# The Obese Personality: Defense, Compromise, Symbiotic Arrest, and the Characterologically Depressed Self

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There is substantial evidence to support the view that obesity and its manifest symptoms are the result of a variety of underlying disturbances (Brownell & Foreyt, 1986; Bruch, 1973; Glucksman, 1989; Stochower, 1987). It is unlikely that obesity in the general population should develop along the same lines or would show the same psychological or clinical picture. Therefore, this precludes the generalizability of the etiology of obesity to all obese individuals. However, throughout my empirical research and within my clinical practice and treatment of obese individuals, the majority of patients have demonstrated that their maladaptive eating and their obesity itself personifies ego maneuvers of defense in response to conflicted drive states, object relations pathology, and structural deficits of the self. While each obese patient's internal dynamics, conflicts, representational world, and self structures are different, they all tend to have in common a similarity: any form of abnormal eating (e.g., compulsive eating, bingeing without purging, incessant snacking) represents a defense.

In this article, I will focus on obesity and dysfunctional eating patterns primarily in relation to the nature of defense and adaptation, conflicted libidinal and aggressive drives, compromise formation, and character development. The Symbiotic Arrest-Structural Depletion Hypothesis, a contemporary psychoanalytic model of obese binge eaters, will also be introduced focusing on symbiotic arrest and structural deficits of the self resulting in a depleted, empty, characterological depression.

## Obesity as a Means of Defense and Adaptation

The classical psychoanalytic position on obesity has typically always viewed obesity as a symptom (or the outcome of a defense) against oral drive conflict (Abraham, 1927; Alexander, 1934; Mills & Cunningham, 1988). It is indisputable that food can serve as a defense or mode of adaptation in the face of anxiety, conflict, and frustration on both conscious and unconscious levels. Empirical research prevalently supports the notion that obese individuals overeat in response to stress or intense emotional arousal (Castelnuovo-Tedesco & Reiser, 1988; DeRosario, Brines, & Coleman, 1984; Hirschmann & Munter, 1988; Hollis, 1985; Lowe & Fisher, 1983, Stochower, 1983; Van-Strien, Frijeters, Roosen, Kuiman-Hill, & Defares, 1985), a finding also explained within an oral defense model. The

preponderance of research evidence unequivocally supports the notion that obese individuals experience overwhelming and disruptive internal anxiety states (Grace, Jacobson, & Fullager, 1985; Hafner, Watts, & Rogers, 1987; Hjordis, Gunnar, & Daisy, 1989; Slochower, 1987) and elevated levels of depression and dysphoria (Garetz, 1973; Hafner et al., 1987; Kornhaber, 1970; Lowe & Fisher, 1983; Mattlar, Salminen, & Alanen, 1989; Scott & Baroffio, 1986), particularly those seeking psychological treatment. Habitual patterns of overeating (bingeing-dieting; bingeing-fasting, or bingeing-purging) are in response to feelings of helplessness and internal distress (Hooker & Convisser, 1983). Food is a means of coping with discord and uncomfortable or disruptive aspects of a person's life.

On a conscious level, obese individuals can often make associations with intense emotional states or external pressures and eating as a means to mitigate tension. However, the conscious triggers in response to extrinsic cues precipitate unconscious conflict or mobilize intense anxiety states uniquely specific to the individual's life experience and psychic development. Within this framework, the only universal application of the psychoanalytic model of obesity is that compulsive eating (leading to obesity) is a defense precipitated by disruptive internal anxiety states. Although *Slochower* (1987) *discussed* internal anxiety as the primary cause of overeating resulting in obesity, she did not expound upon the *etiological components* of the anxiety. The answer to this question is that anxiety has no unitary cause but, rather, is the result of myriad factors specific to the individual's development and innate constitution. However, I believe that certain similar aspects of unconscious anxiety states that the obese possess may explain why food becomes the object of choice.

## Overeating as a Coping Mechanism

Food and eating are means to satisfy various psychological needs and obtain emotional fulfillment. The symbolic significance of food is idiosyncratic, yet often serves both the purpose of expressing wishes, needs, or conflicts as well as being a way to repress these dynamic experiences. Hooker and Convisser (1983) outlined several reasons why women turn to food and eating as a mechanism of defense and coping. Among these are the following (p. 237):

- To stifle feelings or to numb intense feelings.
- To avoid difficult issues by escaping from reality.
- To calm down and relax or to feel comforted (being fed is associated with nurturance and being cared for).
- To alleviate boredom or to fill an *emptiness* (eating fills a void).
- To procrastinate and avoid other responsibilities (thinking about or eating food occupies large quantities of time).
- To feel energized (food is used as sustenance to accomplish other tasks).

This list is not inclusive and can equally apply to men and obese individuals in general as well as to females. In addition, these defensive maneuvers are likely to be more conscious or preconscious rather than unconscious manifestations. At this point, I wish to make a distinction between obesity as a defense and obesity as a symptom. Often, the literature has used obesity as a defense and as a symptom interchangeably to mean the same thing. I purport that defense is inextricably associated with behavior (whether overt physical motility or the implementation of ego functions) that includes overeating, compulsive eating, or the use of food for psychological reasons. On the other hand, the symptom is the obesity itself: the result of the continued use of food as a defense. Therefore, one cannot have symptomatology (obesity) without defense; however, one can use food for defensive or adaptive purposes without becoming obese.

Hooker and Convisser (1983) further discussed the role of "fat" and how it often serves additional purposes for women (p.237):

- As a protection against being hurt (fat is a protective layer between the inner self and the outer world).
- As a means of feeling powerful (power is associated with being large and weakness is associated with being small).
- As a way of being taken seriously (having substance is associated with being large, and emptiness and shallowness are associated with being thin).
- As a form of communication (the fat states something that otherwise is difficult to express, i.e. I'm in pain, I'm angry).
- As a form of rebellion (I will not accept being a woman as you define it).
- As an explanation for failure or rejection (If I were thin, it would have worked out differently).
- As a distancer from personal and intimate relationships (no one wants to be near me when I'm fat; fat can hide my sexual feelings).
- As a mechanism for lowering others' expectations (no one expects much from fat people).

Hooker and Convisser (1983) based their hypotheses on their clinical treatment of obese females via group psychotherapy. Although their conclusions were limited both in scope and generalizability, their work offered theoretical contributions to ego psychology and obesity and provided a springboard for clinical research in this area.

## Aggression, Sexuality, and Eating

Based on his clinical treatment of obese and eating disordered populations, Mintz (1985, cited in Castelnuovo-Tedesco & Resiser, 1988) associated the conscious fear of being fat to attempted unconscious resolutions of conflicts over sexuality, aggression, and dependency yearnings,. Glucksman (1989) stated that

overeating can serve as a symbolic expression of oedipal wishes and a defense against the guilt and anxiety they produce. Kornhaber (1970) also noted that hyperphagia also serves as a regressive adaptation mechanism that satiates primordial gratification systems within the individual and increases internal body stimuli.

Within this context, I believe that eating and fat itself are compensatory and protective defenses against overwhelming libidinal and aggressive impulses idiosyncratically specific to each individual's developmental and early life experiences. Eating becomes a means for the obese individual to avoid or disavow sexual feelings (both conscious and unconscious wishes) and the rivalry, envy, and hatred generated toward parental figures during both the pre-oedipal and the oedipal periods. However, the renunciation of libidinal and aggressive urges creates intense and disruptive internal anxiety states that mobilize the fear of parental retaliation, loss of the love object and of the object's love, and deprivation of emotional connection, attachment, responsiveness, and empathic attunement that the child hungers for. At this point, it is possible that food takes on symbolic significance of security and dependency associated with pre-oedipal symbiosis with the love object. Eating rituals personify a regressive defensive maneuver in order to restore inner equilibrium, abate intrapsychic conflict, and reestablish the merger with the caregiver.

Compulsive eating as a mechanism to quell anger and unconscious aggression has been widely discussed by psychoanalytic theorists and clinical researchers (Ryden & Danielsson, 1983; Glucksman, Rand, & Stunkard, 1978; Castelnuovo-Tedesco & Reiser, 1988). Hooker and Convisser (1983) posited that perhaps some obese females feel that their anger could destroy themselves and the world if unleashed. In general, the fear of expressing aggression may be associated to the fear of interpersonal and social rejection, abandonment from significant others, and the loss of nurturance resulting in ultimate aloneness. In the face of anger, food is safe, familiar, and predictable.

On a conscious level, obese persons are attracted to food because it does not get angry or reject them, and it temporarily removes the focus from troublesome feelings. As a buffer and security blanket, abnormal eating defensively shelters the obese person from the internal anxiety resulting from aggressive conflict. However, anger not appropriately expressed or sublimated but ultimately turned inward results in some form of depression and perpetuates a cycle of guilt and self-deprecation. On a less conscious level, food and compulsive eating are alternative substitute object choices that represent various psychological functions associated to relational needs from parental figures. The use of food as a defensive and adaptive avenue for managing libidinal and aggressive impulses still permits the obese to maintain relationships with significant others without threatening various internal wishes and relational needs. Some obese people may have learned that the expression of anger results in the loss of all hope of gaining any coveted needs, and food becomes the object that secures some psychological fulfillment.

## Obesity as a Compromise Function

Obese people seeking psychological treatment have a defective ego in terms of the ability to control, not only oral wishes, but also myriad unconscious urges (Wilson, 1985, cited in Castelnuovo-Tesdesco & Reiser, 1988). Therefore, the inability to delay gratification in the obese reflects an impulse disorder. Wilson (1985) further stated that the obese person's superego is not as controlling or perfectionistic as compared to that of restricter or bulimic anorexics. One can interpret this within the oral drive conflict model as the obese person's proclivity to seek immediate gratification of id impulses.

In applying Freud's theory of compromise formation, abnormal eating leading to obesity is the result of the ego's attempt to mitigate intrapsychic anxiety and to restore homeostasis within the mental apparatus. Therefore, obesity is symptom formation. Originally, Freud (1915) believed that pathological anxiety is due to failed repression. In his early work with Breuer on the etiology and treatment of hysteria, Freud believed that neurosis is the result of repressed sexual impulses form childhood. Breuer attributed hysteria to inborn hypnoid states that predispose the individual to symptoms. Freud, however, constructed a defense model to explain symptom formation and focused on the phenomenology of repression as the amount of libido attached to banished and/or unacceptable thoughts and wishes eventually too strong to be held back by repression.

As Freud's (1926) thinking progressed, he presented his landmark work, *Inhibitions, Symptoms, and Anxiety*, still the central tenet of the psychoanalytic theory of anxiety (Gorman & Liebowitz, 1986). Anxiety, rather than deriving from repressed libidinal urges, signals to the ego that it is in a dangerous situation. "Signal anxiety," therefore is a form of communication to the ego and sets in motion a series of intrapsychic events aimed at reducing the anxiety and avoiding the danger situation. Symptoms are measures employed by the ego to ward off anxiety. Although there have been many refinements in psychoanalytic theory, Freud's (1926) notion of anxiety as a signal of danger and instigator of defense remains accepted among the psychoanalytic community.

Brenner (1974) also pointed out that psychoneurotic symptoms are the result of a failure of the ego's defenses in which the ego can no longer adequately control id impulses previously managed effectively by the ego. A compromise formation then becomes an expression of both a drive derivative and a defensive maneuver of the ego or a reaction to the danger situation represented by the partial breakthrough of the drives.

Within this context, obesity not only is a symptom generated from attempts to abate disruptive anxiety states, but also represents wish fulfillment. Therefore, *obesity is the fulfillment of a wish.* Compulsive eating resulting in obesity allays anxiety and provides partial gratification of conflicting or oppositional wishes originating within the id, ego, and superego systems. The ego as agent becomes a mediator that serves defensive, adaptive, and drive fulfilling purposes. As the cathected object, the ingestion of food symbolically alleviates internal conflict

between the psychic systems and represents fulfillment of wishes from the libidinal and aggressive drives. In addition, the obesity is maintained through the active unconscious repetition compulsion of defense.

To further apply this framework to the obese, I need to expound on the role of the ego and symptom formation. An individual may consciously experience a disturbing event (either externally or internally derived) that gives rise to disturbing unconscious intentions or conflicting forces within the psychic apparatus. This results in a battle between these forces that seek expression and gratification in some form. The disturbing intentions give rise to signal anxiety in response to possible danger situations and are brought to the attention of the ego. Unconscious wishes and meanings get redirected by the ego and defensively channeled in other forms of expression (e.g., eating), resulting in symptom formation. For the obese, food is the cathected object that serves as a displacement for primordial wishes and conflicting unconscious intentions. Ultimately, the disturbing intentions get communicated via the obesity itself.

In his *Introductory Lectures on Psychoanalysis*, Freud (1915/1961) described the "sense" of a symptom. He maintained that "the construction of a symptom is a substitute for something else that did not happen" (p.280). Just like dreams, parapraxes, and neuroses, obesity results from a compromise that displaces various unconscious conflict and intentions onto food and compulsive eating. This process is essentially a cathected substitute for original unconscious wishes. From this viewpoint, obesity is the expression of conflicted drive derivatives.

## Obesity and Masochism

Based on her clinical treatment of obese individuals seeking psychotherapy, Shafter (1985) concluded that many obese people have masochistic character organizations. These individuals feel that they can only attain love through suffering and submitting to others. They will continually manipulate and interpret their environments in such ways that assure them victimization, rejection, and unjust treatment from others. Obese masochists often believe that others are primarily responsible for their pain and that they are entitled to special consideration as a means of compensation for the suffering they have endured. The pain, although not enjoyed for its own sake, serves as secondary gain and is a means of procuring various psychological supplies and control over the object.

Freud's (1923) original position was that masochism is inherently a primary drive influenced by the death instinct. Reik's (1960) view of masochism emphasized the role of the superego and the ego's attempts to orchestrate the gratification of aggressive, sadistic, and instinctual drives. Menaker (1953) discussed how the mother may satisfy the infant's needs for instinctual gratification through feeding and oral eroticism, but fail to affirm the child's developing ego functions (e.g., walking, self-feeding, speaking). As a result, the child comes to view his or her own growing ego functions as a threat and source of pain rather than pleasure and

fulfillment. The child learns to associate autonomy and individuation with loss of the object and of the object's love. Thus the ego sacrifices its own independent development and sense of self-worth in order to assure connection with the idealized love object. Maintaining the symbiotic tie to the all-good mother prevents the emergence of hostile wishes and avoids abandonment or retaliation from the mother. Menaker (1953) viewed masochism as defense and minimized the primacy of masochism as an avenue for libidinal drive gratification. Contemporary literature stresses masochism as the outcome of object relations and narcissistic pathology (Shafter, 1985).

In relation to obesity, one may view masochism as a character defense. Being obese, habitually overeating, and enduring the deprivations and failure of dieting can all be interpreted as constructing feelings of being rejected and abused. Shafter (1985) further noted that masochism and obesity may satiate libidinal and aggressive drives, superego injunctions, the wish for merger with the love object, the need to preserve autonomy, and the omnipotence of narcissistic withdrawal. Food is a controlling and punitive parental object on whom the obese individual is dependent for emotional and physical survival. As the infant grows into an obese child, a masochistic orientation colors the parent-child relationship in which food and eating become the central focus. The parent may relate to the child almost exclusively in terms of the child's obesity and eating behavior, thereby invalidating other aspects of the child's emerging individuality. Critical regard, condemnation, and hostility are the predominant forms of attention the child may experience with parental objects. Therefore, the obese child may feel compelled to perpetuate it "as if it were love" (Shafter, 1985, p.69).

Aggressive wishes and fantasies are also mobilized in the masochistic defense as the child associates his or her large size with strength, power, and protection against a hostile and rejecting world. The child's weight status is also a salient sign to the world that s/he is suffering and that something is wrong. In addition, the child's obesity itself is a narcissistic injury to the parent's self-esteem, and may also stimulate guilt as the parents witness the child's anguish as a result of the obesity (Shafter, 1985).

## Identity, Basic Trust, and Character Formation

Only a few studies have directly tried to assess ego defenses and identity formation in obese populations. Bruch (1973) maintained that during the early feeding interaction with the mother, the infant must experience (1) felt and expressed physiological discomfort, (2) recognition of this signal by the mother, (3) feeding, and (4) relief from hunger. Repeated disruption or inconsistency in this process will lead to defects in bodily self-awareness, the precursor for psychological disturbance in self-identity. Bruch (1973, 181) further proposed that obesity is the result of protracted disturbance in interpersonal relatedness in the mother-child dyad which interferes with the child's ability to recognize and discriminate

between physiological hunger and other internal needs, emotional states, and perceptions. The inability to differentiate nutritional needs from emotional states is believed to be due to the mother's continual use of food as a means to pacify, reward, or soothe the child. This disturbance interferes with the development of adequate ego functions ultimately culminating in ego impairment and structural defects.

Ryden and Danielsson (1983) studied twenty grossly obese surgical patients in a pre-operative investigation using several process oriented techniques including Meta-Contrast Technique (MCT), the Spiral Aftereffect Test (SAE), the Rod-and-Frame Test (RFT), a self-perception test (SPT), and a clinical interview. They concluded that the obese group demonstrated an immature sense of self-identity, less sophisticated defenses normally abandoned in childhood, more signs of anxiety concomitant with somatic manifestations, cognitive-emotional immaturity indicative of arrested emotional development, poor inner control of behavior, a dependency on factors in the immediate environment, and for some patients, inappropriate or inhibited aggressiveness associated to intermittent overeating and dieting.

Although the generalizability of this study was limited based on the population group, the small sample size, and the lack of matched controls, the research appears of moderate quality and supported the claims of earlier research (see Andersson, 1980). A lack of inner reference (a stable sense of self-identity) can be expected to correlate with a dependence on external modes of information and support. These postulations accord with Bruch's theory that incongruent maternal responsiveness during the early feeding interaction leads to disturbance in body self-awareness and in the individuation process in the child.

Erikson (1964) explained that the quality of the infant's interaction with the environment during the oral phase largely influences ego development and the child's progression through later life stages. During the first year of life, the mother-infant interaction forms the foundation for basic trust and a sense of security in oneself, others, and the world that extends into adulthood. During the oral stage, the infant strives to initiate various modes of behavior and to master them in order to experience internal control and maximum pleasure. As the child struggles for inner control over various inner functions, the caregiver's interaction can either facilitate or impede the infant's successful mastery of oral skills. Parental warmth, availability, and nurturance insure that the child will develop a sense of trust and security in the environment. On the other hand, if the caregiver withdraws or is unavailable or is unresponsive to the child's needs, the child may develop mistrust toward the caregiver and the environment likely to contribute to insecurity and conflict in adulthood.

In the case of the obese, it is probable that the satisfaction of basic needs of trust, nurturance, and security were disrupted during the oral phase that resulted in deprivation of oral fulfillment and the construction of defective ego capacities. If the child is forced to progress too fast or is impeded from progressing appropriately through the various subphases of the oral stage, arrested development could

occur, and the child is likely to become fixated as a means to allay anxiety and assure a certain degree of comfort and security.

Deprivation of oral and relational satisfaction by the mother can also intensify internal anxiety. I believe it is possible that food becomes the ego's cathected object because it is through the mouth that the child secures the mother's love, nurturance, and emotional connection. When the infant's interpersonal and relational needs for physical closeness and responsiveness are neglected by or are attended to inconsistently on the part of the caregiver, the infant turns to food as the original and most concrete form of sustenance.

Unconsciously, food becomes associated with security, trust, and oral-relational fulfillment that the maternal figure did not provide. Repeated and prolonged parental inconsistency fortifies this association over time. In addition, the strength of the maternal-food association may become more reinforced in the predisposed obese individual because the parent may be more inclined to use food as a means to assuage the infant's needs for emotional responsiveness and relational demands. From this perspective, Bruch's hypotheses on the obese person's inability to differentiate hunger from affective states reflects defective ego functions. Food and eating concerns reflect the ego's primitive attempt at adaptation and defense as a means of securing psychological stability. As the child progresses developmentally throughout the life cycle, food and eating always remain the original focus. Unconsciously, obese individuals learned during early life that the only thing they could really trust was food. Food is a substitute object for parental and environmental responsiveness.

## Symbiotic Arrest-Structural Depletion Hypothesis

Mills (1992) introduced the Symbiotic Arrest-Structural Depletion Hypothesis as a contemporary psychoanalytic model for conceptualizing the etiology, symptomatology, and character formation of obese binge eaters. Within this context, obesity is operationally defined by high weight status resulting from bingeing and/or compulsive eating patterns in which the individual does not engage in purging or undoing behavior as a means of correcting the binge episodes or preventing weight gain. In this subgroup of obese individuals, obesity is a psychological, not biological, manifestation in which bingeing and compulsive eating are emotional acts derived from self and objects relations pathology.

For the obese, there is a disturbance or derailment in the parallel developmental lines of the emerging self and the self-object relational world. Obesity is a characterologically based disorder that represents one form of a disorder of the self-structure concomitantly arrested at the symbiotic level of object relations development.

In the parallel organizational development of the obese personality, the core structure is an empty self affectively and relationally hollow and depleted, which results in a chronic inner depression that becomes an organizing structure of per-

sonality. This primary empty depression also exists simultaneously with deficit self-structures for calming and self-soothing functions. This implies that self-object functions were only partially internalized or never internalized at all, which may account for the structural empty depression. The inability to regulate tension adequately results in internal anxiety states that threaten fragmentation and loss of self-cohesion. Therefore, on one level, food and bingeing serve the parallel processes of temporarily filling the empty and depressed self, and of regulating disruptive anxiety states that jeopardize the maintenance of a *cohesive* and vital self.

At the same time, there exists in the obese personality primary relational and anaclitic needs for merger and symbiotic connection with the maternal selfobject, which also serve as the cardinal motivation and organizing force of the obese psyche. *What is unconsciously most operative is the wish to maintain and sustain merger and thus defensively avoid experiencing the empty depression.* Bingeing reflects the ego-defensive maneuvers that ward of depression and structural collapse and temporarily fulfill the anaclitic dependent neediness for interpersonal and emotional resonance with the maternal selfobject.

In addition to a defense, bingeing serves the simultaneous processes of preserving the primordial state and wish for symbiosis with the maternal object and of filling the structural emptiness of the depressed character in conjunction with neutralizing overwhelming anxiety states, which wards off fragmentation. Food serves as a selfobject that enables the person unconsciously to remain in a state of merger with the primary caretaker. This suggests that a developmental arrest or fixation occurs in object relations development that precludes the individual from fully progressing past this point in early development. This should not be confused with a regressed wish for symbiosis as proposed by other theorists, because this implies a higher level of object relations development. However, this arrest only occurs at an affective or emotional level, whereas food, imbued with unconscious meaning, personifies a sense of oneness and unity with the other. Ego resources are likely to develop more free of conflict in the obese and therefore are not contaminated by the affective organization of the merger experience. Cognitively, obese individuals achieve separation-individuation; however, they ultimately have difficulty in achieving emotional object constancy due to the structural deficits in self-soothing and in evoking a maternal image or representation that regulates anxiety states.

As a result of this core organizational function around the unconscious affective disturbance in symbiosis, the obese individual develops an empty and depressed character that is the foundation of intrapsychic self-structures. Therefore, disturbance in the mother-infant symbiotic relationship results in a depressed character structure phenomenologically, relationally, and affectively experienced as depleted, hollow, and vapid. I believe this organization is at the core of most obese binge and compulsive eaters; however, the context and affective experience of the person's relational world will vary from person to person, based on unique experiential distinctions in development. For example, the empty depression for one person

may revolve around a desperate need for attention and empathic responsiveness from the maternal selfobject, while another person experiences alienation and loss of anaclitic dependency, both occurring during the symbiotic phase. This early disturbance ultimately leads to defects in the development of the nascent self. While the obese character is depressed, lacking in structural vitality, integrity, and self-regulatory mechanisms, the core depressed organization is in response to the threat of diffusion in the symbiotic affective experience with the maternal selfobject. This is ultimately encountered during the separation-individuation process, particularly when ambivalent needs for autonomy, self-expression, and accomplishment threaten the wishes to remain merged with the maternal figure. Parental responsiveness that leads to anxiety around separation and the disillusionment of symbiosis are likely to intensify the child's fears and ambivalence around the individuation process.

Due to the symbiotic arrest, the child affectively experiences any breaking away from the merger as a perilous threat to structural cohesion. Food becomes the object that maintains the tie with the maternal figure. The child may grow up substituting a variety of different selfobject experiences for the merger experience when the demands of the separation-individuation come to the fore. However, food is imbued with special unconscious meaning. Unfortunately, we will never know for sure why food is the object of choice over some other activity or substance. Perhaps Bruch's (1973) proposition that parental caretakers who use food to provide myriad psychological needs for their child, rather than just nutritional ones, comes closest to understanding the unconscious significance of food in the obese character. Therefore, food becomes the center of all psychological activity, absorbed as a selfobject function intrinsically bound to the symbiotic experience.

Bruch's position ultimately focused upon the mother-child feeding interaction as the foundation of developmental failure but did not articulate how this disturbance becomes organized, synthesized, and integrated in character structure. I believe not only that the obese have difficulty discriminating between physiological hunger and other internal needs and states, but also that they unconsciously choose food as the object that satiates failed parental experiences. The use of food as the result of developmental fixation-arrest and chronic failures in the selfobject ambiance perpetuates the early fusion in self-object representations and sustains the affective experience of the all-good infant-mother unity (fused self and object units), which unconsciously preserves symbiosis. Failures in empathic and affective attunement by primary parental figures, particularly during the symbiotic phase of attachment, may provide a better explanation of the rudiments of obesity.

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