response to shifting his attention away from more frightening thoughts, such as her daughter is a "whale." Both parents were supported to understand how underlying feelings of helplessness were crushing their efforts to be "good parents." Their concrete strategies to date were substitute ways to deal with Claudia's problem.

Studies have shown that parents' representations of their attachment relationships affect parenting (George & Solomon, 2008). The unresolved pattern lacks a coherent and unique strategy; parents with this pattern risk becoming deeply disturbed by their unresolved experiences and helpless to "see" and address their children's distress (George & Solomon, 2008). These parents are at risk for ineffective parenting

behaviors, frequently observed in studies of parental and familial functioning of children and adolescents with obesity (Lehto et al., 2012; Sleddens et al., 2011). Claudia's parents' AAPs fit this picture, which put Claudia in the position to deactivate her traumatic distress and distance herself from her parents to find help elsewhere. Distancing helps her maintain a regulated attachment pattern but uses robust defenses with a waste of energy. No matter how hard Claudia tries, this approach is not a good way to face her problems or adolescent development.

These delicate and deep issues arise during the feedback phase of the consultation because the CURIAMo model stresses the importance of parent collaboration and their need to be involved in an obesity problem. Focusing only on weight loss without considering the concerning symptoms and signs described by Claudia would put the intervention at risk for failure. Attachment is crucial for its power to uncover the emotion-regulating processes affecting Claudia's family dynamics when addressing her problem. For this reason, her parents are recommended during feedback to continue their psychotherapy to work on the sources of their tenacious response to Claudia's weight. Her weight, combined with her parents' helplessness and unavailability, puts Claudia at risk for social isolation, irritability, difficulty concentrating, profound fear of gaining the lost weight back, and body image distortion. The feedback session stressed the importance of psychotherapy for Claudia to address her psychological suffering, or in Bowlby's words, to mourn. It was also vital for her to get help with her obesity using the lifestyle program offered by the CURIAMo clinic.

Notes

- 1 A university clinic with a multidisciplinary core located in Perugia, Italy.
- 2 Italics = defenses
- 3 Italics = defenses; bold = trauma
- 4 Italics = defenses; bold = trauma

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