A QUALITATIVE EXAMINATION OF OBSESSION, REPETITION, AND ANXIETY THROUGH LACANIAN DISCOURSE ANALYSIS PERSPECTIVE

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ABSTRACT

A QUALITATIVE EXAMINATION OF OBSESSION, REPETITION, AND ANXIETY THROUGH LACANIAN DISCOURSE ANALYSIS PERSPECTIVE

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Obsession, repetition, and anxiety can be seen frequently and with various forms in daily life. Although punctuality, parsimony, meticulousness, or perfectionism are highly valued in school, work, or family environment, persons who have such features extremely (cleaning, control, order, hand washing, number counting, hair pulling, skin picking) have been diagnosed under the Obsessive Compulsive and Related Disorders. The purpose of the current study is to analyze the Subject's distinctive structuring and dominant discourse from a social constructive, structural, and critical positioning considering socio-historical and cultural perspectives of Obsessional Neurosis. For this purpose, the study is built on qualitative and Lacanian Discourse Analysis approaches. Six interviews were conducted with participants diagnosed with OCD as a purposive sampling. These interviews were transcribed, coded, and analyzed in terms of five focal points. According to first level analysis, even though participants are classified under the same diagnosis, their signifiers, metaphors, unspoken points, positioning, and

relations to the Other are also formed as uniquely in-talks. In the second level analysis, obsessional neurosis is seen to be characterized with some specific features; ‘repetition and existence of anxiety’, ‘rejection of Other in phantasm’, ‘repression and impossibility of desire’, and ‘masculine sexuation’. In the analysis of dominant discourse, “religious discourse”, “medicalization discourse”, and “traumatic life events discourse” were noted. Through explaining their psychological situation with these three discourses, persons get a validity and recognition. In the light of the current analysis, theoretical and diagnostic discussion were conducted. This study will provide crucial informations for clinical applications.

Keywords: Obsessional Neurosis, Obsession, Repetition, Discourse, Lacanian Discourse Analysis.

ÖZ

TAKINTI, TEKRAR VE KAYGININ LACANYEN SÖYLEM ANALİZİ YAKLAŞIMI İLE NİTELİKSEL BİR İNCELEMESİ

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Takıntı, tekrar va kaygı gündelik yaşamda sıklıkla ve çok çeşitli biçimlerde görülebilmektedir. Dakiklik, tutumluluk, titizlik veya mükemmelliyetçilik olarak görülebilecek bu özellikler okul, iş ve toplum çevrelerinde bir yandan pekiştirilirken, diğer yandan bu özellikleri fazlaca gösteren (temizlik, kontrol, düzen, el yıkama, sayı sayma, saç koparma ve deri yolma gibi) bireylerin tamamı Obsesif Kompülsif ve İlişkili Bozukluklar tanısı altında sınıflanmaktadır. Bu çalışmanın amacı, semptom bazlı tanılamanın ötesine geçerek, Obsesyon nevrozunda Özne'nin kendine özgü yapılanışını ve baskın söylemlerini sosyal inşacı, yapısalcı ve eleştirel pozisyonda ve tarihi ve kültürel perspektif ışığında incelemektir. Bu amaçla, çalışma niteliksel ve Lacanyen Söylem Analizi yaklaşımlarının üzerine kurulmuştur. Amaca uygun örnekleme ile Obsesif kompulsif bozukluk tanısı almış altı kişi ile görüşmeler yürütülmüş, görüşme kayıtları yazıya dökülmüş, kodlanmış ve belirlenen odak noktaları üzerinden analiz

edilmiştir. İlk seviye incelemelere göre, aynı tanı altında sınıflanmış kişilerin konuşmalarında temel gösterenleri, metaforları, konuşulmayan noktaları, pozisyonlanmaları ve Başka ile ilişkilenmelerinin kendilerine özgü olarak kurulduğu görülmüştür. İkinci düzey analizde, Obsesyon Nevrozu yapılanışının 'özgün semptom, gösterenin ısrarı ve kaygının varlığı', 'Başka'nın düşlemde reddedilmesi', 'arzunun bastırılması ve imkansızlığı' ve erkeksi cinsiyetlenme olarak dört özellik ile karakterize olduğu not edilmiştir. Obsesyon Nevrozuna ilişkin baskın söylem analizinde ise "dini söylem", "tıbbileştirme söylemi" ve "travmatik yaşam olayları söylemi" ortaya çıkmıştır. Kişiler yaşadıkları bu psikolojik durumlarını dini, tıbbi veya geçmiş yaşam deneyimlerine yükleyerek durumlarına bir geçerlik ve tanınma getirmektedirler. Bu bulgular ışığında teorik ve tanısal bir tartışma yürütülmüştür. Çalışmanın klinik uygulamalar için değerlendirmeden psikolojik müdahaleye dek önemli bilgiler sunacağı düşünülmektedir.

Anahtar Kelimeler: Obsesyon Nevrozu, Takıntı, Tekrar, Söylem, Lacanyen Söylem Analizi.

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TABLE OF CONTENTS

PLAGIARISM....iii
ABSTRACT....iv
ÖZ....vi
DEDICATION....viii
ACKNOWLEDGEMENTS....ix
TABLE OF CONTENTS....xii
LIST OF TABLES....xvi
LIST OF FIGURES....xvii
CHAPTER
1. INTRODUCTION....1
1.1. Context and General Overview....1
1.2. Problem Statement and Research Background....1
1.3. Main Research's Questions and Aims....4
2. THEORETICAL BACKGROUND....6
2.1. Definition and Diagnosis Considerations....6
2.1.1. Kraepelin's Positivistic Diagnostic Approach....7
2.1.2. Social Constructivist and Relativistic Approaches....8
2.1.3. Critiques on Kraepelin's Views....9
2.1.3.1. Lacan's Critiques towards Symptom-Based Approach: Symptoms as a Signifier....9
2.1.3.2. Contemporary Critiques toward Positivist Diagnostic Approach....13
2.1.3.3. Deconstructing Psychopathology....15
2.2. Obsessional Neurosis within Historical Perspective....17
2.2.1. Early Definitions of 'Obsession'....18
2.2.2. The First Psychoanalytic Explanation: Obsessional Neurosis and Repetition Compulsion....18

2.2.3. Behavioral and Cognitive Definitions and Researches on Obsession and Compulsion 19
2.2.4. Return to Freud: Obsessional Neurosis as a Clinical Structure in Lacanian Approach 21
2.2.4.1. Lacanian Subject: Before the Born, Language, and Discourse of the Other.....21
2.2.4.2. After Birth: Need – Demand – Desire, and Alienation – Separation.....22
2.2.4.3. Repetition Compulsion 25
2.2.4.4. Anxiety as a Signal.....26
2.2.4.5. Three Structures: Psychosis, Perversion, and Neurosis 28
2.2.4.6. Differentiation of Obsessional Neurosis and Hysteria.....30
2.2.4.7. Some Features of Obsessional Neurosis Structure.....31
3. METHODOLOGY.....34
3.1. The Reasons of Choosing Qualitative, Discursive and Lacanian Discourse Analysis Perspective as a Research Approach 34
3.1.1. Social Constructivism and Its Assumptions.....36
3.1.2. The Movement of "Turn to Language".....37
3.1.3. Discourse Analysis.....39
3.1.3.1. Parker's Approach: Lacanian Discourse Analysis.....40
3.1.3.2. Seven Theoretical Elements of Lacanian Discourse Analysis.....42
3.2. Method 44
3.2.1. Focal Points of the Current Analysis.....44
3.2.2. Sampling Method and Participants' Profile 46
3.2.3. Ethical Considerations.....48
3.2.4. Procedure.....49
3.2.5. Process of Analysis 49
3.2.5.1. Transcription 49
3.2.5.2. Reading and Coding.....50

3.2.6. Trustworthiness of the Study 51
3.2.6.1. Researcher's Role in this Study 52
4. ANALYSIS 54
4.1. Findings from Primary Level Analysis on Subjects' Formation Process In-Talks 54
4.1.1. Focal Point 1: Signifiers, Metaphors, and Repetitions 56
4.1.2. Focal Point 2: Crucial and Unspoken Points 62
4.1.3. Focal Point 3: Relation to the Knowledge and Other 71
4.1.4. Focal Point 4: Clinical Structure 81
4.1.5. Focal Point 5: Deadlocks of Perspective in the Interview 84
4.2. Secondary Level Analysis 89
4.2.1. Main Features of Obsessional Neurosis from the Subject's Talks 89
4.2.1.1. Unique Symptoms, Its Insistence, and Existence of Anxiety 89
4.2.1.2. Rejection of the Other within Phantasm 90
4.2.1.3. Repression of Desire and Its Impossibility 91
4.2.1.4. Masculine Sexuation 92
4.2.1.5. Summary of the Second Level Findings 93
4.2.2. Dominant Discourse about Mental Health and Obsessional Neurosis in Subject's Talks 94
4.2.2.1. Religious Discourse 94
4.2.2.2. Medicalization Discourse 98
4.2.2.3. Traumatic Life Events Discourse 103
5. DISCUSSION 105
5.1. Diagnostic Discussion and Clinical Implications 107
5.1.1. Subjectivity 107
5.1.2. The Insistence of Signifier and Anxiety 109
5.1.3. Positioning Regarding the Other, Neurotic Questioning, and Sexuation 110

5.2. Discussion Regarding Dominant Discourses 114
5.3. Clinical Implications 119
5.4. Limitations, Future Directions, and Strengths 121
5.6. Conclusion.....123
REFERENCES.....124
APPENDICES
A. ETHICAL APPROVAL FORMS 142
B. INFORMED CONSENT FORM 144
C. POSSIBLE QUESTIONS AND PROMPTS FOR SEMI-STRUCTURED INTERVIEW 145
D. VITA 146
E. TÜRKÇE ÖZET/ TURKISH SUMMARY 150
F. TEZ İZİN FORMU / THESIS PERMISSION FORM 179

LIST OF TABLES

TABLES

Table 1. Demographic Information of Participants 47
Table 2. Transcriptions Symbols Selected from Jefferson's List 50
Table 3. Primary Level Analysis of the Subject's Formation Process in-Talks... 55

LIST OF FIGURES

FIGURES

Figure 1. Substitution of a signifier (S_1) for the barred Subject *($)*.....11

Figure 2. Clinical structures, mechanisms, and moments of Lacanian Structural Clinical Model 29

Figure 3. Secondary level findings regarding obsessional neurosis 93

Figure 4. Sum of the analysis of dominant discourses in participants' talks about mental situation and obsessional neurosis 96

CHAPTER I

INTRODUCTION

1.1.Context and General Overview

This thesis was constituted as a social constructivist and critical discursive, which addresses dominant discourse on obsessional neurosis and mental situation through highlighting subjective, social, and historical contingents. It was grounded upon some questioning and evaluations related to the definitions of mental states, abnormality, and dominant discourses, specifically intrusive thoughts, ritualistic acts, and anxiety.

In the first chapter, general information about the current research was given. Then, in Chapter 2, the theoretical background of the research was evaluated, which included diagnosis and classification consideration of mental situation, current critiques toward diagnostic discourse, and obsessional neurosis. In Chapter 3, the methodological positioning of the research and method were detailed. In Chapter 4, the first and second level analyses were conducted. In the last chapter, findings were discussed; and conclusions and implications were given.

1.2. Problem Statement and Research Background

Intrusive thoughts and ritualistic acts which were well-known as obsessions and compulsions have long been seen in daily life with many kinds of forms. Such a variety of symptoms can be evaluated as an abnormal mental situation in some conditions, but it can also be interpreted as a feature of ‘good’ characteristic of a person.

Productivity, perfectionism, parsimony, attention to detail and moral character are highly valued in school, work or family environment. Even when the children do not match the rules, they are easily labeled as non-adaptive. Thus, being tidy, punctual, and emotionally controlled are accepted as the good characteristics of a hardworking child and worker. However, if these features become excessive, the person is diagnosed with 'obsessional character'.

In addition to the differences in the daily evaluations, there are also different approaches within the field of clinical psychology when it comes to defining, conceptualizing, and handling obsessions and compulsions. According to the general tendency of the present day, intrusive thoughts and ritualistic acts have been evaluated as an anxiety disorder. Contemporary dominant approaches to the psychotherapeutic evaluations take over the medical-based diagnostic system. According to the existing diagnostic manuals, these symptoms were firstly defined as the term Obsessive Compulsive Disorder (OCD) However, it is well known that the definitions of categories in these manuals have also constantly revised and changed countless times even within the last 50 years. Diagnostic and Statistical Manual of Mental Disorders (DSM) first published in 1952, which included 106 diagnoses with 130 pages length, while last version (5^{th}) has included over than 300 diagnoses with 952 pages (Futrell, 2014). Today, in the 5^{th} version of DSM, the name of the category has changed as 'Obsessive Compulsive and Related Disorders' (OCRD) and starts to include body dysmorphic disorder, trichotillomania (hair-pulling disorder), hoarding disorder, Tourette's syndrome, other tic disorders, excoriation (skin picking) disorder, eating disorders, impulse-control disorders, and addictions (American Psychological Association (APA), 2013; Hollander, Kim, Braun, Simeon, & Zohar, 2011). Within such a structural difference, according to this manual, people are diagnosed under the same name based on some *symptom-similarity*.

Moreover, in this manual, the comparison and comorbidity of OCRD are also added, which are specifically OCD vs/with Depression, OCD vs/with Eating Disorder, OCD vs/with Schizophrenia, and so ford. It can be easily realized that there has presented us many combinations of symptoms related to the comparison or comorbidity of them. Romanowicz and Moncayo (2014), criticized this effort, since there are more than 300 categories, without the combinations of them, and needs more considering the human uniqueness.

Additionally, these manuals present us different symptoms under the superior group named as ‘disorders’ as well as their combinations. For example, risky car driving, and alcohol abuse are accepted as a sign of Borderline Personality Disorder, which has been already lasted as a controversial diagnostic term. Although obsessional neurosis was categorized under the anxiety disorder, there is an emphasis that these symptoms frequently appear with psychotic disorders.

In this manual, the difference between OCD and OCPD is assumed to come from the patient being either ego-dystonic or ego-syntonic (Futrell, 2014). Accordingly, in OCD, repetitive obsessions and compulsions are accepted as intrusive and unwanted, thus the person suffers from or is disturbed by their experience (McWilliams, 1994). However, OCPD is accepted as a character or personality problem, in which there are pervasive patterns such as orderliness and perfectionism, assuming that they do not disturb the patients and that they are unaware of their ‘pathological’ nature (Mitchell & Black, 2014). With these assumptions, medical-based therapies define character disorder (OCPD) as more difficult (to change or go through symptom remission) than symptom neuroses (OCD). If ‘the success of treatment’ is defined as a symptom reduction, they naturally aim to relieve these complaints. They do not aim for any change in the patient’s psychic economy by focusing on the symptom’s function and its relation to desire.

Overall, I thought these diagnostic manuals categorize individuals by only considering the appearance or non-appearance of their symptoms because it is based on the empiricist idea that similar symptoms *can* be assembled under the same roof. Although this perspective works in almost all the other medical health care fields and among professions, what is the reason of using such classification systems while working with a person in the one-to-one process when we think of the person's uniqueness? One can say that categorization supplies the human being as a 'practicable' position. Even so, is it practicable for patients or practitioners? For whom is this classification? The logic of using such symptom-based categorizations in terms of the therapeutic process is still uncertain in some respects. Additionally, the current discourse on these symptoms in person's unique talks are not detailed, and analyzed yet in qualitative, structural, and language-based perspective.

1.3. Main Research Questions and Aims

The aim of the current study is to focus on the examination of the dominant discourse on symptom-based diagnostic approach related to obsessions and compulsions through highlighting subjective, social, and historical contingents. More specifically, the aims of this study are

- to evaluate the definition and explanations of intrusive thoughts and ritualistic acts within historical perspective,

- to indicate the roles of the subjective formation process of the subjects who got the same diagnosis,

- to deconstruct the dominant discourse of the subject on mental situation and obsessional neurosis, and

- ❖ to indicate the importance of the cultural and political context over the subject's own formation process.

The analysis focuses on specifically subjective formation process of participants diagnosed with obsessive-compulsive disorder, considering socio-historical conditions in discourse. This symptom-based diagnosis and participants' discursive socio-historical construction are compared.

Within this goal, the current study is specifically constituted around the following questions:

1. How do participants construct their symptoms of intrusive thoughts, repetitive acts, and anxiety feelings in their own subjective structure in-talks?
2. What is the dominant discourse on mental states in person's talks today?
3. How is a person's socio-historical subjective structuring affected and constituted within that person's discourse

CHAPTER II

THEORETICAL BACKGROUND

"Symptoms…as complex as a poetic phrase whose tone, structure, puns, rhythms, and sound are all crucial"

"..try to see what language is originally."

(Lacan, 1953/2013, p. 17).

2.1. Definition and Diagnosis Considerations

How psychopathology is defined? What and Whose are Symptoms?

Since ancient times, people have asked *the questions* on abnormality, psychopathology, and mental states of people. The questions that what is an abnormality and how do we determine behaviors as psychopathological have attempted to get an answer through different ways in different periods.

Before the period of the age of enlightenment, the mental situations were evaluated via the methods of exorcism with the effect of *supernatural approaches* (Siegler & Osmond, 1974). After the supernatural approaches, somatogenetic views became dominant to explain psychopathological behavior, in which medicine should be differentiated from religion, magic, and supernatural beliefs (Davison & Neale, 2004). According to this perspective, mental disorders also have some natural causes like the function of the body; thus, mental states should be handled in similar ways to other disorders like cold or pain.

Then, there becomes a shift towards the *moral model*, which involves the thought that criminal behaviors were perpetrated on purpose and that the perpetrator needed to be punished. This condition was extended over the usage of prisons as a mental hospital – Bethlehem is well-known as for this application (Davison & Neale, 2004, pp. 13-15).

When the psychological focus effected on "scientificness" views in the 1960s, mental states were started to be determined with *the positivistic model*. Since this model created a turning point for the field of clinical psychology, it was comprehensively addressed.

2.1.1. Kraepelin's Positivistic Diagnostic Approach

When the psychological focus shifted to the behavioral and cognitive explanations in1960s with a rising effect of scientificness views, mental states were started to be determined with *the positivistic model* of Emil Kraepelin. The main idea of Kraepelin was that mental situations could be observed and measured just like natural sciences because a mental condition's existence could be accepted as being there objectively. According to this hypothesis, if a mental condition is observed, it could be predicted (as cited in Berrios & Hauser, 1988), since information is immutably observable independent of the researcher and any influence (Balnaves & Caputi, 2001; Lutz & Knox, 2014). Therefore, it can be purged from the obtainer's (the researcher's) subjective judgment (Balnaves & Caputi, 2001; Kuş, 2003). With these Kraepelin's studies on identifying and classifying mental conditions, the first diagnostic model was formed, which used to diagnose and classify individuals by considering frequencies, similarities, and differences (Davison & Neale, 2004; Gallagher, 2011).

For clinical applications, Paul Verhaeghe (2008) specifies three qualities of these Kraepelin's diagnostic approach. Accordingly, a clinician who was motivated by

Kraepelin's diagnostic approach that is founded on realism and positivism ontology, starts taking a stance on the existence or non-existence of mental conditions by giving a diagnosis. In other words, the application begins with the existence of symptoms that the individual seemingly has. These symptoms were evaluated as "signs" that had fixed meanings, as it seems to the first views of Saussure (it was detailed later). Second, a clinical application that oriented with the medical approach worked with a method that went from general to specific. The patient's general outlook and diagnosis lead to information that was more detailed. Third, in an application, which based on stability and objectivity, a connection may not be found between the person who gave the diagnosis and person who conducted the treatment/psychotherapy. Someone independent can take clinical history and diagnosis from the person who conducts the therapy. Thus, in the medical approach, the pursuit of a cure can begin after the diagnosis (Verhaeghe, 2008). Therapies that orient that ontology can be done with different methods, but these therapies have common questions like what the pathology of the client/patient is or which is to reduce the symptoms.

These Kraepelin's views led to a system on classification and diagnosis of psychopathology. It gave rise to emerge in the psychology field with the view of behaviorist and biological movement (Davison & Neale, 2004). Even, psychology had started to be announced "as a kind of positive science". Dealing with the psychological/mental situation on today, mental health services have appeared to operate the classification and diagnostic perspective that based on the Kraepelin's positivistic approach.

2.1.2. Social Constructivist and Relativistic Approaches

Although Kraepelin's positivistic and realistic approach provides a basis on the area of mental health works and clinical psychology, social constructivism and relativism views have started to influence social fields in 1950s with the

contradictory position toward positivism and realism (Kuş, 2013). According to this approach in general (it was detailed in the methodology chapter), the world and subjectivity were intertwined and inseparable, contrary to the positivistic approach. As a basis, reality is not accepted independently of human action; on the contrary, it occurs the product of interactions in specific historical and cultural frame (Arkonaç, 2014; Dosse, 1997; Giorgi, 1985); and knowledge could only be constructed through the existence of the perceiver (Gearing, 2004).

The relativism and social constructivist paradigms directed some researchers to evaluate the definition and the categorization process of mental states. A psychologist, Michel Foucault, for example, in 1960s, worked on the mental states with a different perspective in his books *History of Madness* (1961/2006) and the *Bird of the Clinic* (1963/2003). His views highly affected the definitions and evaluation of mental states and psychopathology. Another person, Jacques Lacan, worked against dominant views during his period, especially about clinical mental states. Relativistic, social constructivist and structuralism approaches of Saussure, Jacobson, and Levi-Strauss inspired his studies (Evans, 2006). Lacan indicated a different clinical approach from Kraepelin's positivistic model (Austin, 2011). Thus, the reality of mental states does not become independent from the observer or practitioners in the social constructivist approach. The phenomenon of the mental situation gets their meanings with its creators and the Other. Thus, clinical psychodiagnostics have focused on listening, although medical diagnosis measured certain parameters with objective criteria (Verhaeghe, 2008). Since the methodology of current research based on the social constructivism and relativism approach, these views were more detailed in the part of the methodology.

2.1.3. Critiques on Kraepelin's Views

2.1.3.1. Lacan's Critiques towards symptom-based approach: Symptoms as a signifier

During the middle of 19th century, under the effect of the relativism, structuralism, and social constructivism approaches, Lacan (1964/1998, p. 20-21) announced in his XI Seminar positioned opponent toward Anglo-American perspective. His critique came from the thoughts that analyst in his period handled the mental situation as a *positivistic* science effortlessly, thus got changed and deviated from at the Freud's studies. These analysts positioned themselves in the "subject supposed to know" position, which is the mastery position toward the analysand, thus they handled the subjective issues like mental situation and unconscious as if they were "objects" which could be known through realist and positivist approaches. Lacan firstly suggested that the object of psychoanalysis was unconscious; and emphasized that unconscious emerged in language by stating "unconscious was structured like a language" (Lacan, 1964/1998). Thus, he started by calling his studies as the movement of "return to Freud". According to Lacanian view, psychoanalytic praxis should be focused on the subjective formation processes, rather than aiming to strengthen subject's ego. Additionally, psychoanalysis should be focused *on the listening of subject's own words in his clinical structure* (Lacan, 1975/1991; Homer, 2016).

Secondly, Lacan also criticized the symptom-based approach like Anglo-American positioning, because he suggested that those who are categorized under a 'disorder' are highly likely to manifest different symptoms from each other. In other words, he suggested that people are structurally different from each other even if they seem to have the same symptoms in the surface. Therefore, the analysis should not focus on the person's symptoms, and rather than combining different symptoms on the surface the analyst should evaluate the structure of the subject (Lacan, 1964/1998, p. 11). Lacan regarded *symptoms as a signifier*, which represented the Subject for another signifier. He based these views on Saussure's linguistic works, Levi-Strauss' structural approach, and Roman Jakopson's concepts of metaphor and metonymy within language (Homer, 2016, p. 51-68).

Saussure, who defined and put forward his ideas on language with the structuralist approach (Evans, 2006, p. 185-187), indicated that language is a structural system, in which there are 'signs' that have some static meaning. However, the concepts code and message did not suffice for Lacan. According to him, every communication at least partially creates an internal failure (an impossibility) (Verhaeghe, 2008, p. 37).

$S_1 \longrightarrow S_2$

Impossibility

Rather than an equivalence between the world and thing, according to Lacan, *there is a division between the image (signifier) and signified* (Verhaeghe, 2008, p.53). Since Lacan thought that language is not static, he changed Saussure's structural term "sign" as "signifier" (Evans, 2006, p. 187). A signifier is a mark of another signifier; and thus, a web of signifiers that lead to a structure evolves (Dor, 1998). "*Meaning"* is determined by the larger linguistic and sociocultural context.

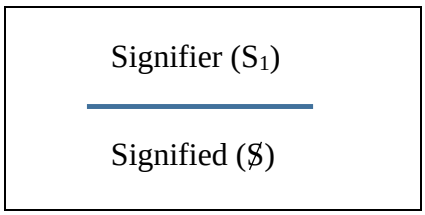

Figure 1: Substitution of a signifier (S_1) for the barred Subject ($\not{S}$)

According to this works, "*lack*" is the main condition that makes *displacement* (for representation) possible. The combination of lack and displacement makes reflection possible (Verhaeghe, 2008, p. 54). This lack is the foundation of the subject, which is based on the Freud's assumption that the primary loss refers to the undivided relationship with the primal object (the mother) and results in an

endless search for the restoration of this original relationship. The speaker is continuously displaced by signifiers and become a divided subject. Thus, a signifier represents a subject for another signifier (Fink, 1996).

Based on these assumptions, Lacan put forward Discourse Theory and Clinical Structural Model, which was focused on the subject's formation process within the language and Other across the symptom-based approach (Gallagher, 2011). To explain the logic of his approach, Romanowicz and Moncayo (2014) used the *metaphor of rubber sheet.* According to them, that material can be stretched or bent. However, although its shape appears to be different, its structure remains constant. Therefore, Lacan thought that *symptoms are only the signifiers, which signify the main structure of person* (Lacan, 1964/1998, p. 67). Clinical structures stay in the surface just as symptoms, rather than in the depths, under the symptoms. This is the reason why clinical structures (psychosis, perversion, and neurosis, which will be given later in detail) should be focused, but not the symptoms *because the symptom is also a signifier* (Verhaeghe, 2008). This idea creates the main distinction from Lacanian psychoanalysis to the medical diagnostic approach: *There is no universal mean of neurotic symptom since each symptom is unique* (Evans, 2006). Lacan said that:

> "They (symptoms) are always polyvalent, superimposed, overdetermined, and, indeed, constructed in the exact same way as images are constructed in dreams. We find here a coming together or superimposing of a symbol that is as complex as a poetic phrase whose tone, structure, puns, rhythms, and sound are all crucial. Everything occurs on several levels and partakes of the order and register of language. The importance of this will perhaps not sink in if we do not try to see what language is originally"
>
> (Lacan, On the Names-of-the-Father, 1953/2013, p. 17).

The basic differences between Lacanian structural approach and the Kraepelin diagnostic approach were started to ground on their evaluation of symptoms.

Symptoms are evaluated as signs with fixed meanings in medical diagnosis, however, in Lacanian approach, symptoms are taken into consideration as signifiers; are not connected to a fixed interpretation/diagnosis, as they would be in the Kraepelin's approach. Instead, it is claimed that it gains meaning through the individual's distinct chain of meaning. Verhaeghe (2008) gives as an example of a patient who was brought to the clinic for problems such as 'stealing a Mercedes'. In this example, Mercedes is evaluated as a signifier, which gets a meaning in the Subject's own world that can be taken into consideration within the Subject's relationship with the Other. Mercedes as a signifier will never have the same meaning in any other clinical situation. It is proposed that this symptomatic behavior can neither be linked to a fixed meaning nor can it be taken within the diagnosis. Instead of equating it to a fixed structure, a signifier is taken as a fluid condition (Verhaeghe, 2008).

Therefore, Lacanian structural approach was mainly composed of the idea that humans' structures are unique, even the human being is at an intermediary position between nature and culture. Thus, the divided form of subjectivity defines human beings (as cited in Romanowicz & Moncayo, 2014). Those structures come into existence in "subjectivization" moments (alienation and separation) of the subject:

> "All important moment in the subject's life where the mediation between the subject and the Other; between demand and desire takes place around this very ambiguously defined object which is called the partial object."
>
> (Lacan, 1961/2010, p.195)

2.1.3.2. Contemporary critiques toward positivist diagnostic approach

In general, diagnostic criteria are consisted of some characteristics under names referring to disorders and suggest that if a person suffers from, for example, five or more of these symptoms/characteristics on the list s/he will get that diagnosis.

However, Verhaeghe (2008) asks that why they are looking for five but fewer or more match? No one can give a meaningful answer to this question. The border was located based on some arbitrary-nominative categorization. Diagnosis always implies at least partial failure. According to him (2008), this is not just a philosophical but also an epistemological problem: How does science conceive the relationship between words and things? What is the relationship between the nosological designation and clinical reality? Additionally, any diagnosis always yields relative results; therefore, these results need to be evaluated against a representative group, although the parameters for measurement themselves can never be exact (Verhaeghe, 2008). Such categories can only be regarded as ideally, thus reality will always diverge (Verhaeghe, 2008, p. 32). This is known as reliability and validity problem.

There is another problem with the generalizability. Some researchers have seen this taxonomic positioning as reductionist considering the unicity of the person. For instance, Romanowicz and Moncayo (2014), who work on deconstructing the mental categorization of DSM criteria, emphasized that treatment, which itself aims to reduce symptoms, creates some important losses because of its reductionist features. During talks with the individuals, they more likely would express themselves in an idiosyncratic and distinctive style, although they were diagnosed in the same category. Looking at different times or cultures, definitions of psychopathology or abnormality seem to change, thus a disorder can only be culture-specific. In a sense, the definitions and names of the 'disorders' changed from culture to culture or time to time. Even, DSM changed five times for the reason of "updating" and each of the revisions came us with more disorders that are *new*. According to Romanowicz and Moncayo (2014), today, there are more than 300 categories, without the combinations of them, but it can obviously and simply be seen that people are quite different from each other.

Thirdly, medical diagnostic approach is not only pathologies the person via labeling, but also patient pathologies *when they do not fit the class*. Especially, this case is presented as an "extreme case" among medical service practitioners (Parker, Georgaca, Harper, McLaughlin, and Stowell-Smith, 1995). Moreover, this power on using medical terminology also affects other workers who are responsible for labeling the people, such as psychologists, nurses, and social workers.

Fourthly, these categories are seen *itself constitutive*: the existence of these categories creates these problems. For example, Hepworth and Griffin (1990) have argued that the discovery of anorexia nervosa in the 19th century was constructed by cultural discourses, and there is an increment of the number of diagnosed persons (as cited in Parker et al., 1995). Therefore, he asked the question that before the 19th century is anorexia nervosa, or not?

Another critic is that assembling such distinctness of symptoms under the same roof does not create a meaning for the therapeutic process; even if it can be said that this approach feeds the gap between self (ideal-ego) and subject (ego-ideal) (Verhaeghe, 2008).

Lastly, the use of terms such as normal, deviant undesirable inevitably implies a norm that implicitly carries a *power relation.* This means that it is juridical-normative. However, this perspective ignores the structural relationship between individual and Other, which this relationship often becomes a power relationship. Thus, according to Verhaeghe, (2008), like in the Purloined Letter, it is so obvious that nobody even sees it anymore (p. 32).

2.1.3.3. Deconstructing psychopathology

In the last decade, Ian Parker, David Pavon-Cuellar, Eric Burman, Georgaca and their team, specifically have worked on the open the notion of psychopathology

and explore the implications of deconstructive ideas for the theories and practices that underpin clinical treatments (Parker et al., 1995). For this aim, they search how symptoms are constructed, and how they reinforce popular stereotypes and different form of oppression. By doing these, they turn their attention to how cultural images of psychological distress affects the people understanding themselves in the mental health system. They specifically explore the cultural representations of psychopathology and those representations' effect on clinical practice. They work on the deconstruction of the dominant discourse of mental states with critical positioning, qualitative approach, psychoanalysis, and Lacanian views within socio-historical perspective.

According to Parker and his colleague (1995), *deconstruction* was the first defined by Derrida's works at 1976 and 1978, which identified conceptual oppositions excluded the ideas of privileged. Because, when we speak, it appears as if all meaning comes from within our mind. However, Derrida takes the consideration that language is a system that already out of control, thus writing disrupts the opposition. According to Parker et al. (1995):

> "Deconstructing psychopathology is required for a critical understanding not only of the history of psychiatry but also of the history of cultural experiences of mental distress and of the cultural meanings of abnormality/normality" (p. 56).

It is a process of reading which unravels the categories by considering its opposition. In other words, the main idea of deconstruction is that the notion of 'health', for example, does not exist without the opposite. Thus, it requires a description of sickness to make sense. As a result, deconstruction provides a way of tackling the internal contradiction of the texts (Parker et al., 1995). However, they emphasized a condition: while doing that, a researcher needs some historical account and theoretical background. Thus, we do not use them without working with his powerful partners, which is 'under erasure'. According to these works, *psychopathologies seem and evaluated as culture- and time- specific.* Therefore,

the evaluation of mental states also takes its current shape with the accumulation of its historical and theoretical knowledge. These views point to the language as the center of research or application. Understanding of language is seen as crucial to the account of medical terminology. Additionally, we must connect language with an institution and historical and cultural background. In all, deconstructive views asked the question of *how the commonly used indicators of mental illness and powerful institutions of mental health come into being* (Parker et al., 1995).

Georgaca (2000, 2003) also works on deconstruction of mental situation. According to her, an illness reflects the inability of the person to function in society, and it is considered a reaction to serious social problems. She insisted that in shaking these dominant categories by highlighting their historically contingent and professional interests. With this perspective there are a few studies on the deconstruction of clinical categories, which are about the issue of delusions (Georgaca, 2000), hearing voices (Georgaca, 2003; Romme & Escher, 2000), mental illness (Bilić & Georgaca, 2007; Griffiths, 2001). Additionally, some researchers are studying on the history of psychological concepts, such as anorexia nervosa (Hepworth & Griffin, 1990); schizophrenia (Berrios, Luque & Villagran, 2003), obsession and compulsion (Berrios, 1996). However, there is no work on deconstructing obsessional neurosis within historical perspective in-subjects talk, especially Lacanian and discursive perspective. As the scope of the current study, 'obsessional neurosis' would be reviewed and evaluated within historical development in the above part.

2.2. Obsessional Neurosis within Historical Perspective

"Subject exist within the language and through Other, Other discourse"

(Lacan, 1961/2010)

2.2.1. Early Definitions of 'Obsession'

The French word "obsession" was used to define an action of besieging, which originates from a Latin word "obsessionem" and "obsessio" that means *siege* or *blockade* in the sixteenth century (Online Etymology Dictionary, 2017). Obsession was used as a hostile action of an evil spirit, and then, it was transferred to a sense of the action of anything that engrosses the mind.

2.2.2. The First Psychoanalytic Explanation of Obsessional Neurosis and Repetition Compulsion

In the early twentieth century, with the appearance of psychoanalysis with Sigmund Freud, who was the first working on mental states as a psychological situation and accepted the idea that psychological situations affected important life events; thus, these could be uncovered via talking (1909a), the explanations on obsessions started to be in the psychology field. Freud was the first to use the term "obsessional neurosis" in 1895 as a psychological structure, which includes some symptoms of "obsessions" as kind of absurd and unwanted inner thoughts that cause anxiety, and "compulsive acts/rituals" as some repetitive behaviors as *reactions* for those intrusive thoughts. Then he detailed some features of obsession such as orderliness, obstinacy, and parsimoniousness (Freud, 1907, 1908). However, in his later works, Freud (1909b) emphasized especially the features of the "inhibition" and "isolation" mechanism in his case study, *Notes upon a Case of Obsessional Neurosis* – who was known as "Rat Man".

The term "Repetition Compulsion" was also used by Freud in *Beyond the Pleasure Principle* (1920) to indicate the existence of basic compulsion to repeat which is the tendency of the subject to expose himself again and again to distressing situations.

"As a rule, the repetition is ill-applied and interpolated into an inappropriate context, but occasionally, as in our last instances, it is so neatly employed that to begin with it may give the impression of independent intellectual activity in the dream"

(Freud, in *Interpretation of Dreams*, 1900, p. 917)

"Repetition of similar experiences may lead us to suspect that *there is an intimate and regular relation between the unintelligible and confused nature of dreams and the difficulty of reporting the thoughts behind them*. Before inquiring into the nature of this relation, we may with advantage turn our attention to the more easily intelligible dreams of the first category, in which the manifest and latent content coincide, and there appears to be a consequent saving in dream-work."

(Freud, in *On Dreams*, 1901a, p. 1061)

"We have every reason to suppose, too, that the very frequent repetitions of the same word in writing and copying - '*perseverations*' - are likewise not without significance. If the writer repeats a word he has already written, this is probably an indication that it was not so easy for him to get away from it: that he could have said more at that point but had omitted to do so, or something of the kind. *Perseveration* in copying seems to be a substitute for saying 'I too'."

(Freud, in *The Psychopathology of Everyday Life*, 1901b, p. 1213)

2.2.3. Behavioral and Cognitive Definitions and Researches on OCD

Based on Kraepelin's positivistic diagnostic approach, the term that Obsessive Compulsive Disorder (OCD) was designated in the diagnostic manuals as a kind of anxiety disorder (APA, 2013). According to this definition, obsessions were accepted as mainly characterized by persistent, intrusive, and distressing thoughts, images or impulses; and compulsions were defined as including the repetitive or ritualistic actions. Today, in contemporary version of Diagnostic and Statistical Manual of Mental Disorders as a 5th version, the name of the category was changed as 'Obsessive Compulsive and Related Disorders', and have started to also include

body dysmorphic disorder, trichotillomania (hair-pulling disorder), hoarding disorder, Tourette's syndrome, other tic disorders, excoriation (skin picking) disorder, eating disorders, impulse-control disorders, and addictions (APA, 2013; Hollander, Kim, Braun, Simeon, & Zohar, 2011).

The great numbers of research grounded on Kraepelin's approach focused on determining frequencies and etiologies of obsessions and compulsions. According to its finding, typical obsessions were reported as thoughts about contamination, order-symmetry, sexual and/or religion, pathological doubt, health, and hoarding obsessions, as well as, the typical compulsions were reported as washing, counting, checking, and symmetry (e.g., Ball, Baer, & Otto, 1996; Eisen & Rasmussen, 2002; Taylor, 2005; Rasmussen & Eisen, 1992). Moreover, they reported on the issue of gender differences. Accordingly, while women were found with more washing and cleaning rituals, men showed more sexual and symmetry obsessions, and checking rituals (e.g., Matsunaga et al., 2000). Additionally, OCD was studied in the matter of its comorbidity with other disorders. Considering findings, OCD showed high comorbidity with almost all other diagnosis, such as anxiety and mood disorders, social phobia, agoraphobia, depression, hypochondriasis, body dysmorphic disorder, trichotillomania, eating disorders, tic disorders, Axis II disorders (e.g., Bartz & Hollander, 2006; Denys, Tenney, Megen, Geus & Westenberg, 2004; LaSalle et al., 2004).

According to the cognitive and behavioral explanations on the mechanism of OCD, Salkovskis (1985) model has been widely accepted. This model revealed critical difference between unwanted-intrusive and negative-automatic thoughts (Rachman, 1997; Salkovskis, 1989). According to that, although obsessions were defined as unacceptable (ego-dystonic), irrational, and intrusive, negative automatic thoughts were defined acceptable (ego-syntonic), rational, less intrusive, and plausible. However, Salkovskis (1985, 1989) emphasized "neither the event nor the thought; but the *person's appraisal of the event* leads to anxiety".

Therefore, in this approach, obsessions were defined as "individuals' appraising of their distressing thoughts as dangerous, so they try to control such thoughts" (McKay et al., 2004). Mental rituals, neutralizing behaviors, thought-action fusion, and thought suppression were determined as characteristics of those persons, and it is claimed that all those features lead to a cycle (McKay et al., 2004; Rachman,1997; Salkovskis et al., 2000). In cognitive and behavioral therapy, the therapist works on these thoughts starting to hinder the compulsion, and later to change the dysfunctional beliefs of the person (Hacıömeroğlu, 2008).

2.2.4. Return to Freud: Obsessional Neurosis as a Clinical Structure in Lacanian Approach

In the Lacanian psychoanalytic perspective, intrusive thoughts and rituals were evaluated as kinds of symptoms; and symptoms are shown as unique signifiers in the process of Subject's own subjective formation (Gallagher, 2010; Miller, 2003; Miller, 2005; Vanheule, 2001). In this approach, obsessional neurosis defined one of the clinical structures, rather than a symptom-based class. Thus, in order to evaluate obsessional neurosis, the Lacanian Subject was evaluated in the formation process.

2.2.4.1. Lacanian Subject: Before the born, language, and discourse of the Other

If we talked about a Subject, according to Lacan, the place prepared for him/her before coming to the world was already talked. The parents' decisions on having a child, their trying to select name, preparing the room and their images of the baby was there before the infant born yet (Lacan, 1956-1957). In other words, the "living being" (not yet a Subject for Lacan) comes to his/her subjective world before s/he biologically exists. Within the history of the subject, a child born into pre-established place (Fink, 1996). We had born in a world of discourse that started

before our birth. This discourse belongs to the Other (Other is used by Lacan to mark an important person/thing. In this position, firstly, mOther was there, then it will be replaced by the second Other). Thus, Lacan said that the Other as language constitute the Subject: "It is the Other as the collection of all the words and expression in a language" (Fink, 1996). This is one of the important emphasis of Lacan's views that *subject exists within the language and through Other, Other discourse* (Dor, 1998; Lacan, 1961/2010).

2.2.4.2. After birth: need – demand – desire, and alienation – separation

With birth, living being's necessities such as eating, or drinking are covered by mOther (or a person fulfill this place). In this relation, the infant started to define his/her fragmental bodies by investigating his/her mother's whole body. In these moments, which called as mirror stage, the infant starts to confront the mOther in some respects, such as language, images, voices. This process is defined as occurring first images (Lacan, 1953/2013, p. 24). The ego-ideal and ideal-ego are formed with this relation.

After a while, the infant is obliged to go beyond the crying in order to express their wishes. To get on well with mother, infant submits to the mother's language. This choice (introducing mother's language) is shown as a 'forcible choice' (Fink, 1996, p. 53), thus, according to this perspective, every human being who learns to speak is alienated from himself/herself. However, this choice accepted in Lacanian subject formation process as the constitutive for being a subject. Through this alienated position (put aside his/her some subjective part), s/he faces a feeling of fundamental loss, emptiness or lacking (Lacan, 1961/2010, p. 132). Infant face to face with an absence between her/himself and Other and language system. What Lacan calls "lack of being" is determined as the first ontological gap of Subject (Homer, 2016, p. 50). However, this thing was also not evaluated by Lacan negatively in the subject formation process; rather, this loss or gap accepted as the

specifically the founder of the Subject. In other words, infant weaves his/her being around this gap (Lacan, 1961/2010, p. 201). The Subject is formed around this gap through the Other. Thus, the Other can be found as an important place on the formation process of the Subject. This is the first step on subjectivity as alienation, which requires renunciation from some part of him/herself being, and desiring within language (Fink, 1996, p. 99; Verhaeghe, 2008, p. 213).

After ensuring the cooperation with language, later knotting occurs via the father's prohibition of jouissance (Futrell, 2014). At first, the infant's sole source of *jouissance* (defined as love or pain) was the mother. However, afterward, the mother that was a hole of the baby was not able to always there for the baby. The child feels that there is something else, which prevents the mother from coming for her. It should be noted that this process works as differently for girls and boys, thus, for more interest; it can be evaluated as this is a gender-related issue. However, generally, this step was the time when the child defined the "third". In this moment of which the father as a third, or named *paternal function*, which refers as a position, father within mother language, keeps the child at a certain distance from mother. At that time, infant 'is forced to give up' certain own jouissance. According to Lacan (1981/1993, p. 230), if there was a failure on the entrance of the paternal function or Name-of-the-Father (foreclosure) into the child-mother relationship, the "psychosis" was shown. At all, accomplished alienation involves a child's cooperation with the language through sacrificing his/her being, and his/her satisfaction obtained with mother (Futrell, 2014).

Over time, the coverage of infant's *necessities* such as eating or drinking by mOther at the accurate timing begins to fail, decrease. In there, *Demand* seems like evidence for the mark of the love of the Other, in addition to meeting the physical needs (Evans, 2006). Nevertheless, although the physical needs can be saturated, the composition of love that s/he has brought up remains and this constitutes the *desire*. In separation, as the second identification moment, separation, the alienated

subject confronts the Other on desire, rather than on language subject. The Infant does not know him/herself and seeks an answer to the existential question “Why did parents have me? What do they want from me?” S/he wants to know whether s/he is desired (Lacan, 1961/2010, p. 129). Then, infant finds out mother’s lack in her communication with Other and attempts to complete it, because there is some mother’s desire outside of infant. This place/thing of mother’s desire where s/he assumes to found it shows the cause of desire, which defined by Lacan as *object petit a* (Lacan, 1953-1954).

Although child tries to find the object, which provides getting back the first fullness, the undivided form of child-mother existence, according to Lacan this is impossible. Rather, this effort itself gives energy to the subject. When this fullness can be possible, the desire is not become; thus, it resembles a death position. Thus, the child can never satisfy the mother’s desire because of the desire itself impossible; it was in there within impossibility. However, the child, search the lost object, which was already there, before it was founded. This re-finding was annihilated when there shown an object.

Desire, points to something that is still being looked for, even when the needs of the subject are resolved, establishing a relationship with Other beyond what is needed (Verhaeghe, 2008). The subject tries to make sense of his/her own body and to close his/her own existential lack according to this desire, which s/he reads in the reactions of the Other (Verhaeghe, 2008). *The subject positions itself according to this desire.* In this context, the child tries to understand what his/her mother expects from his/her; but his/her mother cannot express it, because she does not know about it (Fink, 1997). Recognizing the contradiction between his/her mother's behavior and speech, the child finds the answer in the unconscious *phantasm*, which is directed as a question that "what she wants?"

2.2.4.3. Repetition compulsion

Freud (1920) was used the term "Repetition Compulsion" in *Beyond the Pleasure Principle* to indicate the existence of basic compulsion. Repetition was shown as the tendency of the subject to expose himself to distressing situations again and again (Evans, 2006). One's repeats in his/her relationship in certain attitudes that characterized his/her earlier relationship with his/her parents and others.

Later, Lacan (1964/1998) deal with this term as one of the four fundamental concepts of psychoanalysis (p.59). According to Lacan, people often thought that repetition is always *something* that occurs *as if by chance.* However, in order to prevent this belief (repetition means occurring the same thing again and again), he used the term 'insistence', which refer to the "Insistence of the Signifier" (Evans, 2006). According to Lacanian clinical structural approach, despite the resistance, certain signifiers insist on returning in the life of the subject, and each repetition includes a something *new* (Lacan, 1964/1998, p. 68; Parker, 2015a, p. 244):

> "Repetition demands the new. It is turned towards the ludic, which finds its dimension in this new. Whatever, in repetition, is varied, modulated, is merely *alienation of its meaning*. The adult, and even the more advanced child, demands something new in his activities, in his games. But *this 'sliding-away' (glissement) conceals what is the true secret of the ludic*, namely, the most radical diversity constituted by repetition in itself"

> "This variation makes one forget the aim of the significance by transforming its act into a game and giving it certain outlets that go some way to satisfying the pleasure principle"
>
> (Lacan, 1964/1998, p. 68)

The play "*fort-da"* was used by Freud to mark the repetition in the game, which was played by his grandson. Freud explained that as "the child makes up for the effect of his mother's disappearance by making himself the agent of it". Lacan

interpreted the fort-da play as "the activity that a whole symbolizes repetition, but not at all that of some need that might demand the return of the mother, and which would be expressed quite simply in a cry". According to him, "this game is the repetition of the mother's departure (leaving) as the cause of a Spaltung (division) in the Subject*"* (Lacan, 1964). In the current study, participants' these repetitions can be considered with their desire and separation issues within their structures.

2.2.4.4. Anxiety as a signal

As it is well known, anxiety was reported mostly in neurosis. Although they named as differently in different approaches, this emotion seems to have a significant meaning according to this structure. Thus, when we talk about neurosis, it is necessary to speak about anxiety.

Anxiety dates to the early studies on psychology. According to Freud, (1905b) firstly fear and anxiety differentiated from each other according to whether they have an object or not. Freud insisted that fear is focused on a specific object, but anxiety is not. At some length, this hypothesis was accepted. Lacan, however, indicated that anxiety is not without an object as said by Freud; it just simply has a different kind of object which cannot be symbolized in the same way as all other objects (Lacan, 2014, p.131-133). This object in his first years was called as 'das thing', and then his later works, it was named as 'object petit a'. This object *petit a* is not the real object towards which desire tends; it is the cause of desire (Evans, 2006).

One of Lacan's most repeated formulas is that '*man's desire is the desire of the Other'* (Lacan, 1964/1998). According to Lacan, anxiety appears when something appears in the place of this object (object petit a, the cause of desire), because this object is surrounded with the desire of the Other. Thus, *anxiety arises when the subject is confronted by the desire of the Other* (Lacan, 2014).

He explained these claims in the case of Little Hans, who had had a phobia. Freud (1926) explained Hans' phobia with the hypothesis that Hans had separation anxiety with his mother. However, Lacan re-analyzed this case and insisted that anxiety is not the 'absence of his mother', rather the possibility of her absence saves the child from the anxiety. Therefore, *anxiety runs as a signal, which signifies that the subject turns around the significant object, which is called partial object* (breast, faeces, gaze, voice) related to the partial drives (Evans, 2006, p. 48). The anxiety arises when this lack is itself lacking. In other words, anxiety emerges at the time of having or feeling the lack of a lack, where subject sets her/himself around this lack/desire of the Other. In order to be able to desire, Lacan argued that subject makes some acts. *S*ome "acting out" and "passage to the act" are last defenses against anxiety.

All in all, anxiety is a signal to signify getting close to some significant signifier related to the partial drives and a way of sustaining desire (Lacan, 2014). For the hysterical subject, while anxiety is related to not satisfying the desire of the Other, for the obsessive subject, anxiety is related to more satisfy the Other and thus will disappear. In Lacanian psychoanalytic perspective, intrusive thoughts, repetitive acts, anxiety and/or related feelings were some signifiers for another signifier on the subject's structural chain. When the person encounters the Other (Other's rules), subjective formation occurs, and their fundamental fantasy, feelings, desires, and symptoms re-build on in-talk. Anxiety is shown as a signal to draw the attention of subject to getting close to the important issue for himself/herself around some context, drives, or objects. At all, Obsessional Neurosis should be evaluated according to the subject's distinctive, subject-based symptoms; a kind of repetition, and anxiety.

2.2.4.5. Three structures: Psychosis, Perversion, and Neurosis

As said above, Lacan states that from the beginning living being wraps itself around a gap, a fissure, a lack like a web, which will later reveal the existential structure of living being. *Subject constitutes itself around this gap through Other*. In other words, the subject emerges as the result of the interaction between one's body and Other (Verhaeghe, 2008). Two moments that defined as alienation and separation are the moments during which the constitution of subjectivity emerges (Evans, 2006, p. 9). Living beings create themselves (self/ego) over a gap via "language" and "Other" (Fink, 1996; 1997). Such formation process of subject produces or executes some different structures at these moments, namely psychosis, perversion, and neurosis with their three different mechanisms, namely foreclosure, disavowal, and repression (Lacan, 2010, p. 196; p. 200; Fink, 1997, p. 76). Moreover, according to Lacan, symptoms are only the signifiers, which signify this main structure of the person. *Structures are the positions of the Subject to the Other:*

> "*Obsessional neurosis* displays stereotypically masculine refusal of dependence; *hysteria* an accusation addressed to the Other; *psychosis* a paranoiac sense that there is 'an Other of the Other' manipulating things; and *perversion* an attempt to make oneself the instrument of the enjoyment of the Other"
>
> (Parker, 2005a).

At all, each clinical structure supposes a certain relation to the knowledge of what the Other wants of the subject. The subject is structured in the sense that it gives the impossibility of the union of its own existence and of the representation in the language system (Strauss, 2014). According to this, the bodily existence of one can never be shown with an indication on the Other, and the subject tries to cope with this impossibility in the frame of his basic phantasm.

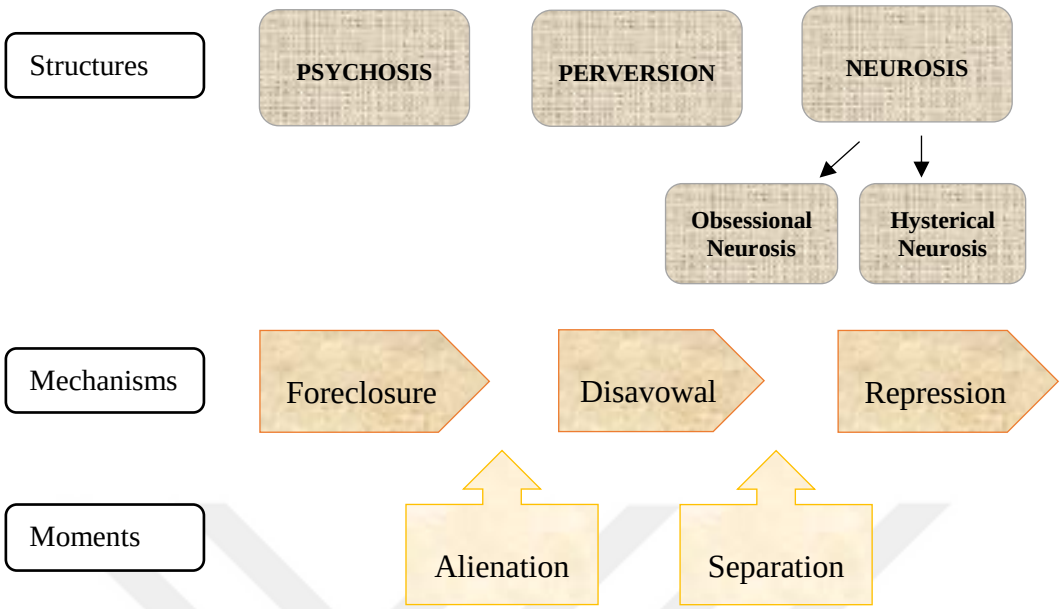

Figure 2: Clinical structures, mechanisms, and moments of Lacanian Structural Clinical Model

Neurosis, therefore, is the question of existence that the subject asks about the signifiers (Lacan, 2006). In this context, the basic phantasm is the subject's reflection of the nature of the construction, and it constructs the subject and the relationship of the Other, which are shaped around this desire. Each subject is positioned differently about the body, jouissance, authority, and knowledge in the framework of basic phantasm. This basic phantasm, which initially emerged as the result of the association with Other, also reflects on the relationship with other people (Fink, 2007). Therefore, based on their different position during separation with their basic desire and phantasm, *obsession and hysteria are differentiated* as a neurotic structure according to Lacan (Lacan, 2014, p. 162; Fink, 1997, p.119). In other words, the formation of this basic phantasm plays a key role in the positioning of obsessional neurosis and hysteria (Verhaeghe, 2008), rather than differentiation of the symptom (Fink, 1997, p.119). Therefore, this differentiation

will be detailed after giving the anxiety, which is shown in both structure in neurosis.

2.2.4.6. Differentiation of Obsessional Neurosis and Hysteria

As mentioned above, the subject is constructed through language and the Other, and wants to answer the question of existence (Soler, 1996). This desiring itself is not to annihilate (fulfill) the lack, but subject works with the dream that this lack can be removed someday. Thus, neurotics ask the question "What am I to be?" Specifically, the basic question in obsessive neurosis is "Am I alive, or not?", while the hysteric question is "What am I to be a sexual being?" Obsessive neurosis and hysteria are separated by these questions (Evans, 2006). The main question of hysteria is related to sex, but the obsessive subject will refuse his/her question and try to prove its own existence.

The basic fantasy of the subject is produced by the interaction with the Other (Verhaeghe, 2008). In the hysterical structure, the message given by Other (or received by the subject) is related with his/her inadequacy: s/he cannot satisfy the desire of Other. Hysterical subject perceives in the mother's language that mother is not fully fulfilled by the father and starts to seek the knowledge of the desire of the Other, but it is a search that s/he will never find. The hysterical subject constantly requests the knowledge of his/her desire from the one s/he puts as the expert/master (Verhaeghe, 2008), but s/he will reject the knowledge that comes from Other, so that s/he can maintain his/her desire.

The obsessive structuring, on the contrary, is associated with the traumatic excess of jouissance (plus-jouissance) (Verhaeghe, 2008). The obsessive subject interprets the message of Other that if s/he makes enough effort, s/he can satisfy his/her desire. The obsessive subject assumes that his father in the mother's discourse can partly satisfy her desire and that s/he can fill in the remaining minus (Dor, 1999). Thus, the obsessive subject, in addition to recognizing his/her father's authority,

can also see him/herself as his/her opponent (Verhaeghe, 2008). In this context, the basic phantasm in the obsessive structuring is to satisfy all the desire of Other; so, it means to ignore or kill Other (Dor, 1999). In other words, hysteric absorbs everything from the Other, but obsessive refuses everything that comes from the Other (Fink, 1997, p.199; Verhaeghe, 2008, p. 383). The existence of hysteric is conditional upon desiring him/herself by Other; thus, s/he asks feminine question to show a desire for the father, while obsessively wishing for a father who is without lack, who is sufficiently full of desiring him/herself (Gherovici & Webster, 2014).

Obsessional neurosis means a strong attraction to jouissance, while hysteria means disgust against jouissance. In other words, the hysterical structure is a passive position and the main dislike of the person against sexuality; obsessive structure is an active position, and it shows a great deal of pleasure in primitive sexuality (Soler, 1996).

These two neuroses, which result in different suppression patterns, are expressed in the clinical table (Soler, 1996). As the hysteria, what is repressed returns on the body, in obsessional neurosis, it returns in mind (Fink, 1997). These two neurotic positions also differ in the emotions they experience. Because of the ways in which jouissance is experienced, the obsessive often does not take his anger out (Atmaca, 2017), whereas hysteric has an attitude to blame the opposite (Soler, 1996; 2006).

2.2.4.7. Some features of Obsessional Neurosis structure

Taking care of the above difference on hysteria and obsessional neurosis, some specific features are also shown on obsessive's relations with the Other, desire, fundamental phantasm, control and feelings of anger, guilt, and greediness.

To overcome the feelings of loss, Lacan insisted that the obsessive's main mechanism is based on avoidance from being the cause of Other's jouissance, therefore, obsessive refuses to recognize the Other's existence; neutralize or annihilate the Other in order to annul/conceal that division (Miller, 2003; Fink, 1997). However, although s/he strives to refuse and neutralize the other's existence, paradoxically s/he submits the loss of some part of being and gives up or inhibits manifestations of his/her desire (Vanheule, 2001) because obsessive beliefs the either/or mechanism. Your money or your life: either I live/you die or you live/I die (Lacan, 1961/2010, p. 150; 1998, p. 212). Thus, Fink (1997, p. 131) said that obsessive plays a dead role until his time comes. S/he resembles a slave who is awaiting his master's death in order to be able to enjoy (Vanheule, 2001). However, these two aims result from the fact that s/he tries to maintain both sides at once: satisfy the other's desire while remaining outside the game. Thus, it causes the obsessional spiral: If I just work hard enough to meet her demands, the Other will be satisfied and will leave me alone. However, at the same time, the anxiety emerges from disappearing because of s/he over satisfies the other's desire (Verhaeghe, 2008, p. 389).

This submission or renunciation, however, is done reluctantly or half-heartedly by the obsessive (Fink, 1997, p. 172). S/he never stops trying to get some of that jouissance back later because s/he never loses himself as a subject; only s/he 'remains in control' and lives for posterity. In other words, renunciation is done for the sake of gaining recognition, approval, and having his name live on (Fink, 1997, p. 172). Some symptoms of obsessive structure such as controlling things or procrastination, leaving everything for tomorrow, preferring to wait instead of realizing something of desire, may find a meaning on that structure.

The person who mainly aims to refuse the other, naturally, refuses to see himself as dependent on the Other, thus, obsessive's fundamental fantasy is predominated by being separate from the Other. The obsessive fantasizes about Other's death

since he/she believes that his/her own life will begin after this happens. This desire later causes feeling guilty (Verhaeghe, 2008, p. 388). Therefore, this deadly jouissance should be controlled according to obsessives (Miller, 2005). Translating anxiety into guilt creates the illustration of control: "I wish I had not done that, and then it would not have happened" (Verhaeghe, 2008, p. 387).

This desire that being separate from the Other also appears in obsessive's sexual relations. It is the claim that obsessive generally complete unto him/herself, and his/her fantasy in masturbation does not involve others (Lacan, 2010, p. 194). However, if s/he is sexually involved with others, at that time obsessive equates his/her all partners and believes each partner can be replaced. According to Lacan, desire is impossible in obsession (Lacan, 2010, p. 99). An extremely typical obsessive strategy is to fall in love with someone who is utterly and completely inaccessible.

Lacan differentiated the aggression of obsession from the aggression of sadism, exhibitionism, and perversion (Lacan, 2014, p.197). In obsession, the aggression is related to the specific Other like in Rat Man, who desired to intentionally demonstrate own jouissance to his father. Lacan claimed that obsessive shows what he thinks the other doesn't have but wants to have, so his/her intention is aggressive, whereas the others like pervert or exhibitionist cannot aim to show their aggression to a specific person; they do not care who his object is. Lacan emphasized the obsessive's features about greediness; they want to be everywhere because his/her structure of being is based on being nowhere:

> "You will understand nothing about an obsessional if you do not remember this dimension that he the obsessional incarnates because he is too much – it is his form of the impossible - and that once he tries to come out of his ambush position as a hidden object, he has to be a nowhere object. Hence this kind of almost ferocious avidity in the obsessional to be the one who is everywhere in order precisely to be nowhere." (Lacan, 1961/2010, p.144)

CHAPTER III

METHODOLOGY

"*Speech… plays the essential role of mediation. From the moment it is realized, mediation changes the two partners who find themselves in each other's presence*."

"*Speech signifies something that goes much further than what goes by that name for us. … speech is also an action. … to give one's word is a kind of act*."

(Lacan, 1953/2013, pp. 24 – 25)

In this part, the methodological background of the current study was detailed. Specifically, social constructivism, discourse analysis, and Lacanian discourse analysis, upon which this study is constructed, was explained. Then, participant details, procedure of interviews and analysis, research team, and trustworthiness of the study were presented.

3.1. The Reasons for Choosing Qualitative, Discursive and Lacanian Discourse Analysis Perspective as a Research Approach

When a study is initiated, its long-established background of ontological, epistemological, and the methodological philosophy inescapably comes together (Scotland, 2012). In the current study, firstly, I prefer to utilize the qualitative

perspective, regarding the research questions and aims. I specifically focus on subjectivity, and subjective truth, rather than accept there are one-reality and objective criteria, which can provide this reality. Thus, my reason for choosing qualitative methodology is based on its assumptions on explaining reality and knowledge, which will be detailed.

From qualitative perspective, there are different methodologies. Within this variety, I focus on discourse analysis perspective, which especially draws the attention to language as a research object at the period of language-movement. Psychotherapy and language-based analysis clearly intersect. According to Avdi and Georgaca (2018), this intersection among social constructivism, language-based approaches and psychotherapy have a relatively long history. Unconscious factors, attitudes, beliefs, or memories cannot be observed directly, thus language seems to a key point according to Billig (2006). Wittgenstein's argument that "*words are always more than words*" indicates a complex interactional activity (as cited in Bilig, 2006). Thus, since this language movement highlights language, discourse, dialogues, and narratives as the key concepts, discursive and language-based analysis is shown in the clinical and psychotherapeutic researches, which can be focus on as assessing the client and the client's problems, the therapeutic process, or the role of therapist (Georgaca & Avdi, 2009). Therefore, as a clinical psychologist within psychoanalytical orientation, I prefer to focus on subjectivity, psychoanalysis, and language-based analysis together. I mentioned about the details of language-based movement below.

In addition, more specifically I prefer to Lacanian Discourse Analysis Approach, which was suggested by Parker as a useful starting point to develop the researcher's own method. My reason for choosing this perspective is based on some crucial points of Lacanian theory. Firstly, Lacan defines the Subject from his/her relation with language and the Other. Language gets an important place in his clinical theory. Additionally, he emphasizes that when something is said, there is also

something that is not said. Thus, Lacanian perspective puts together unconscious, psychoanalysis, and clinical psychology with critical positioning, which strings along with my research questions and aims. Lastly, in Lacanian discursive perspective, symptoms and language are considered with the same mechanism in subject's formation process, which brings language-based analysis and mental situations to the same side.

> "then it is already quite clear that symptoms can be entirely resolved in an analysis of language, because a symptom is itself structured like a language: a symptom is language from which speech must be delivered".
>
> (Lacan, 2006, p. 223)

With the all of these positioning and perspectives, in order to deconstruct obsessional neurosis in subject's talks and to analyze the dominant discourse in socio-historical and cultural perspective, I build the current research on the qualitative and Lacanian discourse analytic perspectives.

3.1.1. Social Constructivism and Its Assumptions

Qualitative perspective based on social constructivism, which is as an epistemological position, has started to influence social fields in the 1950s with the contradictory position toward positivism and realism (Kuş, 2013). When we evaluate the positioning process of psychology field, as mentioned in the first chapter, it seems that it was previously positioned closer to positivism due to raising scientificness views when trying to explain the mental situations. In the 1950s, however, some social field's researchers and practitioners started to voice that obtaining knowledge with these objectivist, value-free assumptions cannot be possible in social issues like in natural sciences (Elliott, Fischer & Rennie, 1999). The endeavor of achieving real, as well as obtaining certain and empirical knowledge, causes diversities in social fields to be overlooked (Carter & Little,

2016). In light of these opinions, Burr (1995) reflected the social constructivism approach as being different from classical positivistic psychology in a few ways. According to that, firstly, social constructivism is *anti-realist:* it does not accept the possibility of perceiving the objective reality out there. In social fields, there is no single truth like in natural science; rather, it is thought that there are multiple realities. Thus, it does not aim or claim to capture the truth of reality (Burr, 1995; Kuş, 2013). Secondly, truth cannot be checked regarding social constructivism because it is *partial and relative*. In other words, *reality* is not accepted independent of human action; but rather it is the *product of interactions* between people in specific historical and cultural environments (Dosse, 1997; Giorgi, 1985): "*All knowledge is bound by time and culture"*. Thirdly, it is claimed that the researcher cannot obtain knowledge of the world with well-established and controlled methods, make accurate predictions, and be objective; rather, studies have *inevitably* involved the researcher's viewpoint (Carter & Little, 2016). Thus, social constructivism cannot claim objective knowledge of reality, but only a biased subjective account. Thus, there are no well-established procedures for evaluating the knowledge that is obtained (Wetherell, Taylor & Yates, 2001).

3.1.2. The Movement of "Turn to Language"

While the social constructivism approach inspired works in social areas, on the other hand, linguistic studies also changed the direction of the works in the 1950s by marking the language as a "working object of the studies". There was a movement called "turn to language", which was especially based on the ideas that the basic characteristic of the human is his/her speech. A linguist, Zellig Harris, who is one of the pioneers of this movement, presented an analysis when analyzing the structure of a text, which focused on *more how to say* than what is said (as cited in Pavón-Cuéllar & Parker, 2014). In the 1960s, the work of the French structuralism movement began to focus on the analysis of the language structure (Homer, 2016).

According to these earlier linguistic studies, the meaning was transmitted through language like signals through a telephone wire. Speakers encoded meaning into language and the listeners decoded them (Wetherell, Taylor & Yates, 2001). However, later, these views were criticized, and researchers suggested that the *talk* is more than a vehicle of communication (Georgaca, 2000). "Talk is not a neutral information-carrying vehicle; rather, language is *constitutive*: meaning is created and changed" (Potter, 1996; Wetherell, Taylor & Yates, 2001). It is considered as the thing that is constructed by people to perform certain functions or interest (Potter & Wetherell, 1987). Georgaca (2000) said about that:

> "talk is rather an arena of social action, where interested participants struggle to justify actions, attribute responsibilities, and validate their perceptions of themselves and of the world."
>
> "Via talking, people can confirm their actions, provide attributions about their responsibilities, or validate their assumptions about the world."

In this perspective, talking is seen to organize the language into certain types of social ties (Parker, 2005b). Establishment of truth and reality is constructed "through language" in specific intersubjective, social and cultural contexts (Georgaca & Avdi, 2009). The construction of knowledge or the truth can only be made through the language and can be demonstrated by analyzing the language (Arkonaç, 2008; Henriques, Hollway, Urwin, Venn & Walkerdine, 1984). Thus, it is different from the traditional perspective (Lambert & Ogles, 2014). Language is not seen as descriptive of the world or only a tool, rather, as constitutive and something worthy of study in itself because of its effects (Harper, 1999). Therefore, the purpose of an analysis of language is looking at the structure of the subject, which is constructed in relation to two people, not by itself (Parker & Pavón-Cuéllar, 2014). Researches within this social constructivist paradigm have utilized different methods using the language (i.e., discourse, conversation, and narrative

methods) to analyze speech and other texts as a form of social action (Georgaca & Avdi, 2009).

3.1.3. Discourse Analysis

Discourse is a set of statements about an object, which allows people to define and speak about things (Parker, 1992). *Discourse analysis*, which is broadly used in different fields with the social constructivist and linguistic perspective, generally is looking closely for patterns in the language-in-use and focuses on the subject's discourse during their talks (Frosh, 2014). However, discourse analysis can be defined as an *'umbrella term'* according to Harper (1995) because it has many types. The first and the traditional of them is Potter and Wetherell's perspective (1987). They focused on examining the function of discourses, which was socially determined systematic ways of speaking. In other words, "analysis of discourse is an analysis of what people do" (Potter, 1997, p.146). This analysis pays special attention to the *similarities* in their content and style, and *variation* of language in different social situations (Burr, 1995; Georgaca, 2013; Georgaca & Avdi, 2009; Willig, 1999).

After being put forward, discourse analysis has continued to develop and used as many different forms in the fields of linguistics, hermeneutics and ethnomethodology (e.g., Harr´e & Secord, 1972; Henriques et al., 1984; Willig, 1999). These types concluded mainly three analytical focuses such as explanatory repertoires (Potter & Wetherell, 1987), ideological dilemmas (Billig et al., 1988) and subject positions (Davies & Harré, 1990; Elçi, 2011). Additionally, it was taken at the macro level by Derrida and Foucault's discourse studies, which analyze the differences and dominant discourses in the social structure. Lacanian Discourse Analysis is another approach that was presented by Parker (2005a) and improved by Pavón-Cuéllar (2010) by considering Lacanian theory. It was broadly given below.

3.1.3.1. Parker's approach: Lacanian Discourse Analysis

The view of Parker on the discourse analysis approach is based on some ideas. First of them is related to the definition of the analysis. According to Parker's definition, discourse analysis is determined by "how the language of subject speech organized by itself, which is powerful images of the self and world circulate in society" (Parker, 2005b). In that perspective, the language used by participants is not seen to have revealed underlying phenomena; but rather to have constructed various categories according to the place where they focus in analysis, macro- and microanalysis of conversation. With this characteristic, discourse analysis is differentiated from the other qualitative research methods according to Parker (2005b).

Secondly, Parker (1998) also found Potter and Wetherell's classical method on discourse analysis as politically limited because their methods are only focusing on *diversity*. However, according to Parker, discourse analysis should turn its focus on the *contradiction.* Especially, Parker (2005b, p. 89) insisted that this analysis should look at *how they differ* rather than looking at how certain similar words are to others. More specifically, the analysis of discourse should focus on the opposition of the text, on power, and socio-historical construction.

He (2005a) suggested in his article *Lacanian Discourse Analysis with the Seven Theoretical Elements* to give a theoretical and methodological perspective for discursive analysis in psychosocial perspective through Lacanian work. However, he warned the researcher before starting to read: this perspective is not seen simply as a technical method; rather it is a comprehensive theoretical baseline. In other words, Lacanian Discourse Analysis should be accepted as a *methodology* based on a comprehensive theoretical background instead of a method. If it is reduced to a method, which is a systematic analysis, the original view of the qualitative approach will be missed. Thus, he insisted "As such, they are designed to be

suggestive rather than prescriptive and to be explicated and warranted each time for each piece of analysis" (Parker, 2005a). The researchers should consider this methodology as a baseline for having an idea for their own topic of study.

Parker did not bring up the theory of Lacan in discourse analysis coincidentally. It is related to some characteristics of Lacanian theory and perspective (Negro, 2014; Parker, 2005a). Firstly, Lacan, who studied mainly on Freud's works, was inspired by some philosophers (e.g. Saussure, Jacobson, Husserl, Heidegger, Hegel, and Descartes), and located *antithetical* notions of subject and social relationships in Anglo-American psychology (Parker, 2005a). His movement called "returning to Freud" was shown as a critical motion against traditional psychology and psychoanalysis in his period (Lacan, 1964/1998). They specifically emphasize language, discourse, and subject positioning process within context and language with relation to the Other (Fink, 1996). Thus, with this feature, Lacanian perspective is *itself critical* because it is related to *power, struggle, and culturally dominant discourse* (Parker, 2005a). In other words, Lacanian Discourse Analysis brings the critical position of critical discourse analysis from the establishment of its own theory. Secondly, his works were influenced especially by Saussure's linguistic works, Levi-Strauss' structuralism approach, and Roman Jakopson's studies on concepts of metaphor and metonymy within language (Homer, 2016, p. 51-68). According to Lacan, the notion of the subject is a structure, which is built on language, in relation to the Other, and articulates into the language (Fink, 1996; Lacan, 1964/1998). In Lacan's works, relations among Subject, language, and the Other were especially emphasized. In this context, Lacan's studies themselves are *discursive and linguistic works*.

To conclude, according to Parker (2005a), Lacanian works themselves include *critical, discursive, and linguistic features.* However, Parker stated there are few theoretical uses of Lacan's perspective in psychology, except for Derrida and Foucault who are critical writers in discourse analysis. Thus, he presented a context

of Lacanian theory's work on the analysis of a text with seven essential features. Parker emphasized distilling this perspective from many different sources of Lacan's works.

In this methodological approach, mainly, the intention is not to analyze the underlying meaning of the words, since, the researcher is not seen as an authorized person on the position of the *knowing subject*. Rather, the researcher is in an intermediary position to open the structure of the discourse of the other in the language of the subject (Pavón-Cuéllar, 2014).

3.1.3.2. Seven Theoretical Elements of Lacanian Discourse Analysis

This is the summary constituted from seven key elements of Lacanian Discourse Analysis Perspective suggested by Parker:

Lacanian analysis of language

- more emphasis on form than content
- does not aim to uncover the unconscious meaning that lies hidden beneath the surface, rather refrains from an interpretation that aims to reveal 'meaning' of words that lie submerged under the 'signifiers'.
- searches 'absolute difference' for patterns or search connections that *differentiates* them from each other and *holds them in tension;*
- aims to open up the text by disrupting and disorganizing it,
- brings out irreducible, nonsensical (non-meanings) signifying elements which are thing that *cannot or will not be said:* what is the function of absence; what is the organization of these signifiers in-talks.
- searches for 'quilting points', 'fixed points' or '*points de capiton'*, around which a text, a discourse or a life are organized (Lacan, 1996): certain key, 'Certain signifiers stand out, operating in a dominant position over the rest

of the text. These ‘master signifiers’ function as such anchors or representations in a text.

- focuses on *Repetition of certain signifiers or metaphorical substitutes* in their function as quilting points or master signifiers indicating that the process of anchoring occurs retroactively.
- accepts language as the condition for the unconscious, constituted at the moment the subject starts to speak as *‘the discourse of the Other’*
- prioritizes the object petit a as a ‘c*ause around which a speaker circles’*, in which object is not empirically *real*, but fully become the *cause of the speakers’ orientation* around which they move in a manner.
- regards that subject has been constituted by language; we speak in relation to the big Other. Subject ‘supposes’ that the Other has knowledge, and the speaker indicates a position according to that supposition.
- assumes that the function of the Other in all speech is summed up in the question usually implicitly: what does the Other want of me?
- accepts different *clinical structures* according to subject’s relation to the language:
- considers the different *discourses*: discourse of the master, hysteric, university, and analyst.
- differentiates empty speech and full speech and emphasizes that there is no metalanguage that can be spoken.
- opens up a dimension in which truth appears, not as empirical truth, but bound to an emancipatory act of the subject, subject’s truth.
- *draws attention to deadlocks of the structure*: to obtain *absolute difference* will necessarily lead to analysis that is structured disagreement.
- *considers the* sexual differences, rather than biological sex differences. Masculine and feminine speech and their discursive positions are culturally constituted.

- *emphasizes that* it is not hermeneutic, thus *opens up the text by disrupting and disorganizing it so that its functions become clearer*, including its functions for us.

3.2. Method

3.2.1. Focal Points of the Current Analysis

In the current study, social constructivist approaches in clinical settings and Parker's approach (2005a) related to the Lacanian Discourse Analysis were used as the base of the analysis. In addition, Georgaca, Parker and Harper's views on the deconstructing diagnostic categories were also considered.

On this basis, the current research focuses on some main points for conducting discourse analysis:

(i) Analyzing Participants' Formation Process in-Talks

a. Signifiers, Metaphors and Repetition

The first focal point emphasizes the form more than content and searches certain signifiers, repetition, and metaphorical substitutes of these signifiers. To do this, I especially refrained from an interpretation to reveal the 'meaning' of words that lie under the 'signifiers'. I only searched the absolute differences for patterns and connections that hold them tension in language. I more focused on the symptoms in participant's discourse, since a symptom was determined as a signifier on the surface by Lacan.

b. Crucial and Unspoken Points

In the second point, the ideas that language is the condition for the unconscious and it is constituted when the subject starts to speak became prominent. The aim is to open the text by disrupting and disorganizing it.

Thus, the crucial and unspoken points were detected to define function of an absence.

c. Relation to the Knowledge and Other

The third point is based on the idea that subject has been constituted by language and we speak in relation to the big Other. Thus, subject 'supposed' to be knowledge is in Other, and the speaker indicates a position according to that supposition. I searched the subject positioning toward knowledge and Other.

d. Clinical Structure

As seen in the chapter 2, the clinical structuring model of Lacan includes the idea that living being creates themselves (self/ego) over a gap via language and Other (Fink, 1996), such formation process of subject produces some different structures. Thus, each clinical structure supposes a certain relation to the knowledge of what the Other wants of the subject. Additionally, each subject is positioned differently in relation to the body, jouissance, authority, and knowledge in the framework of basic phantasm. Accordingly, Obsessional Neurosis displayed stereotypically masculine refusal of dependency while Hysteria addressed and blamed to the Other (Parker, 2005). I investigated the possible clinical positioning of the subjects.

e. Deadlocks of Perspective in the Interview

The last point draws the attention to deadlocks of the structure. Accordingly, obtaining absolute difference will necessarily lead to analysis structured in disagreement. Thus, this deadlock of perspective should be analyzed. I detailed the deadlock points, which were emerged on the interview.

(ii) Dominant Discourse about Mental States and Obsessional Neurosis in-Talks

The views of Parker on the discourse analysis approach based on critical and discursive as said before. Parker defined discourse analysis as "how the language of subject speech organized by itself, which is powerful images of the self and world circulate in society" (Parker, 2005b). Additionally, according to Parker (2005a), the Lacanian perspective is itself critical, antithetical, discursive, and linguistic because it is related to *power, struggle, and culturally dominant discourse*. Therefore, in this part, I focused on analyzing dominant discourse of participants about mental health and obsessional neurosis

3.2.2. Sampling Method and Participants' Profile

In the current research, purposive sampling was chosen as the sampling method in accordance with the qualitative research approach (Bannister, Burman, Parker, Taylor & Tindall, 1994; Parker, 2004). This type of sampling requires including only the cases with specific characteristics or experiences (Yin, 2011). Doing this, it is aims to obtain in-depth information to enrich the data (Lutz & Knox, 2014). Therefore, purposive sampling was thought to be appropriate for the current research aims. Thus, six people diagnosed with Obsessive Compulsive Disorder, and who were reported to have intrusive thoughts, repetitive acts, and anxiety feelings were accepted. Age ranges were determined as roughly 18-50. No other condition of selection criteria was determined.

All six participants declared that they were diagnosed with obsessive-compulsive disorder by one member of the psychiatry department in the medical health care system. Their ages ranged from 25 to 45 years. Participant's demographic information can be seen in Table 1. One male and five females participated the study. When I thought the data had saturated in female gender, I announced to the health services staff and psychiatrist that I would only accept male persons.

Although, there were many male patients with obsessive-compulsive disorder in the waiting list, however, most of them rejected to participate in the study. After three male patients told the doctor that they would join the interview, we arranged the appointment. However, they did not come to the appointment. I thought of this information on gender-difference to participate in the study as an important signifier, and thus, this information was discussed with the findings.

Table 1

Demographic Information of Participants

Code name	**Age and Gender**	**Education**	**Application**	**Symptoms**	**Number and duration of Interviews**
Hayal	32 Female	Primary	Psychology Department	Blasphemy (swearing to god); repetition of swearing.	Pilot Interview 1> 73.02m; 2> 55.30m
Kadir	30 Male	University	Psychology Department	Bad/ malignant thoughts; biting the tongue.	1 > 61.10m
Şule	25 Female	Graduate	Psychology Department	Doubt on becoming ill; searching	1 > 58.10m
Gözde	45 Female	Primary	Psychiatry Department	Control and order	1 > 42.42m
Fatma	42 Female	Primary	Psychiatry Department	Thoughts on becoming dirty, *and* cleaning compulsions	1 > 54.08m
Başak	28 Female	Graduate	Psychology Department	Thoughts on sexually transmitted disease and cleaning compulsion	1> 75.41m

According to symptoms of participants, although all of them were diagnosed with an obsessive-compulsive disorder in the medical system, their symptoms were different from each other. One of them (Hayal) has some thoughts of specifically swearing at God, and thus she feels very sad and angry. The second participant (Kadir) has "bad/evil/malignant thoughts" on issues that are unacceptable for the community. The third one (Gözde) has control compulsion because of her thoughts about the uncontrolled position. The fourth participant (Şule) has thoughts about catching a disease and so she researches the diseases. The fifth and sixth participants have cleaning compulsion, but Fatma's thoughts are about becoming dirty/unclean, while Başak's thoughts are about a sexually transmitted disease.

By nature, qualitative perspective, Lacanian psychoanalysis, and discourse analysis were open to all possibilities of data collection (Branney, 2008; Georgaca & Avdi, 2009). Within this perspective, which is obtained, and transcribed from real-interviews, focus group dialogs, newspaper article, diary etc. can be analyzed. In this research, the data was obtained from interviews that were conducted by the researcher with the purposive sample.

3.2.3. Ethical Considerations

Ethical standards were taken into consideration throughout the study. Three necesseary legal permissions were taken from Middle East Technical University Ethical Committee, METU AYNA Clinical Psychology Service, and Eskişehir Osmangazi University Psychiatry Department before starting the study (see Appendix A). The information of participant's identity was changed in order to provide confidentiality and anonymity.

3.2.4. Procedure

After getting all of the permissions, some meetings were arranged with secretaries, therapists and doctors in order to get participants to the interview according to the selection criteria. By the guidance of the therapist and psychiatrist, this data collection process continued throughout 8 months. While giving appointments for the interview, open admissions were taken from the participants in which they acknowledged having displayed some symptoms related to intrusive thoughts, ritualistic acts, and feelings of anxiety. Informed consent forms were also obtained (see Appendix B). It proceeded with the talking in the interview, which was not a fixed session because of the subjectivity of each person's characteristics, thus, more than one semi-structured interview (see Appendix C) was planned in case of need. There were main research questions determined together by the research team during the meetings. Those questions were based on the main research aims, but they were not fixed and closed-ended. The participants were encouraged to talk freely about expressing their experiences, emotions, and thoughts at that moment. The first interview was planned as a pilot. Two interviews were conducted with first participant. Then the analysis was conducted, and and results were presented to the thesis committee member for discussion. Some questions and prompts were rearranged. The later interviews proceeded according to this discussion and views. All of the interviews lasted about 1 hour. There was a tape recorder.

3.2.5. Process of Analysis

3.2.5.1. Transcription

After each interview, the transcription process started. Totally, 7 interviews with 6 participants were conducted. The total transcribed record was 419.43 minutes. After each audiotape was transcribed, the texts were coded with the nine notations, which were selected from Jefferson's list with the research purpose taken into

consideration (Jefferson, 2004). Nine notations that were used in the current research and the coding of the transcription were given in Table 2.

Table 2

Transcriptions Symbols Selected from Jefferson's List

(( ))	transcriber's descriptions
(.)	brief interval
(0.0)	elapsed time by tenths of seconds
(Ø)	not be talk occurring
-	a cut-off
↑↓	especially high or low pitch.
WORD	especially loud sounds
◦**word**◦	the sounds are softer than the talk
(h)	laughter, crying, breathlessness, etc.

This notation system is generally used in the conversation analysis, since in this analysis conversations and dialogues analyzed focusing micro-level of talks (Georgaca & Avdi, 2009). Since this analysis focuses on the differences in the talk, only remarkable situations such as brief interval, loud and soft sounds, or cut-of points on the conversation were coded.

3.2.5.2. Reading and coding

Each transcript was re-read several times in order to become familiar with the text and the discourses. In the current study, as said above, social constructivist approaches in clinical settings and Parker's approach (2005a) related to the Lacanian Discourse Analysis, and Georgaca, Parker and Harper's views on the deconstructing diagnostic categories were considered as a base of analysis.

From that perspective, focusing more on the *form* than content in-talks was emphasized. The questions that were kept in mind during the analysis are: "From what position is the analysand speaking?", "Who is s/he addressing?", "Whose words are the analysand using?", "Which languages/discourses are s/he employing?" This more complex analysis will take the findings one-step further than just focusing on the addresser and addressee functions (Parker, 2005a). Seven theoretical key elements were considered in line with these questions and topics during analysis. Some unclear situations were discussed among the research team.

3.2.6. Trustworthiness of the Study

The trustworthiness of the study in qualitative approach was defined by the subjectivity and reflexivity (Morrow, 2005). Since the philosophy of the qualitative approach includes the idea that the reality is constructed by social, cultural, historical factors within subjectivity, researches are based on the subjective nature of methodology (Giorgi, 1985). Therefore, the researcher cannot close her/his eyes to his/her subjectivity. In other words, the researcher's experiences and understanding of the world *inevitably* affect the research process (Gearing, 2004). Thus, subjectivity is not seen as something to be controlled (Bannister et al., 1994; Burr, 1995), rather, it is crucial for the researcher to understand and acknowledge his/her position regarding the study on qualitative perspective (Berger, 2013). It is utilized as the data to enrich the quality of the research. Therefore, the reflexivity of the researcher seems an important tool for the researcher to understand its own effect on the study (Fischer, 2009; Sarı & Gençöz, 2015). Reflexivity was defined as realizing and becoming aware of the researcher's background, personal experiences, inclinations, assumptions, or positions, which may affect the research (Gearing, 2004). The researcher acknowledged their involvement in each step of the study, which was defined as bracketing. By doing this, researchers are aware of their own assumptions and personal experiences related to the research (Fischer, 2009).

3.2.6.1. Researcher's role in this study

In the current study, I took some notes on my thoughts, emotions, and observations about interviews throughout the study in order to try to be aware of my emotions and thoughts. This process can be defined as a reflexive diary. Additionally, I attended a series of meetings, which included clinical psychologists who are students in METU and are dealing with the qualitative approach and psychoanalysis. In this research team, I shared my emotions, observations, and ideas related to the research and process. I disclosed those in the parts of the researcher's role, analysis, and discussion. Additionally, I conceptualized my findings with my peer and discussed them with the research team, which increased the credibility of this study. Besides, I thought the data was sufficient in terms of saturation after I realized the findings became recurring. I presented my findings to my thesis committee member. The interpretation of the findings was also thought as sufficient. I tried to interpret and discuss the findings in cultural, theoretical, and historical context.

In this part, I tried to bracket and evaluated my own subjective position and background as a researcher. I am a female doctoral student in METU Clinical Psychology Graduate Program. My orientation has been based on Lacanian Psychoanalysis for the last four years, and I am in training analysis. I had an interest on subjectivity, psychoanalysis, and discursive approaches, which reflected my longstanding curiosity. Additionally, I especially pay attention to the individual's relation with rules. This curiosity is based on some thoughts and evaluations, which are parallel with my experiences. I realized that although some people can ignore the rules easily; but others adopt or even adhere to them strictly. I observed this extremist difference in the city where I grew up, Antalya. It has a specific culture and atmosphere because there is the capital city of tourism. Besides its multicultural characteristics, the important effect on the issue of people's relationship to the rules, cultures, and tradition is rooted from the changing life

styles from summer to winter there. The order and system of people are changing every 6 months. I also got many changes over the years. Thus, I realized that this cultural context affected people's relation with rules, system, and culture. Within this personal experience, in my education and practice as a clinical psychologist, I encountered some patients with complaints on adopting the rules strictly. On the other hand, I researched this relation on the issue of substance abuse. To sum up, I have a personal curiosity about subjectivity, unconscious, and language, specifically person's relations with the Other and rules. It can be briefly said that my life experiences and my background directed me to select this research background, methodology, questions, and topic.

Throughout this research, I contacted persons with different structures and complaints. In the first interview as a pilot, the participant had applied for therapy. When we offered her participation in this research, she approved. However, in the interview, she asked me for therapeutic support. I realized that she could not distinguish between research interviews and therapy sessions and wanted to continue telling her story. After this first interview, I started to think that participants most probably would confuse the research interview and therapy session and would demand therapeutic content like the first one. Additionally, I knew that the waiting list was long and that they had to wait a long time. Within these thoughts, I might have blocked my questions for the subsequent interviews. Moreover, the patients in the hospital came there only once for a few minutes monthly; thus, the idea that I should conduct the interviews all at once became clear. Due to all these situations, I conducted subsequent interviews all at once.

CHAPTER IV

ANALYSIS

This chapter includes the findings of the primary level analysis, which were conducted with each case, firstly. I presented this analysis with the extracts of the participants. Next, in order to more comprehensive aims of the study, the second level analysis was conducted. As a result of this comprehensive analysis of deconstructing obsessional neurosis with subject's talk, the themes were detected as *subjective symptoms and its repetition, presence of anxiety, reject the Other in phantasm, repression of desire, masculine sexuation.* Later, dominant discourse about mental states and obsessional neurosis were noted as *religious discourse, classical psychiatric discourse, critical discourse, and discourse on referring to life events.*

4.1. Findings from Primary Level Analysis on Subjects' Formation Process In-Talks

Initially, the primary level analysis conducting on five focal points, which are 'signifiers, metaphors and repetitions', 'crucial and unspoken points', 'relation to the knowledge and Other', 'clinical structure', and 'deadlocks of perspective in the interview', was given. The themes detected from this first level analysis were presented in Table 3 to provide general picture of analysis. They were explained in detail with the extracts from interviews' transcriptions.

Table 3

Primary Level Analysis of the Subject's Formation Process in-Talks

Focal Points	Themes
Signifiers, Metaphors and Repetitions of Participants Own Structure in-Talk	• Blasphemy (Swearing to God), Repetition of Swearing • Malignant Thoughts and Biting the Tongue/Not Talking • Doubt of Becoming Ill • Anxiety Concerning Control and Order • Repetitive Cleaning and Anxiety on Getting Dirty • Anxiety Concerning Spreading a Virus and Extended Hand Washing

Crucial and Unspoken Points	• The Absent in Language
	  o Absence of love
	  o Absence of sightlessness vs frequent usage of expressions regarding "sight"
	  o Abandoned and emptiness
	• The Emphasis in Language
	  o On anonymity
	  o On becoming ill
	  o On freedom
	  o On own rightness

Relation to the Knowledge and Other	• Questions Directed toward Other
	• The Other that is Assumed to Have Knowledge and Power
	  o God, doctor, clergymen
	  o The male and the older one in patriarchal culture
	• Blaming the Other
	• Refusing the Other

Clinical Structure	• Obsessional Structure • Hysterical Structure

Deadlocks of Perspective in the Interview	• Continue-Stop Points
	• Disagreements on Positioning as Therapist-Patient and Interviewer-Participant
	  o Attempt to manage/direct the interview
	  o The positions of interviewer-doctor
	• Differences in Expression
	  o The issue on whether her sister grow or not
	  o On the function of symptom
	  o Choosing to pronounce of brother and siblings

4.1.1. Focal Point 1: Signifiers, Metaphors, and Repetitions

In the first focal point, six themes were determined as *'blasphemy', 'malignant thoughts and biting the tongue/not talking', 'suspicion of sickness', 'anxiety concerning control and order', 'repetitive cleaning and anxiety on getting dirty', 'anxiety concerning spreading a virus that sexually transmitted- extended hand washing'.* Those were explained in below with the extracts.

4.1.1.1. Blasphemy (swearing to god), repetition of swearing

A variety of swears to God (Allah) come to Ms. Hayal's mind repeatedly. She indicates that this situation emerged after intimacy with a coworker that was followed by an accusation, which resulted in her being laid off. After this event, it started with curses towards her own family and then was directed to God. The contents of swears contain themes of sexuality and aggression. Hayal, while stating that she was not sad or feeling anything concerning the incident itself but also emphasizing on being very sad for the swearing. In this context, the repetition of the thought of swearing appears as a specific signifier or metaphor in repetition for another signifier. *Blasphemy exists as a metaphorical substitute for the master signifier in Hayal's structure.*

Extract 1:

F326 Yeah, am I guilty, as if I am guilty. ↓ After I came, ***after that*** *↓ the feeling of swearing, nothing has made me so sad, as much as swearing to God. ↓ The others don't make me so sad, like swearing at family etc. My only obsession is swearing at God. I got depressed at home. I mean, the sudden thought of swearing at my family.*

S163 Swears persist in my mind. After the events I lived through, the swearing began (.) That swearing brought me to this situation (.) This event on swearing to Allah makes me unhappy, other things never block my happiness, because there is nothing negative in my life.

Original

F326 *Evet, suçlu ben miyim, benmişim gibi. ↓ Ordan çıkar(ıl)dıktan sonra ben geldi, **ondan sonra**↓ Allaha küfretme duygus-, beni hiç bir şey o kadar üzmedi, Allaha küfretmek kadar. ↓ Diğerleri beni o kadar üzmüyor, aileme küfretmem şu bu. Benim tek takıntım Allaha küfür etmek**.** Evde bunalıma girdim. Yani birden aklıma aileme küfür etme düşüncesi.*

S163 *Küfür kaldı aklımda (.) ondan sonra küfür başlamıştı yaşadığım olaylardan sonra (.) o küfür beni bu duruma getirdi (.) Allaha küfür olayı beni mutsuz ediyor diğer şeyler benim hiç mutluluğumu engellemiyor, bir şey yok çünkü hayatımda olumsuz)*

4.1.1.2. Malignant thoughts and biting the tongue/not talking

Malignant thoughts come to Mr. Kadir's mind, particularly those that himself and society would not find acceptable. Even though Kadir knows that these thoughts may come to the mind of any human being, he has doubts as to whether they have been uttered externally. Especially because his work is in front of a microphone, he is anxious about whether or not he has uttered these thought on this platform. Thus, he bites his tongue or closes his mouth with his hand to stop it. Kadir has indicated that for once he had not spoken for about a year.

In addition to these fears, K has said "I have the fear of imprisonment" (hapis) when talking about his fear of closed spaces. The phonetic similarity between *"habis"* and *"hapis" points to this being a basic signifier.* The repeated metaphorical application is "habis" and the closing of the mouth clarifies *that this signifier points to another signifier.*

Extract 2:

67 *…whatever I am sensitive to concerning society, that which especially I am sensitive to, I think malignant thoughts about. Things that any person can experience, these are **delusions.** They began entering my mind (.) this is my*

problem ↑ For example, let's say there was a social event (.) I don't know, news of a war casualty, a murder, whatever society can react to (.) I mean sometimes an event happens, some people tweet about it and get stoned. I think of these tweets or these sentences unwillingly↑, in a way that does not belong to me ↑ this thought that is entirely foreign to me (.) …. (.) I can't help ***biting my tongue*** *(.)* *because* ***I am in doubt*** *as to whether I did or didn't (.) this is the result of me being a very skeptical person ↑ The whole thing happened due to my fear of doing it and I began to doubt whether or not I did it (.) I lost sleep over this doubt↑...*

Original

67 *..toplum üzerinde benim hassas olduğum, bilhassa benim hassas olduğum ne varsa, onunla alakalı aklıma* ***habis düşünceler*** *düşüyor. Her insana olabilecek şeyler,* ***vesveseler*** *bunlar, Benim aklıma düşmeye başladı (.) benim problemim bu↑ Örneğin sosyal bir olay oldu diyelim (.) Ne bileyim bir şehit haberi olsun, bir cinayet olsun, toplumun tepki koyabileceği ne varsa* ***(.)*** *Yani bazen bir olay olur, bazı insanlar işte tweet atarlar ve onlar taşlanırlar, Benim aklıma bu tweetler geliyor ya da bu cümleler geliyor, istemdışı↑, bana ait olmayan bir şekilde↑ tamamı benden uzak olan bu düşünce (.) …. (.) ister istemez* ***dilimi ısırmaya*** *başlıyorum* ***(.)*** *çünkü edip etmediğime dair* ***şüphe içerisindeydim (.)*** *çok şüpheci bir insan olmamın getirisi de bu oldu↑ Etme korkusundan çıktı olay* ***ve ettim mi etmedim mi diye bir şüpheye başladım*** *(.) Bu şüphe geceleri benim uykularımı kaçırdı↑...)*

4.1.1.3. Doubt of becoming Ill

Ms. Şule is anxious about *being ill or becoming ill* and her loved ones being sadness. Even though the contents of this anxiety display variety, she is suspicious about having cancer, stomach or intestinal illnesses, and problems with her bones. She states that she has researched these topics and feels as if she is defenseless if she does not research or thinks. She can keep it under control when she more informs herself. While the basic symptom is her suspicion of repeating illnesses or becoming ill, the repeated action is keeping it under control through obtaining knowledge.

Extract 3:

38. Anything, I mean, anything can happen. I can't see it here and now, but various bruises and such appear. Of course because we are human we bump into things but all of these mean something to me (0.1) Generally cancer, something that develops as a phobia, I mostly focus on cancer. But sometimes I would think, I don't know, that it might be related to my stomach or intestines. (0.1) Umm, at one point, I don't know, I would think of everything, I thought mayb- oh yes there is probably a problem with my bones. Everything comes to mind, everything ...and if I don't read and research, I feel like I am defenseless against these illnesses.

Original

38 Her şey, şöyle, her şey olabilir. Şimdi şu an göremiyorum da, çeşitli morartılar falan oluyor, tabi insan olduğumuz için bir yerlere çarpıyoruz ama benim için onların hepsi bir anlam ifade ediyor yani (0.1) Genelde de kanser, fobi şeklinde gelişen bir şey, öyle, daha ziyade kanser üstünde duruyorum. Ama bir ara da ne bileyim midem ve bağırsağımla ilgili bir şeyler olabilir diye düşünüyordum. (0.1) Iı bi ara bilmiyorum her şeyi düşünüyordum, ga- aa evet kemiklerimle ilgili bir sıkıntı var herhalde falan diye düşünmüştüm. Her şey geçiyor yani, her şey. ...ve araştırıp okumadığımda da kendimi sanki bu hastalıklara karşı daha korunmasız hissediyorum.)

4.1.1.4. Anxiety concerning control and order

Ms. Gözde displays a variety of symptoms concerning the topics of cleanliness and order (stove-plug control, the order of sheets, whether something has spilled on the carpet, and if there is any dust). Even though it seems that the contents of these symptoms are related to organization of the house, it is observed that Gözde's anxiety towards *not being able to control* lies at the base of these contents.

Extract 4:

10. I also check if it's all right or if the windows are open or closed, faucets, oven, I mean whatever is at hand ...I mean I ask the same thing, get the same things done, and do the same things, ((audible breathing)) to feel comfortable, umm, it's like some sort of anxiety that I have (Ø)…

22. *Umm ↑I keep fiddling with it, is it ok or not, and then I wonder if someone will touch it, go into it, I mean I memorize things, I have numbers and stuff*

Original

10 *Düzgün mü yani camlar açık mı kapalı mı kendim de yokluyom çeşmeler, fırın işte elde ne varsa hocam…Yani aynı şeyi soruyom, yaptırıyom, yapıyom, ((nefes sesi)) içim rahat edisiye, ee, işte bi vesvese gibi bi şey hocam bende bu (Ø)…*

22 *Hocam ee ↑bunu elleyip duruyorum düzgün mü değil mi, ondan sonra acaba hanı oraya bi değen olur mu, giren olur mu, yani bir şeylerde belleme de oluyo, sayılar oluyo hocam bende işte)*

4.1.1.5. Repetitive cleaning and anxiety on getting dirty

Ms. Fatma feels anxious about getting dirty. While she used to have worries about leaving things on or sockets plugged in, she states that for the past ten years she has been obsessed with cleaning. F, who begins intensive cleaning anytime, she has these thoughts and frequently talks about these repetitive rituals. Examples of these statements are given below:

Extract 5:

33 *…The laundry, it's like a small laundry room, I use the washing machine 2-3 times a day, even the turning on of the machine is a ritual. Even pouring the detergent is a ritual. Meanwhile I throw in the dirty laundry, wash my hands, pour the detergent into the machine, then wash my hands again because I touched the buttons, I can't touch door handles, I can't touch plugs. ...it's different with me, just cleaning the floor takes all day. My hand washing, a 750 mg Pril finishes in 1,5 days just because I use it to wash my hands. ↓*

43 *I just check the door, you know, I go down the stairs, I return to the door again, I don't check the iron, I don't even check the stove but at the start I would go inside and check the stove as well, ↓ I used to check the iron, umm and you know the plugs,* ***it began with these, and I have been dealing with cleaning for 10 years.***

Original

33 *…Çamaşır, küçük bir çamaşırhane gibi, sürekli ben günde 2-3 sefer makine açarım sürekli, hani makineyi açmam bile* ***ritüel.*** *Deterjanı oraya koymam bile bir* ***ritüel****. O esnada kirli çamaşırı atıcam, ellerimi yıkıcam, sonra deterjanı makineye koyucam, sonra tekrar ellerimi yıkıcam çünkü düğmelere*

dokundum, kapı kollarına dokunamıyorum, prizlere dokunamıyorum. ..benim öyle değil, bir yer silmem akşamı buluyor benim. El yıkamam, 750 mg'lık bir prili ben el yıkamak için 1.5 günde bitiriyorum. ↓

43 *Kapıyı kontrol ederim sadece, hani giderim merdivenlerden inerim, tekrar kapı için bir daha dönerim, hani ütüye bakmam, ocağa da bakmam hani daha ilk zamanlarda içeri girip ocağa da bakıyordum, ↓ ütüye bakıyordum, ıı işte fişlere bakıyordum,* ***bunlarla başladı, 10 yıldır da temizlikle uğraşıyorum.)***

4.1.1.6. Anxiety concerning spreading a virus and extended hand washing

Ms. Başak has suffered a contagious wart disease in her genital region. Even though it is known that this disease is mostly sexually transmitted, she has concluded that she has given this to herself with her hands due to not having any sexual interactions. As a result of extensive readings and research, she tries not to touch her genital regions and stomach area, does not interact with any objects outdoors, and washes her genital region repeatedly for extended periods of time. The phrases Başak used when she discovered that this was a sexually transmitted disease, such as "in intrigued me, I became suspicious" are remarkable. Even though the situation does not involve any sexuality, Başak's interest on this topic is clear.

Extract 6:

12 *It turned out I had (.) condyloma (.) though ...↓ I saw it when I read-read it there (.) what I had, after that I went to the dermatologist and we began a treatment↑ but I am a little curious by nature and if there is something on my mind I need to know all its details. so, naturally, umm, I started to research and it turns out this is a 90% ((slight pause)) sexually transmitted disease but this situation is impossible for me ↑* ***this time it intrigued me even more*** *I mean where could I have caught this, umm, I started reading articles...* ***I started to suspect*** *my hand …it either came from the toilet I used at the university, but apart from that there is no such situation at home ↑ so just like that it must have been transmitted via my hand, there were warts on my hand as well but they are not the same type (.) this means* ***I must have caught it from somewhere, transmitted it to myself, I need to wash my hands well*** *↑ …thus* ***I developed a (.) habit of constantly washing my hands*** *↑ (.)* ***umm it used to be really white*** *... like it was covered in flour (.)*

Original

12 *bende kondilom olduğu (.) ortaya çıktı (.) gerçi ...↓ ben orda oku-okuduğumda gördüm (.) bende ne olduğunu daha sonrasında dermatoloğa gittim tedaviye başladık↑ ama yapı olarak biraz meraklıyımdır kafama bir şey taktığımda en ince ayrıntısına kadar bilmem gerekiyor onu. ee haliyle kondilomu ıı araştırmaya başladım bu %90 cinsel ((hafif duraksıyor)) münasebetle geçen bir ee virüsmüş ama bende böyle bir durum mümkün değil↑* ***bu sefer iyice merakımı cezbetti*** *hani nereden olabilir nasıl bulaşmış olabilir diye ıı makaleleri okumaya başladım. İ****yice işkillenmeye başladım*** *elden ... ya benim üniversitedeyken kullandığım tuvaletten oldu, onun haricinde evde böyle bir durum yok↑ böyle böyle demek ki elimden bulaştı, ya-elimde de siğiller vardı ama ikisi aynı tür siğil değil (.) demek ki* ***ben bir yerden aldım ben bunu kendime bulaştırdım ben bunu ellerimi iyi yıkamam gerekiyor↑*** *... diye* ***iyice bende bir (.) huy başladı böyle ellerimi sürekli öyle yıkamaya başladım↑ (.) ee önceden bembeyazdı*** *.. böyle un serpmişsiniz gibi bir şeydi (.))*

4.1.2. Focal Point 2: Crucial and Unspoken Points

In the flow of the interviews two themes, which were '*the absent in language'*, and '*the emphasis in language'*, were noted.

4.1.2.1. The absent in language

Three sub-themes were determined, which are *'absence of love', 'absence of sightlessness vs frequent usage of expressions regarding Sight', and 'abandoned and emptiness'.*

Absence of love. Hayal especially emphasized on the absence of her desire to the coworker who caused her to be fired. One example of the Hayal's expression about this emphasis were given below in extract 7. According to that, right after the first sentence in which Hayal mentioned the abusive relationship with coworker, she says, "*that is why I did not leave the job.*" However, no specified reason that points towards the uttered "that" exists. In the following statements, she

advances the conversation as if this reason has already been specified. In the second interview, Hayal, who insisted on that the financial reasons forced her to remain there, points out that she could never have any desire for this incident and her emphasis on the absence of desire stands out. This absence and emphasis draw the presence of her desire.

Extract 7:

F318. There due to things at work, I was exposed to the man's harrass-, but there was no touching, or rape, or things like that. ↓ ***THAT IS WHY*** *I didn't leave the job. I had to continue, ↓ I continued. Like I said, I was going and coming without really wanting to, but I had my obligations. ↓ During that period, I was responsible for taking care of my family. ↓ I worked for two years, and two years later↓ they fired me due to his brother noticing this situation at work. ↓As if I was the one at fault.*

Original

318 Orda işte şeylerden dolayı, adamın tacizlerine maruz kald-, elle taciz, tecavüz falan olmadı ama. ↓ Ben de ***O YÜZDEN*** *işten ayrılamadım. Devam etmek zorunda kaldım, ↓ devam ettim. Dediğim gibi istemeyerek gidiyordum geliyordum ama mecburiyetlerim vardı. ↓Aileme bakmakla yükümlüydüm o dönem. ↓ İki yıl çalıştım, iki yıl sonunda↓ iş yerinde diğer abisinin bu durumu fark etmesiyle beni oradan çıkardılar. ↓Sanki suçlu benmişim gibi.*

Extract 8:

S364 I:What took you there attracted you there↑
H:I don't know↑
I:Something pulls you towards that place that person
H:The sense of money↑
I:If the sense of money a sense↑
H:The need for money↑ (.) with my family (.) it was as if I had to do everything because at that time my family needed money↓ (.) how should I know↓ (.) it was as if I had to go there when summoned like a robot ↓

Original

364 I:Ne oldu öyle, bir o olayı bir hatırlayın bakalım
H:Utanç↑ (.) utanç AŞAĞILIK hissettim kendimi (.) bir para uğruna bu kadar şey yapılır mıydı↑ (.) bu kadar fedakar olmaya ne gerek vardı↑
I:Hmm şey gibi geldi aklınıza para için (.) burdaydım ben
H:Aynen↑ evet↑ para için bunlara katlandım ben↑

Absence of sightlessness vs frequent usage of expressions regarding "Sight". Ms. Gözde lost her ability to see because of an illness she suffered when 20 years old. She has had various surgeries, but this situation has advanced due to her delaying some surgeries. Today, apart from a very blurry light in one of her eyes, she has no sight. It drew the attention on that Gözde *frequently uses expressions and phrases regarding sight whereas she has a disability on seeing.* Some examples of these expressions are given in Extract 9.

Extract 9:

174. ***(0.2)*** *I mean umm, they (sibling and partner) had a problem. Our, I mean me and my partner, what we did for them-* ***we didn't see from them,*** *↓like kindnesses*

194. Earthly belongings stay on earth and ***humanity is not satisfied*** *("Gözü doymak" idiom is related to the eye but has this meaning)*

274. Sometimes I do it outside and maybe they know, because you know what I do, now I shut the outs- street door and make my partner or whoever have a ***look around***

Original

174 ***(0.2)*** *Yani hocam ı onun (kardeşi) da eşinle bi sorunları oldu, bizim yani benim eşimlen benim ona yaptığımı yani o-* ***biz ondan görmedik,*** *↓hocam işte, yani iyilikleri*

194 Dünya malı dünyada kalıyo ama hocam işte ***insanoğlunun gözü doymuyor***

274 Bazen hocam dışarda yapıyom belki de biliyolar, cünkü ne yapıyom biliyo musun, ben şimdi sokak dışar d- kapıyı kapatıyom hocam, şööyle bi etrafıma ***baktırıyom*** *eşime kimse*

Additionally, Gözde establishes a connection between her control-related actions and not being able to see. According to her, her sight problem becomes worse *when she is in stress.* As reflected in her statements in extract 10, she suddenly switch by saying "*and then my eyes were closed completely*" while talking about her cleaning problem and adds that this situation causes her stress, and it makes her eyes worse. As evidenced with these connections, losing her sight is a vital point. Gözde emphasizes that her biological problem advances due to stress. This direction

points to the existence of a condition related to Gözde's thoughts on illness and lacking.

Extract 10:

8 *So when I entered the house **(.)** I used to **have something like a cleaning anxiety.***
I: Cleaning
*G: Uh huh. **(0.1)** And later this increased. **I mean after that my eyes closed completely.** I mean I didn't see at all. This made me feel more stress-frustrated, it put me in stress. This stress and frustration is in °**my eyes**° ↑ I mean when I enter homes **constantly I mean whether I see or not,** even if I don't do it myself I tell me husband or daughter, are the windows proper, are they open or shut.*

Original

8 Hocam işte ben ıı eve girdiğim zaman yani böyle **(.)** önceden haniii **temizlik efhumu gibi bi şey vardı bende.**
I: Temizlik
G: Hı hı. **(0.1)** E sonra sonra bu çoğaldı. **Yani ondan sonra benim gözlerim tamamen kapandı.** Yani hiç görmedim. Bu bana bi şey oldu yani daha bi stressi- sinir yaptı**,** strese koydu., °**gözlerimde**° ↑ işte bu sinir stres hocam yani evlere girdiğim zaman **devamlı yani görsem de görmesem de** kendim ya-pamasam da yani eşime, kızıma düzgün mü yani camlar açık mı kapalı mı

Abandoned and emptiness. Ms. Fatma talks about being given to her grandmother because her mother had many children. When asked about this period, she repeatedly indicated that *she did not remember much,* that her mother took care of the children, that her father was a very good person, that she grew up free, and there weren't things like scolding. In this conversation, in which she did not say much, and the dialogue progressed slowly, Fatma finally mentioned that *there weren't many things in the house and the only things she remembers are elders and washing dishes.* She added that she did not remember much else and that *she was fine.* Concluding this situation of *lack* has solidified its existence.

Extract 11:

268 Those…, I wasn't successful in first grade. ↓ Because you know maybe as I said it could be due to my nature because I didn't see anything. Back then there was no television to learn things from, no children, no youth, no one to teach you anything Of course when you get there your words and sentences are different. You know how they still say your words and sentences are not proper… I wasn't successful in my education

Original

268 Ya oralar.., birinci sınıfta hiç başarılı değildim. ↓ Çünkü hani belki dediğim gibi yaradılıştan da olabilir hani çünkü bir şey görmedim. Bir şey öğrenmek için televizyon yok o zaman, çocuk yok, genç yok, size bir şey öğretecek hiç kimse yok. Tabi oraya gelince de, kelimeleriniz cümlelerinizde de farklılık oluyor. Onu şu an da şey yapıyorum hani hala söylerler hani kelimelerin cümlelerin falan böyle düzgün değil falan gibisinden… Başarılı olmadım yani eğitim hayatımda

4.1.2.2. The emphasis in language

Four sub-themes were determined, which are *'on anonymity', on becoming ill' "on freedom"', 'on own rightness'*.

On anonymity. Mr. Kadir emphasized that his identity would be known if he talked about his job. In addition to privacy, he has often highlighted that he would especially not reveal the contents of his thoughts. Even if the interviewer questions the reason behind this rather than the content itself, Kadir gave examples by saying that "*I will not tell you this, not even my therapist could get it out of me, but I shall give an example*." It is evident that this topic of privacy is a vital point throughout the interview. Below is an example of one such dialogue:

Extract 12:

89 K:I have no intention of bringing that↑ just so you know
I:All right let's talk about this
K:My therapist still couldn't get it↑ I don't think they ever will
I:But what's in it?
K:I won't tell↑

I:No no, don't tell me the contents, but what is it that keeps you from talking about it? (.) you said you haven't said it yet, you don't even say what is what?
K: Because I react a lot to this topic ↑ I can give a very small example, but I can't give examples from actual sentences↑

Original

89 K:Onu getirmeyi düşünmüyorum↑ haberiniz olsun
I:Tamam bunu konuşalım
K:Terapistim bile alamadı hala↑ alabileceğini de zannetmiyorum
I:Ne var orada peki?
K:Söyleyemem↑
I:Hayır hayır içeriğini söylemeyin, peki size bunu söyletmeyen nedir? (.) hala söylemedim dediniz ya, ne-ne oluyor da söyleyemiyorsunuz?
K: Çünkü ben çok fena tepkiliyim bu konuya↑ çok küçük bir örnek verebilirim, asıl cümlelerden örnek verememem↑

On becoming ill. When asked about her sibling's illness, the way Ms. Şule speaks of her escaping from the doctor and her own sadness, *as if the illness has happened to herself,* seems to as an important unspoken form of discourse. In her symptoms, it has also been observed that Şule frequently phantasies about illness. Below are examples of what the thought which can be the expressions of desire and phantasies of Şule about being ill:

Extract 13:

141 That period was bad, ◦ I don't even want to remember it ◦ . I mean (0.1) towards doctors, even then- I didn't like doctors at all, a forty-five something year old doctor ***gave me*** *the first diagnosis, in a very emotionless way. ….But at that moment, for example,* ***because "I was also" very small*** *I did not comprehend this and-* ***I denied it immediately. I said, I am leaving,*** *we were in the hospital, then* ***I left, I really left,*** *got away from the environment. After all, we were going to the hospital once a week.* ***I tried not to go as*** *much as possible****.*** *Because there were too many children, too many doctors.*

224. I fee- even when I have the flu I feel really weak and feel like why am I ill,... what if my mother hadn't made me soup, would I have recovered and things like that… of course friends of course friends will also be at my side but, ***I don't know if I want that being at my side state*** *in that condition.((there is emphasis on the word)). Like right now we are equal, everyone with small*

illnesses these can happen; ***but for example, when I am very ill I don't even know if I would want those people beside me.*** *I question this a lot as well, maybe I won't want it; because I don' want anyone to pity me, to be ill on my own and remain on my own for example*

Original

141 *O süreç çok kötüydü, ◦ hiç hatırlamak bile istemiyorum ◦ Yani (0.1) doktorlardan zaten ilk o za- doktorları yine hiç sevmiyodum,* ***bana*** *ilk teşhisi böyle kırk beş yaşında falan bir doktor söylemişti, son derece duygusuz bir şekilde. ....Ama o an mesela* ***"ben de" çok küçük olduğum için*** *bunu idrak edemedim ve k-* ***hemen reddettim. Ben*** *dedim* ***ben gidiyorum, ya****ni hastanedeydik, sonra gitti****m, gerçekten gittim yani, ortamdan*** *uzaklaştım falan. Neticede haftada bir gün hastaneye gidiyorduk.* ***Ben mümkün mertebe gitmiyordum da****. Çünkü çok fazla çocuk, çok fazla doktor vardı.*

224 *(hissediy- ya ben gripken bile kendimi inanılmaz zayıf ve şey hissediyorum niye hastayım,..annem bana çorba yapmasa nolucaktı, kendime gelebilecek miydim falan filan… ya tamam arkadaşlar da elbette arkadaşlar da yanımda olacaktır ama,* ***ben işte o yanımda olma halini istiyor muyum bilmiyorum*** *o haldeyken ((kelimede vurgu var)). Şuan hani eşitiz, herkes hani küçük küçük hastalıklar bunlar olabilir;* ***ama ben çok hastayken mesela o insanları yanımda ister miyim bunu da bilmiyorum.*** *Bunu da çok sorguluyorum mesela, belki de istemem; çünkü ya o işte, bana kimsenin acımasını istemiyorum, tek başıma olup tek başıma hasta kalsam belki mesela).*

On freedom. Ms. Fatma introduces herself as a housewife, and then she emphasizes on this by saying '*what else can I say, I am a housewife, I don't work'*. During the interview I repeat this emphasis she got her absence of specialty and prohibition of her freedom. Additionally, Fatma requently used the phrases such as *my, mine, myself, my spouse, me*, especially about household objects, which can be seen in Extract 15. Accordingly, Fatma's fundamental desires for freedom can heavily be seen. The statements seem the reflection of her thoughts about personal space and freedom.

Extract 14:

9 *F: I am a 42-year-old housewife, I'm married. I have a 20-year-old daughter, a child. Umm I mean I'm at home not working, (0.3) I am a middle school graduate, (0.5) what else can I say, well I'm a housewife I don't work.*
I: All right. Well, did you think about how you will introduce yourself meanwhile? You emphasized being a housewife twice.
F: ↓ Yes well, unqualified (h) , ↑ like an unqualified employee(h).
I: Unqualified employee, hmm, how does this make you feel?
F: It doesn't make me feel well at all. After a while a person says, "I wish I had worked too", I mean at least not from an economical freedom perspective because, well, my spouse already works but of course a person with their own freedom and having worked would be different. ↓

Original

9 *F: Ben 42 yaşında ev hanımıyım, evliyim. 20 yaşında bir tane kızım var, bir evladım var. Iıı yani evdeyim çalışmıyorum, (0.3) ba- orta öğretim mezunuyum, (0.5) başka ne söyleyebilirim, hani ev hanımıyım çalışmıyorum.*
I: Tamam, peki kendinizi nasıl tanıtacağınızı düşündünüz dimi bu sırada, ev hanımı oluşunuzu iki kere vurguladınız.
F: ↓ Evet yani vasıfsız (h) , ↑ vasıfsız eleman (h) gibisinden.
I: Vasıfsız eleman, hmm, nasıl hissettiriyor bu size?
F: Ya hiç de iyi hissettirmiyor. İnsan bir zamandan sonra keşke ben de çalışsaydım hani en azından ekonomik özgürlük açısından değil de çünkü hani eşim çalışıyor zaten ama insan tabi kendi hürriyetini, hani kendi çalışmış olduğu daha farklı olurdu. ↓)

Extract 15:

23 *F: I got married in 96. Umm, at **MY OWN house, my own belongings, things I did myself,** I had to live with my spouse's family for five years, it wasn't theirs, but it **was my own house**.*
I: How is it your house? Did you inherit it? Did you buy it?
*F: No no, when I say my house I mean rent, but **my belongings, you see, my bedroom, my living room, my dowry,** my spouse's- my father-in-law- we first married in Istanbul. **I went** to Istanbul and because he was worked there, my spouse's siblings were also there. They also came, my mother-in-law, my father-in-law, we lived together for five years.*

Original

23 *F: 96'da evlendim. Iı,* ***KENDİ evimde*** *hani* ***kendi eşyalarım****,* ***kendi yaptığım şey****, eşimin ailesiyle bi beş yıl oturmak zorunda kaldım,* ***benim kendi evimdi*** *onların evi değil de.*
I: Nasıl kendi eviniz oluyor? Ailenizden kalma mı? Aldığınız mı?
F: Hayır hayır kendi evim derken kira ama ***hani benim eşyalarım işte benim yatak odam, benim oturma odam, hani benim çeyizimi, benim eşimin*** *kayınpederimin biz ilk İstanbul'da* ***evlendim****. İstanbul'a gitti****m ben*** *orda çalıştığı için eşimin kardeşleri de vardı. Onlar da geldi kayınpederim kayınvalidem, biz beş yıl beraber oturduk.*

On own rightness. Ms. Başak firmly thinks that she has an invisible connection with her brother; even if they are not very close, she believes that she *understands* what he thinks. After her emphasize on this imaginary duality, Başak passed on to the topics about love *not spoken between each other, although* she used the *'formality'* and *'not hug'* words. Then, she skipped the issue about ignoring by her brother's fiancee. While talking about this issue, she frequently used the following phrases; "*I didn't say anything bad to* my brother", "*I didn't say anything", "I didn't say anything bad".* As can be seen in the quotation below, *her anger towards malicious women* whom she assumes are responsible for the deterioration of the duality/closeness towards her brothers clarifies *the existence of* this *desire for duality (coupling, union).*

Extract 16:

168 *Our bride is a bit jealous (.) she was even jealous of me, I noticed this in the engagement (.)…she came and kissed my mother's hand (.) umm she acted as if I didn't exist (.)* ***I never told this to my brother*** *because men can be different, I mean umm you know engagement etc., they can be blinded when the woman they love say something to them; that's why (.) anything I said would have put my brother against me↑* ***I didn't say anything*** *(.) Later she found out that I got upset (.), she found out the reason (.) and her excuse was that she didn't notice ↑ A person does not notice their sister-in-law↑ and there I had taken my guard up****. I didn't say anything, I didn't say anything bad (.)****...I am more upset at my brother about this (.) Saying* ***you (her brother)*** *couldn't balance that properly (.)...Because of the reaction I showed my brother, I* ***neither went to henna night, nor to the wedding****↑ (.) But he didn't*

(.) do anything, didn't call me, didn't ask for me. ***Yet, I used to be his flower until he got married, I am the only girl of the house.***

Original

168 *Gelin hanım biraz kıskançtır (.) benden bile kıskandı kardeşimi bunu nişanda farkettim (.)…geldi annemin elini öptü (.) ıı ben yokmuşum gibi davrandı (.)* ***ben bunu abime hiç söylemedim*** *çünkü ıı erkekler çok değişik oluyor yani ıı nişan vs hani sevdikleri kadın onlara bir şey söylediği zaman gözleri kör olmuş olabiliyor; o yüzden (.) söyleyeceğim şey bana abimi bana karşı doldurușa getirebilirdi↑* ***Herhangi bir şey söylemedim*** *(.) Sonrasında benim bozulduğumu öğrenmiş (.), sebebini öğrenmiş (.) ve hanımefendinin bahanesi fark etmedimdi↑ Bir insan görümcesini fark etmiyor↑ Ve orda gardımı almıştım.* ***Hiçbir şey söylemedim, hiç kötü bir şey söylemedim (.)****..Ben bu konuda abime daha çok kızıyorum (.)* ***Sen (abisi)*** *o dengeyi düzgün ayarlayabilmeliydin diye (.)..Ben mm kardeşime gösterdiğim tepkiden ötürü* ***ne-kına gecesine ne düğününe gitmedim↑*** *(.) Ama o da çok (.) şey yapmadı, beni de sormadı, aramadı sormadı.* ***Halbuki çiçeğiydim ben o evlenene kadar, evin bir tane kızıyım ben.)***

4.1.3. Focal Point 3: Relation to the Knowledge and Other

In the current analysis, four themes were determined as *'questions directed toward', 'the other that is assumed to have knowledge and power', 'accusing the other',* and *'refusing the other'.*

4.1.3.1. Questions directed toward Other

In hysterical discourse, according to Lacan, a person demands information from the Other. There are samples in Hayal's expression related to this idea. It can be seen in the dialogue of line 1 that at the moment Hayal first entered the room she started with one question. Throughout the interviews, she often interrupts topics, asks questions, and speaks from a position in which she demands information.

Extract 17:

1 *Will I be seeing you from now on?*

179 *You know, because it is against my character. Normally, I am not this kind of person ↓ but even I don't know where it comes from, how it comes to my mind. ↓ This wears me out a lot. What was your name by the way?*

221 *I want to go back to my old self, Ms. Sinem. ↑ Will I be able to?*

228 *Yes, I can't ↓ because the father takes care of the lessons of my daughter, he takes care of everything right now. (0.10) Do you think I can get better, Ms. Sinem?*

440 *Hopefully. Is there anything you would like to give a couple of clues about? I mean, what am I supposed to do with these thoughts? What else can I do to at least go through this period more comfortably?*

Original

1 *Sizle mi görüşücem bundan sonra?*

179 *Çünkü şey kişiliğime ters hani. Normalde öyle bir insan değilim ↓ ama nerden geliyor nasıl aklıma ben de bilemiyorum. ↓ Beni çok yıpratıyor. İsminiz neydi bu arada?*

221 *Ben eski halime dönmek istiyorum, Sinem hanım. ↑ Dönebilecek miyim?*

228 *Evet olamıyorum ↓ çünkü dersleriyle babası ilgileniyor her şeyle babası ilgileniyor şu anda. (0.10) Sizce iyileşebilir miyim Sinem hanım?*

440 *İnşallah. Sizin bir iki ipucu vermek istediğiniz bir şey var mı? Yani düşünceleri ne yapmam gerekiyor? Hani onunla ilgili en azından şu dönemi biraz rahat geçirmek adına. ne yapabilirim?*

4.1.3.2. The Other that is assumed to have knowledge and power

Two sub-themes were determined, which are *'Allah (God), doctor, clergymen',* and *the male and older one in patriarchal culture'.*

God, doctor, clergymen ('din hocası' teacher of religion, who is a leader in the Islamic religion). In conversations where the subject assumes knowledge and directs it to positions of power or authority, this referring to the Other can be traced. Three participants addressed in his discourse to Allah (God), doctor, or clergymen as the Other position, and assumed that they belong to the knowledge and power. As an example, Hayal expects someone to heal and save her, and often mentions her desire to be saved or healed by the Other (these generally being male figures like as her partner, her psychiatrist/psychologist, or elder brother):

Extract 18:

F67 *Umm after this incident two ↓ months later i got engaged. I got over it after that, in 2005, 2005, yes. Umm ↓ in that period* ***I got over it thanks to my partner.*** *I started a job,* ***I got over it thanks to the job*** *but I didn't know I was OCD. I thought it was a stomach problem.*

80 *Yes, my daughter was three years old. Umm, I applied to Hacettepe, they appointed me a psychologist and a psychiatrist there. My medication was regulated,* ***I beat this with the psychologist.***

85 *My daughter was attending first grade, now she is in the fifth, four years ago it repeated. Again, the swearing to Allah,* ***again I overcame that with a therapist, with medication from a psychiatrist.***

608 *We, umm, decided to marry within a month. We first got together outside, umm, in the pastry shop, ↓after that, families were called. We got engaged immediately. (.)* ***Actually in that period I saw marriage as perhaps ↓a salvation****. And I prayed, I prayed a lot then. To come across a good person. (.) Because* ***I believed and thought with someone, I could beat*** *all the things I had lived through.*

Original

67 *Imm bu olaydan iki iki ↓ ay sonra falan nişanlandım ben. Ondan sonra atlattım, 2005'te, 2005 doğru. Iı ↓ o dönem* ***eşimin sayesinde atlattım.*** *Bir işe girdim,* ***işin sayesinde atlattım*** *ama ben OKB olduğumu bilmiyordum yani. Mideyle alakalı bir rahatsızlık zannettim.*

80 *Hıhı, kızım üç yaşındaydı. Iıı, Hacettepe'ye başvurdum orada bana psikolog ve psikiyatr verdiler. İlaçlarım düzenlendi,* ***psikologla ben bunu yendim.***

85 *İlkokul bire gidiyordu kızım şimdi beşinci sınıfta, dört yıl önce tekrarladı. Yine Allah'a küfür,* ***onu yine ben terapist yoluyla aştım, psikiyatrla ilaçlarla.***

608 *Biz, ıı, bir ay içinde evlenme kararı aldık. Dışarıda ilk görüştük, ıı, pastanede, ↓ondan sonra aileler çağırıldı. Hemen nişanlandık. (.)* ***Aslında ben evliliği o dönem hani o rahatsızlıktan belki de ↓kurtulma bir şeyi olarak gördüm****. Ve dua ettim, çok dua ettim o zaman. İyi bir insanla karşılaşmak için. (.) Çünkü o yaşadığım şeyleri* ***biriyle yeneceğime inanıyordum, düşünüyordum.***

Another example can be seen in Gözde's expression. Ms. Gözde, addresses the interviewer as "hoca" (used in Turkish in the meaning of "teacher" for those in a position of knowledge). Here, the patient as a subject refers to the Other as the one assumed to have knowledge. Moreover, there are a lot of expressions in which Gözde speaks of clergymen (teachers of religion, religious "hoca") and doctors as great masters. She comes to the hospital every week with her daughter and husband

for 15 years, and she summarizes the experience by saying *we have subscribed to this place (buraya abone olduk).* Thus, *her relationship with doctors acts as an example of her calling out her relationship with the Other*. She thinks the psychological problems come from the Other.

Extract 19:

328 *So, they said it was psychological. You see* ***hocam****, when that happened she couldn't walk for six months (her daughter), her legs were stiff, here in the state hospital ↓ she stayed on one called Berkant, doctor you know, thank God, there ↑ she slowly started to walk* ***hocam*** *.... ↓She screamed and yelled, couldn't sleep, would get fevers, she would yell "I will leave", umm ((pauses)) sometimes when she says "don't kill my mother, don't beat my mother", and stuff****,*** *could it be a haunting (she speaks of djinn or similar religious apparitions revealing themselves) but we took her to a lot of hocas as well... we took her to the real* ***hocas****,* ***we had them write charms and stuff****, we* ***came to the doctors*** *last* ***(.)*** *then she stayed at the hospital thank God, many thanks to God,* ***a thousand thanks****.*

Original

328 *İşte ona psikolojik dediler hocam. Işte o olduğu zaman* ***hocam,*** *altı ay yürüyemedi (kızı), bacakları tutuldu, burda devlet hastanesinde ↓ Berkant .. diye birinde yattı, doktor hani Allah razı olsun, onda ↑ yürümeye başladı yavaş yavaş ..... ↓Bağırdı çağırdı* ***hocam,*** *uyuyamazdı, ateşlenirdi, bağırdı gitçem ben, iii* ***((takılıyor)) bazen hocam*** *şeyderkene annemi öldürmen, annemi dövmen, şöyle böyle, ona görünür müydü?(cin gibi başka bir varlığın görünmesinden söz ediyor) n- ama çok* ***hocalara da götürdük****..* ***baya-hocalara götürdük,*** *muskalar falan yazdırdık, en son* ***dokturlara getirdik (.)*** *işte hastanede yattı allah razı olsun, allahıma çok şükür bin* ***şükür hocam yani.***

There is Extract 20 from Şule's interview. She has a faith that *there is a "thing" bigger than humankind is.*

Extract 20:

237. *I have faith, but my faith comes from a place of pragmatism ...(0.1) I don't know, my sister got better thankfully, for now. Umm, it feels a little like, like being ungrateful and* ***on the other hand I don't think I can bear that on my own. I mean it's like praying and showing gratitude and getting some sort of guarantee ((emphasis on the word) from the other side.*** *..but there*

necessarily doesn't have to be ***one power****, it doesn't have to be something with one god, but* ***I mean there is something above the universe. Of course, I hope there is.***

Original

*237 İnançlıyım, inançlı olma sebebim de biraz pragmatist bir yerden ..(0.1) ne bileyim kardeşim işte iyileşti çok şükür şimdilik. Iı biraz şey olmak gibi, nankörlük etmek gibi geliyor v****e tek başıma onu göğüsleyemeyeceğimi düşünüyorum bir yandan da****, yani bi dua şükür ve hani bir garanti ((kelimede vurgu var)) almak gibi, karşıdan.** ..ama* ***kesinlikle bir şey bir güç,*** *böyle tek tanrılı bir şey olmak zorunda değil ama* ***evren üzerinde bence bir şey var yani. Umarım vardır tabi.***

The male and the older one in patriarchal culture. Ms. Başak, who at first referred to her older brother as "my brother" (kardeşim, which is used in Turkish as "the younger one"), later she referred to him as "my older brother" (abim), and then returned to saying "my brother". When asked about this mixed manner of addressing, she stated that she is reminded of how her brother adresses Başak and speaks from his point of view. It seems like Başak, who is the youngest with two older brothers, is experiencing a confusion concerning the *position of being older-younger.* It can be seen in the following statements:

Extract 21:

62 I:All right (.) umm about that period you said (.) something upset you and you were observing your older brother (.) ***you are saying "older", right? He is your older brother? You know, bigger?***

B:Yes yes

I:For a moment you said my brother (as if younger), then my older brother, right?

B:Yes↑

I:Brother (kardeş) refers to younger ones, older brother (abi) to older ones? I got confused in that part.

*B:****When he generally talks to someone about me he says "my sister" (in turkish "kardeşim" is used for both gender)", that came to my mind when I was thinking about it****↑*

I:Hmm↑ you spoke from his perspective

B:Yes↑ ((laughs))

Original

62 *I:Peki (.) mm dediniz ki o dönemle ilgili (.) bir şeyler sizi üzdü abimi gözlemliyorum (.)* ***abim diyorsunuz değil mi, abiniz oluyor? yani büyük?***
B:Evet evet
I:Bir an, bir kardeşim dediniz, bir abim dediniz, değil mi?
B:Evet↑
I:Kardeş küçüğe denir, abi büyük? Orada ben de karıştırdım.
*B:**O genelde bana birine bahsederken kardeşim diyor, onu düşününce aklıma o geldi**↑*
I:Hıı↑ onun dilinden konuştunuz kardeşim
B:Evet↑ ((gülüyor))

Başak states that there is a patriarchal and male dominant structure in the place, where she grew up. Accordingly, in an order where males and females are not together, the male and the female are not equal in her father's eyes. In the dialogue below, there are examples of Başak's discourse about this structure.

Extract 22:

91 ***It's also the effect of the place we grew up*** *↑... (A city in the East) it has a more (.)* ***patriarchal structure (.)*** *umm a lot (.)* ***boys and girls aren't in the same environment...*** *My father is an honest person↑ (.)* ***but sometimes (.) he takes sides****↑ (.) umm he didn't say much-until now but umm* ***in my father's eyes a boy and a girl are not the same*** *(.) this umm is not because of- (.)* ***it's because of social things. The male child grows up with more freedom*** *(.) the girls are a bit more, you know, (.) I know it's like that in my father's eyes, he didn't say anything about my working-situation or me getting a job etc. ↑but↑ I think if I had asked my father I'm sure he would say, you know, "as a daughter (.) we don't need you to work" (.) like "there is no need"... umm it wouldn't have been bad if I had covered my head as well (.)...but I'm certain that if I were, you know,* ***one of those girls who covers up and never disobeys her father (.)in due time (.) I would marry an appropriate person and done; the daughter of the family*** *((laughs)).*

Original

91 ***Biraz da büyüdüğümüz yerin etkisi****↑.. (Doğuda bir şehir) daha çok böyle (.)* ***ataerkil bir yapıya sahip (.)*** *ıı çok fazla (.)* ***kızlarla erkekler bir ortamda bulunmaz..*** *Babam da dürüst bir insandır↑ (.)* ***ama bazen (.) taraf tutar****↑ (.) ıı şu ana kadar çok bir şey-demedi ama ıı* ***babamın gözünde kız çocuğuyla erkek çocuğu aynı değildir*** *(.) bu ıı şey açısından değil (.)* ***yine toplumsal bir şeyden ötürü. Erkek çocuğu daha özgür büyür*** *(.) kız çocuğu biraz daha*

şeydir (.) babamın gözünde öyle olduğunu biliyorum açıkçası benim çalışma-durumuma bir şey söylemedi işe girmeme vs çalışma demedi↑ama↑ ben babama sorsaydım eminim çalışmamı çok da şey yapmazdı hani kızım bizim (.) senin çalışmana ihtiyacımız yok (.) gerek yok gibisinden bir şey söylerdi bence.. ıı kapansam da fena olmazdı (.)…ama eminim hani şey olsaydım ***öyle kapalı ve babasının sözünden çıkmayan bir kız olsaydım (.) ve yeri gelir (.) hani uygun biriyle de evlenirim tamam ailemizin kızı*** *((gülüyor))*

4.1.3.3. Blaming the Other

Some of the participants address the Other with an accusative language. Within different content, they blamed the Other. For example, Şule blames her mother for her decisions. 8 years ago, her mother told Ms. Şule about her divorce from her father. Yet, even today (for 8 years) she has not told her sibling about the situation because of her *sibling's illness*. Concerning this situation, Şule thinks that she would tell her sibling if she were in her mother's position as her sibling has also grown up. Among her statements below, the sentence, "she doesn't want anything else to happen, because it is her child" can be seen. It is thought that she is angry and making comparisons because as her mother's "child" her sibling has been protected whereas she has not.

Extract 23:

100 *Ş: ...So my mother said we would say it when the exams were over*
I: All right...
Ş: ◦ ***Because only my mother makes decisions about these things*** *◦*
Ş: I mean of course I'm not saying let's tell her at 12 years old., at that time her treatment had just ended. But I think if I were her mother, I would prefer to tell her around when she starts high school or when her psychologist says that we can tell her now. I don't find my mother to be reasonable about this topic. I mean yes I understand delaying it because ***"it is her child"*** *and she doesn't want anything else to happen again.* ***But in the end if she doesn't go through it now she will find out in the future or she will naturally go through sadness, grief, and stuff in the future. She can't protect her so much, of course she will come across sad things. Forever****.*

Original

100 Ş: ...Işte sınavları tamamen bitince söyleyelim dedi annem

I: Peki...

*Ş: ◦ **Sadece annem karar verdiği için böyle şeylere** ◦*

*Ş: Tamam yani 12 yaşında ben de söyleyelim demiyorum zaten, o zaman tedavisi falan yeni bitmişti. Ama bence ben onun annesi olsaydım, işte lise bir gibi ya da işte psikologu artık söyleyebilirsiniz dediği zaman, ben söylemeyi tercih ederdim. Bu konuda, annemi, şey bulmuyorum yani makul bulmuyorum. Ya ertelemek evet onu anlıyorum çünkü **"çocuğu"** tekrar bir şey olsun istemiyor falan; **ama neticede şimdi yaşamazsa hayatının ileriki döneminde bunu öğrenecek ya da hayatının ileriki döneminde elbette üzüntüler, yaslar, bir şeyler olacak yani. Bunu o kadar koruyamayız ki, elbette bir şeylerle karşılaşacak yani üzücü. Sonsuza kadar**.*

In Başak's discourses, there are frequent expressions of the *others being wrongful, unjust, and doing evil*. Some examples of these can be that other people not supporting them in her older brother's incident and the topic of women deceiving her brothers. Additionally, Başak, who has found her childhood love on the internet hoping to find a soul mate years later, makes accusations against that person having changed and not being the person she expected. Başak's manner of discourse, which seems to blame the Other, has frequently come up throughout the interview.

Extract 24:

59 I:Hmm what would you say if the topic came up ↑ (.)

*B:Well, if they say "get well" etc., when at the end everything is revealed and they say "feel better" and stuff, well, umm, things like "when this was happening you weren't around and now you don't need to say these things", like "we've seen who our friends are ↑ and seen that you aren't one of them ↑. You weren't by my side in the past, ↑ so don't approach me saying get well ↑ because you have shown your true character" (.) **Well, I'm not usually a very aggressive person, how shall I put this properly, I beat them up with my tongue, you know, politely**. Nothing more would happen, I wouldn't leave anything to fight about, I'll calmly say what I need to say and step aside ((smiles slightly, but in a pleasurable or mischievous way when another gets punished or schooled))*

Original

59 I:Hmm açıldı peki ne söylersiniz↑ (.)

*B:Hani geçmiş olsun vs derlerse, sonunda hani ortaya çıktı her şey, geçmiş olsun şu bu diye, hani ıı bu olay olduğunda ortada yoktun şimdi de bunu söylemene gerek yok gibisinden, hani biz dostumuzu da gördük↑ senin olmadığını da gördük↑. Hani geçmişte yanımda olmadın,↑ şimdi de geçmiş olsun demek için karşıma çıkma↑ çünkü gösterdin gerçek karakterinin ne olduğunu (.) H**ani çok öyle ka-kavgacı değilimdir genelde, hani nasıl diyeyim amiyane tabirle dilimle döverim, böyle kibar bir şekilde döverim**. Daha fazla şey olmaz, kavga çıkacak bir mevzu bırakmam ortada, sakin bir şekilde söyleyeceğimi söyler çekilirim kenara ((hafif gülüyor, ama keyifli bir gülüş gibi, yahut sanki biri birini cezalandırırken/dersini verirken gibi)*

4.1.3.4. Refusing the Other

While the Other is blamed and assumed to know and have power in some cases, the others refused the Other as the subject supposed to known. For instance, Mr. Kadir mentions about his father at length during the interview. He talks about *living in a system,* since childhood, in which his father would torment him, be off-center, apply unjust punishment, and be judge, jury, and everything else in court. Below are some examples of Kadir's statements in Extract 25. Kadir found his father wrong at such a degree and emphasizes his position with a ridiculous language such as *'beard show',* seem in Extract 26, and thus he rejects his father's master position.

Extract 25:

121 *K: ((deep breath)) Now my father was a person that always looked for an opening. We are not on good terms. I think he is the person I hate the most in the world anyway (.)…because I have been tormented a lot as a child. I have been tormented, I have been tortured,* ***I have a phobia of closed spaces*** *because sometimes our father would* ***lock us up.*** *He would ◦lock us up◦ when he got angry at something.* ***I have a fear of imprisonment.*** *…for example, punishments for breaking this right now (pencil), breaking this table, burning this place are different. This has no punishment ((pencil)) I am against violence but maybe the punishment for breaking the table is a slap. If I burn this place, the punishment is, I don't know, prison or whatever, they all have different punishments↑.* ***Punishments take shape depending on the scale of the mistake (.) but my father doesn't have this (.) the greatest punishments***

for the slightest mistakes, no forgiveness↑. *And this went on until physical superiority reached his (.) and surpassed it, this is a very bitter situation*↑

191 You can't explain it because ***he is the judge, he is the prosecutor, he is the lawyer, the court is his court he is even the bailiff***↑ *what will you tell him, how will you oppose him*↑ *it's like the country's current situation, and so (.) this is an interesting man*↑ *(.)*

Original

121 K: ((derin nefes)) Şimdi benim babam her an açığımızı arayan bir insandı. Aramız sıfırdır. Bu dünyada en nefret ettiğim insan galiba odur zaten (.)…çünkü çocukken ben çok eziyet gördüm. Eziyet gördüm, işkence gördüm, bende kapalı yer fobisi var çünkü babam beni bazen kilitlerdi. Bir şeye sinirlendiği zaman ceza olarak ◦kilitlerdi◦. Hapis korkusu var bende. …mesela bunu şu an kırmamla (kalem), bu masayı kırmamla, burayı yakmamın cezası farklıdır. Bunun bir cezası yoktur ((kalem)) masayı kırarım bunun cezası şiddete karşıyım ama belki bir tokattır. Burayı yakarsam bunun cezası ne bileyim hapistir bilmem nedir yani, hepsinin cezası başkadır↑. Cezalar yapılan hatanın büyüklüğüne göre şekil alır (.) ama benim babamda bu yok (.) en ufak hatada en büyük cezalar, affı yok↑. Ve fiziksel üstünlüğü, onun fiziksel üstünlüğüne gelene kadar (.) geçene kadar bu, bu böyle devam etti, bu çok acı bir durum↑

191 Bunu anlatamazsınız çünkü hakim o, savcı o, avukat o, mahkeme onun mahkemesi mübaşir bile o↑ *ne anlatacaksınız ona, nasıl karşı geleceksiniz*↑ *şu an ülkenin durumu gibi bir şey, işte sonra (.) enteresan bir adam ya bu*↑ *(.)*

Extract 26:

312 K: My father ***is a tartuffe ((laughing)), classic (.) the kind that pretends to be religious but really isn't***↑***...Beard show****, there is a lot of it in trade, they call it beard show or man who swears up and down, you know like saying "I swear on my child's life I bought this for one lira"*↑ *((laughs)) but there is no such thing*↑

Original

312 K: Babam ***tam hacı hocadır ((gülüyor)) klasik (.) hacı hoca geçinip aslında hiç hacı hoca olmayan***↑***...Sakal şov,*** *ticarette çok vardır, sakal şov denir ya da yemin eden adam denir, hani vardır ya "çocuğumun ölüsünü öpeyim bunu bir liraya aldım ben" ↑ ((gülüyor)) aslında öyle bir şey yok*↑

4.1.4. Focal Point 4: Clinical Structure

In the current analysis, the participants' clinical structures were evaluated according to their relation and positioning under the themes that noted as *"Obsessional Neurosis"*, and *"Hysterical Neurosis"*.

4.1.4.1. Obsessional structure

When we look at the signifiers, repetitions, relations between the Other and knowledge, and positioning on desire and phantasm, Kadir and Fatma's structures were thought in obsessional structuring, within six participants. As Kadir has already stated, his father had been the greatest upholder of justice since his childhood, but his rules have been arbitrary, unjust, and illogical. Within this hate relationship, Kadir lives on his own away from his father. He referred his relationship with Other as rejection. However, Kadir practice this rejection in his phantasm, because he does not present his hate or anger to the Other. Kadir's structure differentiated from the perversion with this feature. Thus, the malignant thoughts in his mind and the connection to fear of imprisonment, are seen to be phantasmal appearances of his desire towards overcoming the punishing Other.

Extract 27:

181 *K:Of course we talk ↑ he (his brother) mine (.) one time, he raised his hand against my father.:I didn't do such a thing*
I:What does this situation make you think of?
K:He is right ↑ ***I am just really afraid of Allah ↑ I am afraid of justice*** *↑ I mean, it's like this, I am not a very religious person, but I believe in* ***in divine justice, and I have huge respect for that position, the position of fatherhood↑.*** *I won't lie, I almost did it once ...(.) I came within a hair's breadth, a hair's breadth↑. But I didn't (.) I don't regret not doing it (.) but he (his brother) did it a few times, he was absolutely right.*
I:You are smiling
K:I mean I now find these situations funny (.) I have gotten used to it... Honestly, it's really good, how nice↑ I'm not, I mean, I don't take any offence↑ ***Sometimes I say good job, you did well (laughs)***

Original

181 *K:Tabi konuşuyoruz ↑ O (erkek kardeşi) benim (.) o bir kere babama el kaldırdı. Ben öyle bir şey yapmamıştım.*
I:Ne düşündürüyor bu durum size?
K:Haklı ↑ ***ben sadece Allah'tan çok korkuyorum ↑ adaletten korkarım ↑*** *şöyle, yani çok dini inançları yerinde birisi değilim, ama yani* ***ilahi adalete inanıyorum, ve o makama karşı büyük bir saygım var, babalık makamına karşı↑.*** *Bir kere ben de az kalsın yapacaktım, ne yalan söyleyeyim …(.) ramak kalmıştı yani ramak↑. Ama yapmadım (.) pişman da değilim yapmadığıma. (.) ama bizimki (kardeşi) yaptı birkaç kez, sonuna kadar haklıydı.*
I:Gülüyorsunuz
K:Ya komik benim için bu durumlar artık (.) alıştım… Çok güzel vallahi, ne iyi oldu↑ hiç şey değilim yani, bu durumdan hiç gocunmam↑ ***eline sağlık arada diyorum, iyi yaptın ya (gülüyor)***

According to Fatma's analysis, the main focused features related to her those: she grown up with her grandparents, feels abondened but never blames her parents, rather, she emphasized her good behavior, and seems like a male person. Additionally, Fatma searches for her freedom, and for the sake of this freedom, she ignores the Other.

4.1.4.2. Hysterical structure

The other participants, Hayal, Şule, Gözde and Başak, who are within the discourse of neurotic structuring, are not in obsessional neurosis, but in hysterical structure. As it is mentioned within the literature, the subject in hysterical structure speaks with accusations towards the Other (Fink, 1997). Additionally, hysterical structure is in a position of thinking about acquiring the desire of the Other and going through a sense of worthlessness when it is unobtainable.

Ms. Hayal's positioning with the Other and knowledge, that of *demanding information* but *not providing satisfaction to desire*, insisted her hysterical structure. As an example of her demanding positioning can be found in the extract 12. Ms. Şule talks about acquiring the desire of the Other and going through a sense

of worthlessness. There were some statements on her desire to *catch* the Other's desire.

Extract 28:

175 *Even then you know because I was in the state of "please let's be lovers", I didn't think about it so much. He also didn't want a relationship. They were really painful, abrasive times. I felt worthless. That really bothered me later on. Later, around one and a half years after that, -the first was make, the second is female now.*

177 *Feeling worthless, the sense of being acknowledged, being constantly criticized. At one point I thought, you know, am I not able to do anything right and stuff, because I was criticized for everything I did.*

185 *I mean it was so similar to a hetero relationship, maybe even worse. At times we both displayed* ***masculine behavior*** *and stuff.*

Original

175 *O zaman daha hani 'sevgili olalım lütfen' sevgililik şeyinde olduğum için çok da üstüne düşünmemiştim. O da sevgili olmayı reddediyordu. O böyle baya sancılı, yıpratıcı zamanlardı yani çok. Kendimi değersiz hissettim. O benim çok canımı sıkmıştı daha sonrasında. Sonra, ondan bir yıl bir buçuk yıl sonra falan, -ilki erkekti, ikincisi kadın şimdi.*

177 *Değersiz hissetmek, işte onaylanmama hissi, sürekli eleştirilmek. Bir ara şey oluyodu, ya ben hiç bir şeyi doğru yapmıyor muyum acaba falan diye düşünmüştüm, çünkü her yaptığımı eleştiriyordu.*

185 *Ya o kadar hetero bir ilişkiyle aynıydı ki, hatta belki daha kötüydü. İkimiz de yer yer* ***eril davranışlarda*** *bulunduk falan*

Although Ms. Gözde thinks that she can't physiologically take care of her doughter's baby or help her with the birth. In the interview, she usally talks about needing for help because of *not being complete, not being able to do work like a human being,* not filling that gap. Gözde's expressions of these lacks show her neurotic structure. Her positioning of clergymen and doctors as subjects with knowledge and her inquiring call outs to them as well as her statements that accuse her sibling show her hysterical structure.

Extract 29:

440 You see because I couldn't do it, I mean take car- because I can't do some things, I mean umm I feel like I want to do it but because I can't, I get angry, I mean ***<u>because I can't do it like an able-bodied human</u>***.

Original

440 İşte yapamadım diye, yani <u>ilg-</u> bi şeyleri yapamıyom diye, işte ı şeyim içimden yapmak istiyom ama işte yapamadığım için onlara sinirleniyom, ***<u>yani sağlam bi insan gibi yapmadığım için.)</u>***

Ms. Başak, who believes to have contracted a sexually transmitted disease via her hands, has a reluctance to talk about her desire. On the other hand, it seems like Başak ponder on the masculine-feminine positions as a sexually questions. In addition, in all her discourses she addresses the Other in an accusatory way. All these features demonstrate Başak's structure as hysterical.

4.1.5. Focal Point 5: Deadlocks of Perspective in the Interview

In the current analysis, there were three themes, named as '*continue – stop points', 'disagreements on positioning as therapist-patient and interviewer-participant',* and *'differences in expression'.*

4.1.5.1. Continue – Stop points.

At the start of the second interview (as seen in line S-33), Ms. Hayal stated that she had already talked about everything in the first interview. However, at the end of the interview (S-528), she insistently opened new topics. This theme became the conflict points of the interview. There is the conversation on this topic:

Extract 30:

S-33 I:.. apart from the things we spoke of last week, are there any other things you would like to say about yourself or things on your mind that you thought were missing?
H:<u>No↑ (.) I talked about everything with you, to you (.) I spoke (.) there is nothing left on my mind</u>

S-528 I:In that case, let's end the interview
H:Shall we end it↑
I:Is there anything else you would like to say
H:<u>If feels like we should continue a little more</u>
I:All right (.) What would you like to talk about (Ø)
H:I wonder if there are perhaps things I haven't been able to explain yet↓
I:It seems like you don't want to leave this place
H:Yes
I:Is that so? Why did that happen
H:<u>I want to explain↑</u>
I:All right let's see what you will say (Ø)
H:It seems this came out of the things I shut (.) I wish I could have talked to someone about it back then (.) I wish (.) with someone (.) I had shared the situation (Ø)
H: <u>And then my friend's suicide happened</u>

Original

S-33 I:.. sizin böyle geçen hafta konuştuklarımızın dışında kendinizle ilgili anlatmak istediğiniz aklınızda şunlar eksik kaldı diye düşündüğünüz şeyler var mı?
H:<u>Yok↑ (.) ben her şeyi sizle, size anlattım (.) konuştum (.) aklımda kalan hiçbir şey yok</u>

S-528 I:O <u>zaman biz bugün görüşmeyi bitirelim</u>
H:Bitirelim mi↑
I:Var mı daha söylemek istediğiniz bir şey
H:<u>Devam edelim gibi geldi biraz</u>
I:Tamam (.) neden bahsetmek istiyorsunuz (Ø)
H:Daha belki açıklayamadığım şeyler mi var acaba↓
I:Ayrılmak istemediniz gibi buradan
H:Evet
I:Değil mi niye öyle oldu
H:<u>Anlatmak istiyorum↑</u>
I:Tamam ne anlatacaksınız bakalım (Ø)
H:Demek ki ben kapattığım şeylerden bu çıktı ortaya (.) keşke o zamanlar birilerine bahsetseydim (.) keşke (.) birileriyle (.) paylaşsaydım bu durumu (Ø)
H: <u>Ve sonra arkadaşımın intiharı oldu işte</u>

4.1.5.2. Disagreements on positioning as therapist-patient and interviewer-participant

Attempt to manage/direct the interview. Mr. Kadir previously stated that he does not know how the interviews would be made but try to answer the questions.

However, he later instead on replying the questions, and he used statements such as "*now I am getting to that (answer)", "now we will complete the puzzle", "it's (answer) coming now".* He attempted to manage the talk within his own story. These places have been observed as the points of disagreements.

The positions of interviewer-doctor. Ms. Gözde joined the interview through her doctor's instructions. However, it is remarkable that Gözde frequently asked the questions as if she consulted a medical doctor, and that these questions were sometimes about physiological problems (questions about her eyes, her daughter's childbirth, and baby health). The roles of interviewer and psychologist were confused with the role of the doctor. An example of this deadlock can be seen in the dialogue below in which personal information is talked about, when Gözde immediately responds to the interviewer's question "but what about your husband?" by listing his illnesses:

Extract 31:

75 *I: Now your daughter is by your side too*
G: Yes, our daughter is with us ((she speeds up)) we bring her here too, her childbirth will be here as well, because she doesn't stop bleeding.
I: <u>And your husband?</u>
G: My husband (.) <u>he has a bone illness</u> he is ill too umm, so he comes here <u>erm- he comes to endocrine I mean they have a lot of departments and for his rheumatism he comes to – umm rheumatology</u>
I: Yes, but is he from where you are as well?

Original

75 *I: Şimdi kızınız da yanınızda*
G: Evet kızımız da yanımızda ((hızlanıyor)) onu da buraya getiriyoruz onun doğumu da burda olcak, kanı dinmediği için.
I: <u>Peki eşiniz?</u>
G: Eşim (.) <u>o da kemik rahatsızlığı var hocam</u> onda da rahatsız ıı o da b uraya geliyo <u>e- şeye endokrine geliyo yani bölümleri çok onun da romatizmada şey- romatolojiye geliyo</u>
I: Tamam o da sizin oralı mı?

4.1.5.3. Differences in expression

There were three sub-themes, named as *'the issue on whether her sister grow or not', 'on the function of symptom',* and *'choosing pronounces of "brother" and "siblings"'.*

The issue on whether her sister grow or not. When the interviewer asked if her brother was male or female, Ms. Şule emphasized she was a child by saying *girl, the child is a girl.* In Turkish the word "Kadın" (Woman) can have a meaning that gives the sense of having grown up and sexuality. Yet, Şule says that she has just realized that her sister has grown up by emphasizing that she is "a girl and a child" and by saying *of course she is now turning eighteen.* When considering the discourse within the family that she is still a child and has not grown up yet, it is important that Şule, who thought to know and do everything at that age, *voice* her sister being still young *as her mother would*. The dialogue with the interviewer has turned into a point of deadlock by becoming a reflection of the confusion concerning this topic.

Extract 32:

128 Ş. My sibling was splitting up and was really upset and at that time I was really angry at the kid...
I: Is your sibling a male or a female?
Ş: Girl, the child is a girl. ◦ ***Oh and of course she is turning eighteen now, yes.***
I: So, when you say the kid, the lover was male then.
Ş: Yes, uh huh, yes yes.
I: She is a girl ***(laugh)***

Original

128 Ş: Sevgilisinden ayrılıyodu üzülüyodu o zaman da çok sinirlemiştim çocuğa…
I: Kardeşiniz kadın mı erkek mi?
Ş: Kız, kız çocuğu.◦ ***A tabi on sekiz de oluyor şimdi evet.*** *◦*
I: Şey çocuğa deyince ona, sevgilisi erkek yani.
Ş: Evet, hıhı evet evet.
I: Kız çocuğu ***(gülme)***

On the function of symptom. During the interview, Fatma complained about her symptoms, but also emphasized that she can't get rid of them. These statements gave the interviewer the desire to ask further questions concerning motivations to prolong these symptoms. To introduce the topic, Fatma was asked which thoughts of her would decrease these symptoms, but she was unable find a connection between the decrease in symptoms and the loss of gains. At this point it is evident that there was a deadlock between the way the interviewer asked the question and the participant's perspective. This topic has become the point of deadlock in the interview.

Extract 33:

356 *I: All right, let's say you got rid of this disorder, or it decreased, what could be bad? I mean, what could change for the worse in your life?*
*F: Nothing would change for the worse, everything will be fine, I mean there is no reason for things to be worse. Well, at least it's like this, you know when I bring this disorder closer to minimum, I will at least still do cleaning, ..**I mean it will be difficult to get over, it's not an easy thing.***
I: Think about it a little, for example, your cleaning is getting lighter, you are becoming more comfortable.
F: Yeah, comfortable cleaning won't be so bad. At least I could clean comfortably. I could clean comfortably, right now I can't do comfortable cleaning.
I: All right...

Original

356 *I:Peki, kurtuldunuz bu hastalıktan yani hafifledi diyelim, daha azaldı, kötü ne olabilir? Yani ne değişebilir hayatınızda kötü olarak?*
*F: Kötü olarak hiçbir şey değişmez, iyi olur her şey, hani yani kötü olucak bir şey yok. Ya en azından şöyle bir şey hani bu hastalığı aşağıya biraz daha minimuma çektiğim zaman en azından yine temizlik yaparım, ..**Yani zor aşıcam yani, kolay bir şey değil.***
I:Bir düşünün bakalım, mesela, temizliğiniz daha hafifliyor, artık rahat bir duruma geliyorsunuz.
F:He rahat bir temizlik, hayır kötü olmaz. En azından rahat temizlik yapabilirim. Rahat temizlik yapabilirim şu anda hiç rahat temizlik yapamıyorum.
I:Peki..

Choosing pronounces of "brother" and "siblings". As can be seen in Extract 16, the presentation of the older-younger brother confusion by Başak has become the deadlock of perspective between the interviewer and interviewee.

4.2. Secondary Level Analysis

In this current critical and discursive analysis, when I re-examined the findings from primary level analysis and the extracts one by one, I noted the main features of obsessional neurosis and the dominant discourse of participants about mental states and obsessional neurosis.

4.2.1. Main Features of Obsessional Neurosis from the Subject's Talks

As a secondary level analysis, the main features of obsessional neurosis detected in subject's talks were noted, named as '*unique symptoms, its insistence, and existence of anxiety', 'rejection of Other in phantasm', 'repression and impossibility of desire',* and *'masculine sexuation'.*

4.2.1.1. Unique symptoms, its insistence, and existence of anxiety

Although all participants had been diagnosed with the obsessive-compulsive disorder, the current subject-based analysis indicated that all participants' symptoms are quite different from each other. As can be seen in the part of the first focal point of analysis, subjects reported the symptoms as blasphemy, malignant thoughts, anxiety on dirty, cleaning or becoming ill. Additionally, these two cleaning compulsions have not the same content even if they are in the same category. Even, the subject's symptoms in-surface are unique and distinctive. They only share displaying a kind of repetition and having anxiety feelings. In other words, the only two things similar are repeating a behavior/thought and having anxiety feelings.

4.2.1.2. Rejection of the Other within phantasm

Within the six participants, Kadir and Fatma showed different positioning than Hayal, Şule, Gözde, and Başak. Specifically, Kadir and Fatma reject the Other as an authority and power position, whereas Hayal, Şule, Gözde, and Başak suppose that the Other (Allah, Doctor, Clergymen) is the Subject known and having power and authority, and they blame the Other.

More specifically, when the first analysis of Mr. Kadir is examined, he addressed his father as authority owner and powerholder. Even, he believes that the court possesses his father's, even all the members (the judge, the prosecutor, the lawyer) belong to his father, and he demonstrates his power unfairly. On the other hand, Mr. Kadir showed his rejection of this mastery. His statements about his father "so-called religious man" and 'beard-show' insisted this rejection. However, I thought that Kadir experiences this rejection in his phantasm because Kadir does not manifest/show any rejection and anger toward his father in reality. He told about never fighting with his father himself, but he brings joyfully in the interview his brothers protesting and battering his father. Thus, it seems that when Kadir was imprisoned by his father at early ages, he could be having some destructive and devaluating thoughts toward the unfair authority position and rejected him. The confrontation coming true in Kadir's phantasm seems to continue in this way. Today, Kadir's doubts on whether or not he said a malignant thought in front of the microphone or any similar platform seems to be related to his phantasmatic confrontation. However, as soon as he stands up against his master, he feels guilty because of these destructive thoughts. His compulsions of biting his tongue and not talking appear to hide these malignant thoughts, but in the way of displaced Other, as a society. The clinical implications and suggestion will be discussed in the later. Fatma also rejects the Others. She experiences the sense of abandoned because her parents chose her among her siblings to give the grandparent. Although she compares herself with her siblings and the friends who live in the city rather than

the village, she refrains to blame her parents especially. Even, Ms. Fatma emphasizes her parents' good manners, personality, or their reasons. On the other hand, she remembered the absence, having nothing at the time when she was at his grandparents. She thinks to have a desire, not know a way to having a desire, like her sisters. She has the idea that she is different from the others (siblings or other friends). This idea seems to be reinforced through negative experiences at school. When she had come firstly from a village to city, her teacher said to her "Germ, be right" (be in line correctly). During the interview, Ms. Fatma repeatedly questioned whether she was wrong and different from the others or not and ultimately found the teacher as unfair. Today, Ms. Fatma does not accept anyone at her home and stand a separate place from the other people. She seems to be in relation with Other throughout rejecting him/her.

As different from Kadir and Fatma, the others, Hayal, Şule, Gözde, and Başak, referred the Other as Allah, Doctor, and Clergymen, and supposed them the subject of to be known and holder of power and authority. Her references were exemplified in the extracts of the first level analysis. They generally used them as the mastery position and called them 'hocam', 'master' etc. With their assumption of the owner of power and knowledge, they demand from them knowledge or being saved by asking questions. To be more specific, Ms. Hayal shows the firm assumptions that she will be saved by Other; Ms. Gözde presents religious references; Ms. Şule addresses the medical system as a mastery position and feels powerless against the diseases, and Ms. Başak attributes this power to the patriarchal system. At all, all of them in hysterical structure suppose that the Other is known and have power. Instead of rejecting this mastery position, they blame the Other in a hysterical way.

4.2.1.3. Repression of desire and its impossibility

All participants who are thought to be in both the obsessional and hysterical neurosis insisted *an emphasis* on the absence of their desires. Especially, this

emphasis on the absence of their desire, demand or jouissance signed the presence of themselves dialectically. An example of this can be seen in Ms. Hayal's discourses. She especially emphasized that she must continue to work where she had been subjected to harassment and added she remains there 'because of the money, feeling of money'. It is known that 'money feelings' is an absurd definition. It is not a kind of feeling. However, she insisted that she has no any positive emotion to continue there. She emphasized and tried to explain working two years with the obligation coming from outside to her.

4.2.1.4. Masculine sexuation

In the current analysis, there are significant findings on the issue of sexuation and biological gender of the participants. As given in the part of the sampling method and participants, in the waiting list or records of the institution, I observed that the number of women with obsessive-compulsive symptoms was higher than that of men. Moreover, although there are even a few male participants, they were less willing to participate in this study than women. In other words, women were more willing to participate in this study than men. Even though four men accepted joining the interview in the first offer, three of them did not come to the appointment. However, women who got an offer to join the interview accepted and finalized the participation.

From six participants of the study, two of them with a male and female gender were noted as obsessional structure, while the other four women were addressed in hysterical neurosis. Ms. Fatma, who is reported as having obsessional structure, is a woman; it is thought that she is in the masculine positioning. The thoughts revealing this idea is that Fatma has grown with his grandparents in the village with a massive absence according to her statements. She has grown up like a man and states no desire or feelings. Her appearance outside also resembles the men. She sees herself as a different person from her sisters and friends. To conclude, all these

findings revealed that obsessional neurosis seems to be related to masculine sexuation.

4.2.1.5. Summary of the secondary level findings

The second level analysis yielded four themes; namely, '*unique symptoms, its repetition/insistence, and the existence of anxiety*', '*rejection of Other in phantasm'*, '*repression and impossibility of desire*', and '*masculine sexuation'*. Those findings discussed on diagnosis issue. The findings are summarized in Figure-3 below.

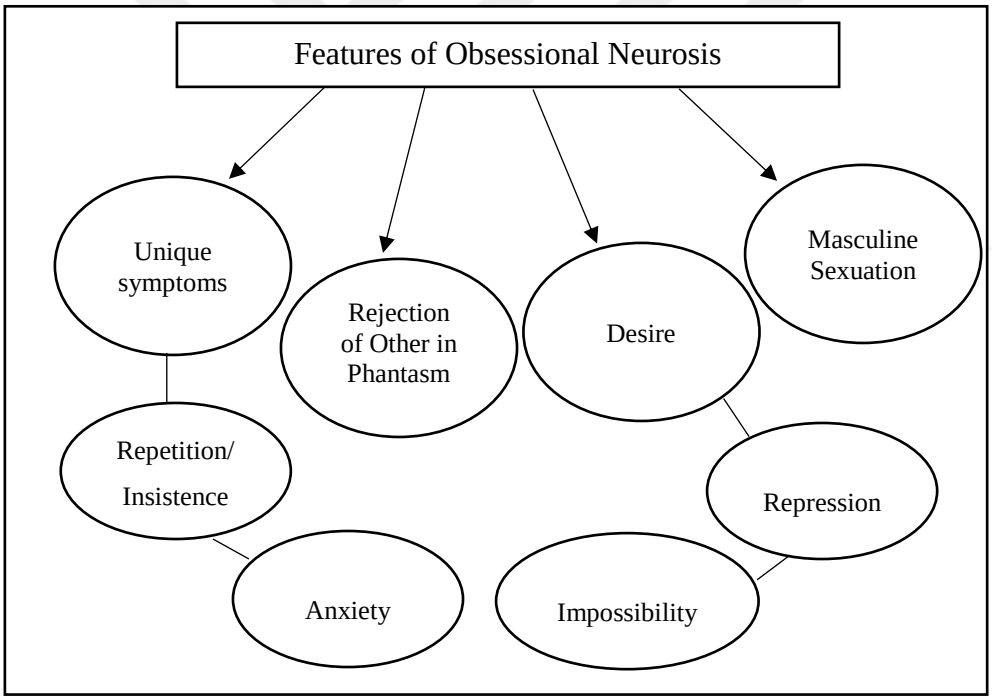

Figure 3: Secondary level findings on obsessional neurosis

4.2.2. Dominant Discourses about Mental Situation and Obsessional Neurosis in Subject's Talks

The views of Parker on the discourse analysis approach based on critical and discursive as said before. Parker defined discourse analysis as "how the language of subject speech organized by itself, which is powerful images of the self and world circulate in society" (Parker, 2005b). Additionally, according to Parker (2005a), the Lacanian perspective is itself critical, antithetical, discursive, and linguistic because it is related to *power, struggle, and culturally dominant discourse*. Therefore, in this part, I focus on analyzing dominant discourse of participants about mental health and obsessional neurosis. There were four discourses determined as '*religious discourse', 'medicalization discourse', and 'traumatic life events discourse'* (see in Figure 4).

4.2.2.1. Religious Discourse: 'There is no sin in disorder', 'nature', 'temperament that comes from God'

Some of the participants referred and used powerfully the religious attribution concerning the psychological situation, and they usually explain and tell their stories following this discourse. There were some examples. One of them is Hayal talks about her mental problem in mother's religious explanation. Accordingly, her mother used the phrase "there is no sin in disorder":

Extract 34:

818 They↓ say, well, this is a disorder. ↓This is due to a disorder, ***disorders aren't sin in religion****. (.) They aren't sin, and then, ↓you start swearing due to the disorder. This is why I call it a disorder. ↓So if they don't... then why should I, ↓This means I really am unwell.*

Original

818 Onlar↓ şey diyorlar, yani bu bir rahatsızlık. ↓Bu bir rahatsızlıktan dolayı ediyor, ***dinde rahatsızlıklar günah değildir****. (.) Günah değildir, ondan sonra, ↓sen bu rahatsızlığından dolayı küfür ediyorsun. Rahatsızlık dememe sebep*

de budur yani. ↓Demek ki ben düşüncelerimden onlar etmiyorsa ben niye ediyorum, ↓demek ki ben gerçekten rahatsızım.

Another example can be seen in the talks of Ms. Gözde. She constantly refers to doctors as "hocam" and indicates that when her daughter's psychological problems first came to light, they took her to religious doctors, and after that came to the medical doctors. Gözde frequently carries a dominant discourse concerning her experiences and receiving help from "hocas" that are in a position of knowledge.

Extract 35:

328 *So, they said it was psychological. You see, when that happened she couldn't walk for six months (her daughter), her legs were stiff, here in the state hospital ↓ she stayed on one called Berkant, doctor you know, thank God, there ↑ she slowly started to walk .... ↓She screamed and yelled, couldn't sleep, would get fevers, she would yell "I will leave", umm* ***((pauses)) sometimes when she says "don't kill my mother, don't beat my mother", and stuff, could it be a haunting (she speaks of djinn or similar religious apparitions revealing themselves) but we took her to a lot of hocas as well****... we took her to the real hocas, we had them write charms and stuff, we* ***came to the doctors*** *last* ***(.)*** *then she stayed at the hospital thank God, many thanks to God,* ***a thousand thanks****.*

Original

328 *İşte ona psikolojik dediler hocam. Işte o olduğu zaman hocam, altı ay yürüyemedi (kızı), bacakları tutuldu, burda devlet hastanesinde ↓ Berkant .. diye birinde yattı, doktor hani Allah razı olsun, onda ↑ yürümeye başladı yavaş yavaş ..... ↓Bağırdı çağırdı* ***hocam,*** *uyuyamazdı, ateşlenirdi, bağırdı gitçem ben, iıı* ***((takılıyor)) bazen hocam şeyderkene annemi öldürmen, annemi dövmen, şöyle böyle, ona görünür müydü?(cin gibi başka bir varlığın görünmesinden söz ediyor) n- ama çok hocalara da götürdük****.. baya- hocalara götürdük, muskalar falan yazdırdık, en son* ***dokturlara getirdik (.)*** *işte hastanede yattı allah razı olsun, allahıma çok şükür bin* ***şükür hocam yani.***

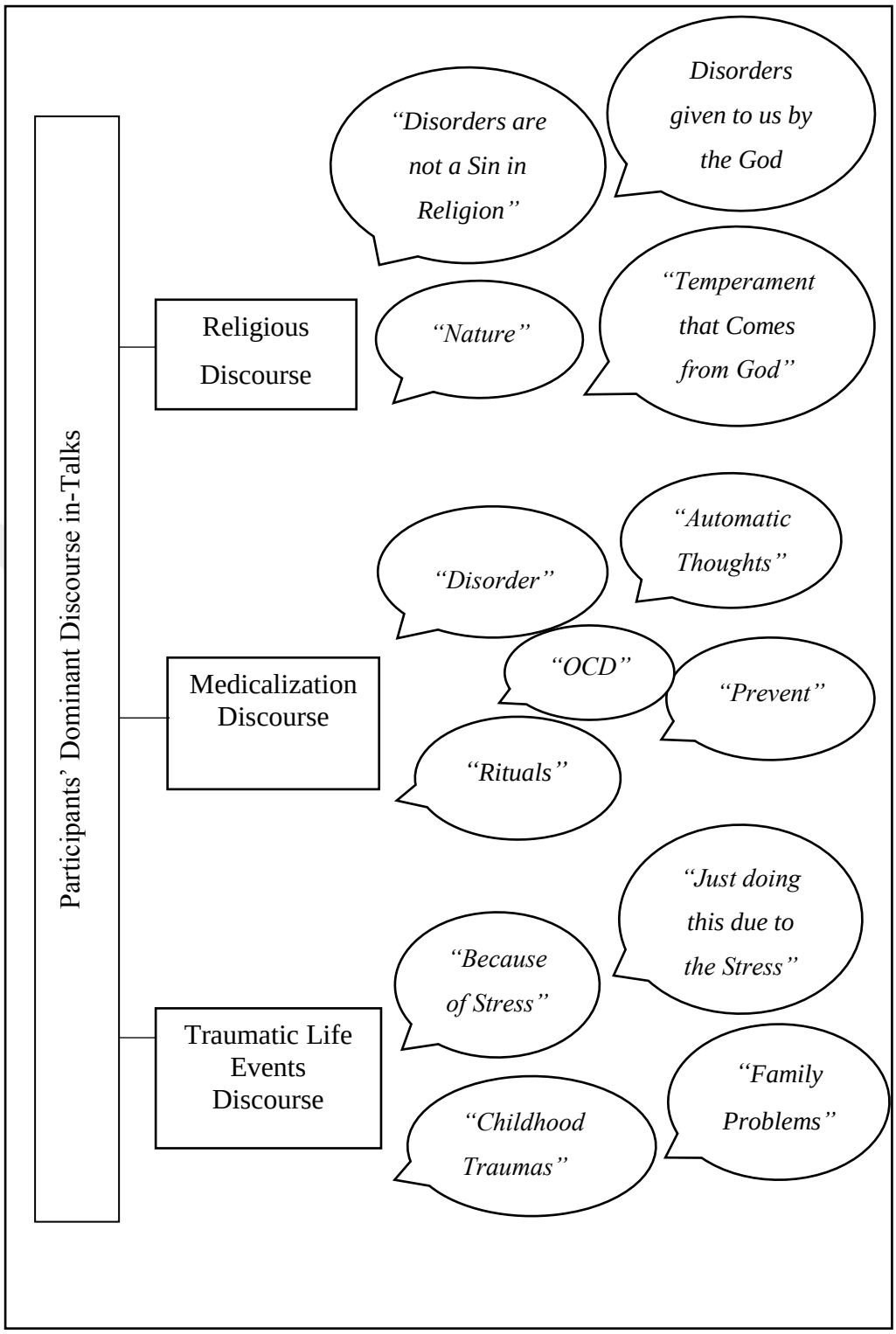

Figure 4: Sum of the analysis of dominant discourses in participants' talks about mental situation and obsessional neurosis

Another instance is that Fatma, who seems to compare herself with her siblings, stated that she was more introvert, not as feisty, and didn't have as many friends when compared to her 4 siblings. As a result of these comparisons, even though she mentions having grown up with her grandmother and having lack, she repeatedly wants to connect these with reasons not related to *nature, disposition.* She emphasized that her family were liberal and kind, she just had problems due to her *own nature, and temperament comes from God.*

Extract 36:

162 *Even though we grew up as, you know, we grew up free. My father didn't pressure us about anything. He didn't pressure us but, you see,* ***I*** *was a little more introvert as a child… **All four of** them are somewhat active compared to me but **I was a bit more serious.** In fact, I didn't have a very social childhood I mean I didn't do much. I wasn't as active as my older sister, for example she would stay over at her friends. She would call her friends over, you know **she had her own space, but I didn't. I mean that's because of my incompetence** ↓ **otherwise family pressure or us in the family…***

236 *F: You said I was an introvert; how would you define it? I mean what do you think happened?*

I mean ***I think that is primarily nature****, ↓* ***umm, I think that is nature,*** *And I, umm, until three years old, three or three and a half years old, lived with my grandmother, in the village, I mean maybe there weren't any children around me, umm they were all old people, maybe because of that I was an introvert and didn't play much,* ***I mean it could be that but I think it is primarily nature. ↓…no children, no youth, you know, no one to learn anything from, maybe that is why it is like this ↓ but I generally relate this to nature.***

I: What do you mean nature?

F: ***Everyone has a thing, a disposition you know maybe you can add some on top of it, but not so much.***

Original

162 *Hani orda şey büyümemize rağmen, biz çok özgür büyüdük. Babam bizi hiçbir konuda sıkmadı. Sıkmadı ama şöyle bir şey,* ***ben*** *biraz daha içe dönük bir çocuktum.. **Dördü de** aktif sayılır bana göre hani **ben daha ağırdırım**. Hatta çok girişken bir çocukluk geçirmedim hani şey yapmadım. Böyle o kadar şey değildim, ablam daha aktifti, mesela arkadaşlarına gider kalırdı. Arkadaşlarını çağırırdı, hani **onun bir şey alanı vardı benim yoktu. Yani o***

benim beceriksizliğimden kaynaklanıyor ↓ yoksa hani ailenin baskısı ya da ailede biz.

236 *F: İçine kapanığım dediniz, nasıl tanımlarsınız? yani ne oldu, ne dersiniz?*
Yani ***ben onun başta yaradılış olduğunu düşünüyorum*** *hani,* ***↓ u, yaradılış olduğunu düşünüyorum,****, bir de ben uu, üç yaşına kadar üç üç buçuk yaşına kadar babaannemlerle kaldım, köyde kaldım, hani çevremde belki çocuk yoktu, u hani hep yaşlı insanlardı, belki ona da dayanarak hani içime kapanıp çok oynayabilen,* ***hani o da olabilir ama önce yaradılış olduğunu düşünüyorum. ↓…çocuk yok, genç yok, hani bi öğrenmek için bir şey yok, belki dediğim o yüzden biraz böyle kapalı da olabilir ↓ ama ben genelde yaradılışa bağlıyorum.***
I: Ne demek yaradılış?
F: ***Ya herkesin bir şeyi var, fıtratı var, hani üzerine biraz koyarsınız belki, ama çok koyamazsınız diye düşünüyorum.***

4.2.2.2. Medicalization Discourse: 'OCD', 'disorder', 'automatic thought', 'rituals', 'trivial thoughts', 'prevent'

The other dominant discourse is classic psychiatric discourse. Some of the participants frequently used the medical terms, psychiatric explanations, and language acquired in hospital. For example, concerning her situation, Hayal often uses expressions like *"I didn't know this was a disorder, I didn't know this was OCD".*

Extract 37:

F64 *... ↓ But I didn't know this was OCD. The people in my family didn't know either, I told this to my partner after we got engaged….I got a job, I got over it thanks to the job but I didn't know I was OCD, you know. I thought it was an illness in the stomach.*

72 *The impulse to hurt the child (0.2) started forming in me. See, would I hurt my child... I didn't understand that either, I thought it was postpartum ..*

Original

64 *... ↓ Ama ben bunun OKB olduğunu bilmiyordum. Ailemde kişiler de bilmiyordu, ben bunu nişanlandıktan sonra eşimle atlattım….işe girdim, işin sayesinde atlattım ama ben OKB olduğumu bilmiyordum yani. Mideyle alakalı bir rahatsızlık zannettim.*

72 *Çocuğa zarar verme dürtüsü (0.2) oluşmaya başladı bende. İşte çocuğuma zarar verir miyim... Onu da anlamadım ben lohusalık zannettim.*

Additionally, Hayal, in her statements, includes a lot of cognitive behavioral therapy techniques and linguistic expressions from the psychiatric system and the medical approach. Phrases such as *drug monitoring*, *trivial thought*, *automatic thought* are a few examples. It can be said that Hayal has learned the language of medicalized discourse well. However, by saying "*they don't work anymore",* Hayal has emphasized that even though she has learned these, they are inefficient, and she can't stop thinking.

Extract 38:

F124 ***They began drug monitoring***. ↓ *I think the medicine is insufficient, I'm trying to think of a few things from my previous therapies.* ↓ ***What I say is that this is an unimportant thought, caring too much, it is an obsessive thought.*** ↓ ***Obsessive thought so I'm trying to try and not care but I can't do it.*** ↓ ***I mean, all of the tactics that I applied before do not work.***

132 *What did I do, I went to a course in that period. Umm, I went to a course and* ***was given homeword with the psychologist,*** ↓ ***to do at home.*** ↓ ***About doing these things at work, you can do this thing at home, you can go out with your daughter.*** ↓ ***Try to do these at work, you can go to the cinema***. ↓ *I don't know, they were saying things like take your daughter sightseeing, and stuff. So I was trying to do those things, the homework.* ↓ *And then, that's how I would beat it* ***but this time I mean*** ↓ ***I can't do anything, I can't develop the feeling of not caring***. *I mean* ↑ *I care a lot,* ↓ *Yet the things I know, the things I learned in that therapy don't work anymore.*

156 *Swearwords come to my mind. This makes me* ↓ *incredibly uncomfortable. Because it is against my nature,* ↓ *I mean, I am not that kind of person how does this pop into my mind?* ***It shouldn't*** ↓ ***to the fro- com- it is going to come of course it is, all sorts of thoughts can come to our minds, I am aware of this.*** ↑ ***But why can't I prevent it this time?*** *It's like* ↓ *how my feeling of not caring umm I mean I can't.*

S198 ***It came to my mind automatically*** ↑ ***we call thse automatic thoughts*** ↑ ***right?*** ↑

Original

F124 ***İlaç takibi, başladılar****. ↓ İlaçlar yeterli gelmiyor sanırım, ben önceki terapilerden aklıma bir şeyler getirmeye çalışıyorum.* ***↓ Yani diyorum ki bu önemsiz bir düşünce, fazla önemseme, obsesif bir düşünce. ↓ Obsesif düşünce bunu işte önemsememeye çalışmaya çalışıyorum ama yapamıyorum. ↓ Yani önceki uyguladığım tüm taktikler işe yaramıyor.***

132 *Ne yaptım, kursa gittim o dönem. Iı, kursa gittim ve* ***psikologla ödevler veriyordu, ↓ ev ödevleri. ↓ İşte şu işleri yapmayla ilgili, evde bugün şu işi yapabilirsin, kızınla bir dışarıya çıkabilirsin. ↓ İşte bunları yapmaya çalış, sinemaya gidebilirsin****. ↓ Ne bileyim, bir gezmeye götür kızını, falan diyordu. Böyle onları yapmaya çalışıyordum verdiği ödevleri. ↓ Ondan sonra, o şekilde yeniyordum* ***ama bu sefer yani ↓ hiçbir şey yapamıyorum yani olm- böyle hani önemsememek duygusunu geliştiremiyorum****. Yani ↑ çok önemsiyorum, ↓ yani bildiğim, o terapide öğrendiğim şeyler işe yaramıyor artık.*

156 *Küfürler geliyor aklıma. Yani ve bu beni ↓ inanılmaz derecede rahatsız ediyor. Çünkü yapıma ters, ↓ hani öyle bir insan değilim bu nasıl geliyor aklıma?* ***Gelmemesi ↓ öne- gelm- gelecek tabi ki de gelecek, her düşünce aklımıza gelebilir, bunun ben bilincindeyim. ↑ Ama bu sefer niye engel olamıyorum?*** *Hani ↓ önemsememe duygumu nasıl iii yani şey yapamıyorum.*

S198 ***Otomatik geldi aklıma↑ otomatik düşünce diyoruz bunlara da↑ öyle değil*** *mi↑*

Fatma frequently uses terminology like an expert. In addition, her method of explaining own experiences while storifying them based on questions asked in the psychiatry service and the progress has been noted. There is a dominant reflection of medical service language in Fatma's discourse:

Extract 39:

29 *For example, from waking up in the morning to when I go to sleep, I constantly have this* ***disorder*** *in my mind. This* ***OCD.*** *I mean I almost live and breathe with it Umm, I don't struggle much when cleaning,* ***I have a lot of rituals,*** *I have difficulty* ***washing my hands…****3-4 years of this whole cleaning thing was really difficult.* ***Because it was intense,*** *I didn't know what I was doing. In time, perhaps around 5 years,* ***I took medication****, maybe that medicine... ↓ should I say* ***it calmed me down****, or maybe people get used to*

*the disorder over time but... even turning on the machine is a **ritual.** Putting the detergent there **is a ritual***

Original

29 *Mesela sabahtan kalktığımdan yatana kadar ben, bu sürekli zihnimde de bu **hastalık** var. Bu **OKB** var. Hani onunla yatıp onunla kalkıyorum nerdeyse. Iı, temizlik yaparken çok zorlanmam, **ritüellerin çok olması**, el yıkamaların **çok zor olması..** 3-4 yılı çok zor geçti bu temizlik işinin. **Çünkü çok alevliydi,** ne yaptığımı bilmiyordum. Zamanla herhalde bir 5 yıl **ilaç tedavisi de gördüm** ben, belki biraz o ilaçların ↓ hani biraz **sakinleştirmesi** mi diyim, ... hani makineyi açmam bile **ritüel**. Deterjanı oraya koymam bile bir **ritüel)***

She also defines her situation/experiences as a disorder and as OCD. However, she emphasized that earlier she did not know that her experiences were OCD because she states that in society this situation is thought as the cleaning habits and meticulousness of women. With her emphasis on that she *eventually learned about this from hospitals and groups,* she seems to stress that it should be referred to as a disorder. She learned this language and the term OCD (its name as a disorder) from hospitals and groups:

Extract 40:

104 *Well I had no knowledge about the disorder- you see I heard there that it was OCD and then of course I umm you research it more. ↓ Umm so you research it on the computer, for example there are groups, OCD groups, you check them out to see what they experience and do.*

138 We also **interpreted it as a woman's cleaning habit, umm but this is a disorder, not a cleaning habit.** there are really clean women.

Original

104 *hani hastalık hakkında da bir bilgim yok..- hani orda duydum ben OKB olduğunu sonra tabi kendim ıı gittikçe araştırıyorsunuz. ↓ Iı işte bilgisayardan araştırıyorsunuz mesela gruplar var OKB grupları onlara bakıyorsunuz hani onlar neler yaşıyor onlar şey yapıyor böyle.*

138 *biz de biz de hani **bayanın temizlik yapması gibi algılıyorduk, ıı ama bu hastalık yani temizlik yapmak değil**.*

Fatma emphasized when she used this situation as a disorder; she gets an understanding. Thus, she states that previously people did not understand this situation. For example, her mother would be angry with her for using too much water, that she would not understand her, that when people would think of her not letting people in the house as pride when they did not know this was a disorder. *Her family and those who are close to her would only sympathize after learning that this was a disorder.* Fatma can relate these experiences to outside factors beyond her control when she defines them as a disorder and has gained the ability to get her things done without criticism.

Extract 41:

88 *But it took years for him(her husband) to get used to my disorder. For example, he has accepted it this last year and I talked about this being a disorder over and over..., because we have arguments at home. For instance the last time I sat and talked to him, "you" I said, "isn't this a disorder, weren't you going to help me or research, weren't you going to research this disorder, look for a cure, do something... this is a disorder.*

124 *The relatives around me get angry, they complain that I'm on a high horse, that I'm becoming arrogant... but they don't know that this is a disorder. It's just recently being known. For example, I have had the disorder for 10 years, but my father has only grasped what it is this year. ..my mother, my aunt also has it. My mother used to be angry at my aunt, that she wastes detergent, wastes the water, and all that. ↓ Now she isn't mad at her, ummI say mom don't do that wash your hands, and she goes and does it, washes her hands, immediately, she doesn't get upset or angry*

Original

88 *Ama onun (eşi) benim hastalığıma da alışması çok uzun yıllar sürdü. Son 1 yıldır mesela kabullenebildi ve ben ona bunun defalarca bir hastalık olduğunu.., çünkü evde tartışmalar çıkıyor…mesela en son bir oturdum konuştum, sen dedim hani bunun bir rahatsızlık olduğunu sen bana yardım edeceğine ya da araştıracağına, hani bu hastalık hakkında bilgi araştıracağına, tedavi araştıracağına, bir şey araştıracağına…bu bir hastalık yani.*

124 *Çevredeki mesela akrabalar falan kızıyorlar, söyleniyorlar falan işte büyükleniyor gibisinden, kibirleniyor gibisinden... ama bilmiyorlar işte bu hastalık. Daha yeni yeni, daha çevrede duyulmaya başladı. Mesela ben 10*

yıldır rahatsızım, babam hastalığıma bu sene vakıf olabilmiş ancak…ıı, annem, benim teyzemde de var. Önceleri teyzeme çok kızardı annem, deterjan harcıyor, suyu harcıyor bilmem neyi harcıyor. ↓ Şimdi ona da kızmıyor, şey yapmıyor…anne onu öyle yapma hani ya ellerini yıka diyorum, hemen gidip yıkıyor ellerini hani, kızıp sinirlenmiyor

4.2.2.3. Traumatic Life Events Discourse: "because of stress", "childhood traumas", 'because my childhood was horrible', 'family problems'

On the contrary to the participants who used the discourse of religious and disorder on their psychological situation, Kadir and Başak accept their situation not as a disorder but because of a traumatic life event, or stress. Accordingly, Kadir concerning his present symptoms and situation, he has not used any statements such as disorder, illness, discomfort, or psychological state. He has only stated that his thoughts "the situation I am in today" originated from traumatic incidents from his past. It has been observed that Kadir has not made any other statements about this topic and evaluated the situation within events and recollections.

Extract 42:

37 *K:Of course I'd like to talk about it↑ I used to not be able to talk about these things, but a person gets used to it after a point (.) I mean I have too many family issues↑. As a child (.) I had a difficult childhood (.)…As a result a person can't overcome the traumas (.) Going through the same problem at 5-6 years old is not the same as going through it at 20, it doesn't yield the same results … But, in the end, childhood traumas continue(.) and affect a person(.) No matter how old they are people's fears, fear of the dark, fear of animals are always based on that. And because my childhood was horrible (.), even though (.) I seem happy from the outside (.) storms brew within me↓*

Original

37 *K: Tabi bahsetmek isterim↑ eskiden bunlarla alakalı bahsedemiyordum bir şeyleri, ama insan bir yerden sonra alışıyor (.) şöyle ki ailevi sorunlarım çok fazla↑. Çocukken çok(.) zor bir çocukluk geçirdim (.)…Öyle olunca da insan çocukluk travmalarını atlatamıyor (.) 20 yaşında yaşadığı bir sorunla aynı sorunu 5-6 yaşında yaşaması aynı değil, aynı sonuçları vermiyor… Ama sonuçta çocukluk travmaları devam ediyor(.) ve insanı etkiliyor(.) Kaç yaşına gelirse gelsin insanların korkuları, karanlıktan korkusu, hayvanlardan*

korkuları hep oralara dayanıyor. Ve benim çocukluğum da berbat geçtiği için (.), ne kadar (.) dışarıdan mutlu görünsem de (.) içimde fırtınalar kopuyor↓

Başak also has generally focused on researching the biological factors related to her complaints about her condition. While she focuses on proving how she could have realistically contracted the disease, she has only given a few statements on the possibility that stress could have also boosted the situation. There are no statements of obsession, OCD, disorder, symptoms, or psychological problem in Başak's discourses. She mostly stands within the reality of the situation.

Extract 43:

*10 Maybe sometimes (.) I'm trying to calm myself by thinking this, you know, that I have no problem and **am just doing this due to stress**, I- but I don't know*

*40 I think that triggers it, you know, **staying stressed (.) increases this**.*

Original

*10 Bazen belki de (.) bunu düşünerek kendimi rahatlatmaya çalışıyorum hani bende **sıkıntı yok hani stresten ötürü bunu yapıyorum** diye ben-ama bilmiyorum*

*40 Bence tetikliyor yani **streste kalmam (.) bunu arttırıyor bence.***

CHAPTER V

DISCUSSION

"repetition is fundamentally the insistence of speech"

"there is no room for what Lacan terms 'lack' in our society"

(Futrell, 2014).

In this chapter, the findings of the study will be briefly reviewed. It will be followed by a diagnostic discussion that focuses on obsessional neurosis through integrating the literature and the current findings. Then, I will discuss the results on participants' dominant discourse about the mental situation and obsessional neurosis in socio-cultural perspective. Next, I will present clinical implications articulating Lacanian-oriented psychotherapy and my clinical experiences. Lastly, I will discuss the strengths and limitations of the research, and future directions.

As this study is aimed to deconstruct intrusive thoughts, ritualistic acts, and anxiety in subject's talks, as well as to indicate dominant discourse on the mental situation and obsessional neurosis in subject's discourse by focusing socio-cultural and historical context, the data was analyzed within the Lacanian discourse analysis perspective, which is language-based, social constructivist, and critical positioning. The analysis is specifically constituted around the following questions: 1. How do participants construct their symptoms of intrusive thoughts, repetitive acts, and anxiety feelings in their own subjective structure in-talks? 2.What is the dominant discourse on mental states in person's talks today? 3. How is a person's socio-

historical subjective structuring affected and constituted within that person's discourse?

The organization of the signifiers was the primary aim of the current analysis. Specifically, I focused on five focal points, named as (1) Signifiers, Metaphors and Repetition, (2) Crucial and Unspoken Points, (3) Relation to the Knowledge and Other, (4) Clinical Structure, and (5) Deadlocks of Perspective in the Interview.

The findings of the first focal points were noted with several themes: *'blasphemy', 'malignant thoughts and biting the tongue/not talking', 'suspicion of sickness', 'anxiety concerning control and order', 'repetitive cleaning and anxiety on getting dirty', 'anxiety concerning spreading a virus and extended hand washing'*. In the second focus, there are two themes named as '*the absent in language',* and *'the emphasis in language'*. In the focus of relation with knowledge and Other, four themes were detected as '*questions directed to Other', 'the Other that is assumed to have knowledge and power', 'accusing the Other', 'refusing the Other*'. The participants' clinical structures were evaluated according to their relation and positioning under themes noted as "*Obsessional Neurosis*", and "*Hysterical Neurosis*". Lastly, as the fifth focal point of the analysis, deadlocks of the interviews were noted under three themes; '*continue – stop points', 'disagreements on positioning as therapist-patient and interviewer-participant',* and *'differences in the expressions'.*

The primary level analysis brought me to the second level analysis. In this step, I focused on the main features of obsessional neurosis, which were emerged in subject's talks. The four features were '*unique symptoms, its repetition and existence of anxiety', 'rejection of Other in phantasm', 'repression and impossibility of desire',* and *'masculine sexuation'.*

Additionally, I tried to reveal the dominant discourses of subjects on mental health and obsessional neurosis. Accordingly, three discourses came to the forefront. These were *'religious discourse', 'medicalization discourse', and 'traumatic life events discourse'.*

In the light of these findings, I will conduct a diagnostic discussion by comparing my findings with the previous literature. I will discuss obsessional neurosis and hysterical neurosis in Lacanian clinical structural perspective. Then, the findings on dominant discourse will be evaluated within cultural, political, and historical contexts.

5.1. Diagnostic Discussion

The findings of this study gave a chance to ponder the often-used and dominant diagnostic approach and its reflection to the clinical practice. I will question symptom-based and structure-based approaches, regarding subjectivity, insistence of signifiers, positioning of the subject.

5.1.1. Subjectivity

According to analysis of subjects' signifiers, repetitions, and metaphors, it has been seen in the present analysis that all participants demonstrate different symptomatology, although they were classified under the diagnosis of obsessive-compulsive disorder according to the medical system. *This subjectivity issue* is still in debate in the psychology field. Specifically, for obsessional symptoms as mentioned in the first chapter, the contemporary diagnostic manual has defined all these symptoms under the obsessive-compulsive (and/or related) disorder (Hollander et al., 2011), as well as medical-based clinicians and researchers promote the neurobiological explanations and symptom-based treatments of obsessions. This mainstream psychology accounts the self as "stable, internally

consistent, and self-contained entity" (Avdi & Georgaca, 2018), however, this focus is criticized by quite different approaches, and they used the term "subjectivity". Accordingly,

> "subjectivity is situated, contextualized, variable, and shaped by ideology and power dynamics, yet also affectively charged, private and intimately personal"
>
> (Avdi & Georgaca, 2018).

Lacan explains subjectivity within the subject's formation process. Consciousness and unconsciousness are constituted by language and the subject is divided between consciousness and unconscious (Lacan, 1953/1954). Subjectivity is articulated in the gap/hole between signifiers (Fink, 1996), which represent the subject for another signifier (Dor, 1998). The more easily visible/generated things in-surface (symptoms, dreams, slips) should be assessed within the subject's own structure. However, it does not mean that they stay under the conscious (unconscious is not in-depth), just that they are displaced and ex-tence (not in language, or depth, just the out of language, and is shown in language or dreams at times), so the signifier represents it (Dor, 1998). Therefore, symptoms should be evaluated as signifiers in the subjective chain. In other words, these different symptoms should be thought of as a subjective signifier, which marks another one in the signifying chain (e.g., Lacan, 1964/1998, p. 67).

> "symptoms are as always polyvalent, superimposed, overdetermined, and finding symbols is as complex as a poetic phrase whose tone, structure, puns, rhythms, and sound are crucial"
>
> (Lacan, 1953/2013, p. 17).

The other problem continues with ignoring how the symptom functions as a source of jouissance and desire (Futrell, 2014) since "Lack" is the main condition of the displacement. The combination of lack and displacement makes reflection possible

(Verhaeghe, 2008, p. 54). As given before, Verhaeghe (2008) explained the uniqueness and impossibility of classification with the example of patients with the symptom 'stealing a Mercedes'. The cultural and historical experiences become important in subjective styles.

In conclusion, although symptoms are valued as signs with fixed meanings in the medical model, in Lacanian approach, symptoms are not connected with a fixed interpretation/diagnosis. The current elaborative and detailed analysis's findings demonstrate that participants' symptoms are quite different from each other. In other words, participants, who are treated as if the same person (from the explanation of their symptoms to the time of its treatment) in OCD diagnosis, show their distinctive styles. I think, while working in the clinical setting, symptoms do not become the only criteria to ensure talking about the subject's mental situation; the subjectivity is the important issue to be taken into consideration.

5.1.2. The Insistence of Signifier and Anxiety

In the current analysis, as said above, participants' relations, positioning, desires, and structures are idiosyncratic. However, if there is a need to reference them with the more general way, it can be said that current participants similarly display a kind of (with the subjective way) *repetition* and *anxiety* in the surface. In other words, the only two things resembling one another are 'repetition of some behaviors/thoughts', and 'presence of anxiety feelings' in this research. Therefore, while working with obsession and compulsion symptoms, these symptoms should be thought of as the repetition/insistence of signifiers and anxiety.

Repetition was defined by Lacan as *insistence of signifiers*, which have been detailed in the second chapter. According to Lacanian clinical structural approach, despite the resistance, certain signifiers insist on returning to the life of the subject, and each repetition includes a something "new" (Lacan, 1964/1998, p. 68; Parker,

2015a, p. 244). Participants' repetitive compulsions and obsessions are, for the most part, attempted to be evaluated through their differences. If the main mechanism is accepted as repression and displacement in obsessional neurosis, it is seen that they try to explain and change the meaning of the statements. They especially displace/change to the main issue with a trivial topic. In addition, each repetition increases the distance from the main signifier (S_1).

Additionally, anxiety is also explained by Freud as without an object, but Lacan defined it as not without an object, it simply has a different kind of object (object petit a, cause of desire), which cannot be symbolized in the same way as all other objects (Lacan, 1962/2014, pp. 131-133). Lacan considers anxiety as a signal to signify getting close to some significant signifier related to the partial drives and a way of sustaining desire (Lacan, 1962/2014). For the hysterical subject, while anxiety is related to not satisfying the desire of the Other, for the obsessive subject, anxiety is related more to satisfying the Other and thus will disappear. In the current study, it is suggested that these repetitions and anxiety feelings of participants should be examined regarding their relations with the Other and desires within their structures. Signifiers repeat where the subject is fixated (Futrell, 2014).

5.1.3. Positioning Regarding the Other, Neurotic Questioning, and Sexuation

In this dissertation, two participants have been noted in obsessional neurosis structure, while the others are positioned in hysterical structure. This part will be constructed on the diagnostic discussion between hysterical and obsessional neurosis and gender issues.

According to Lacan, the differentiation of structures could be traced to the person's relation with the Other and their positioning. Specifically, in neurotic structures, hysteria and obsessional neurosis are differentiated by the one's way of relation with the Other. Different positioning could be seen in the second level analysis

findings. Among six participants, Kadir and Fatma show different positioning than Hayal, Şule, Gözde, and Başak. Accordingly, Kadir and Fatma reject the Other in some subjective way. In other words, persons who are thought to be in the obsessive structure is differ from those who are in hysterical structure regarding the relation with the Other.

To be specific, Kadir and Fatma reject persons whom they assume to have power and authority. Kadir addresses his father as the owner of the position of authority and power, and rejects this position, which is seen in his statements towards his father such as "so-called religious man" or 'beard-show'. Additionally, Fatma rejects the Other that is positioned by her parents and teacher. Her teacher's statements towards her "Germ, be right", seem to reinforce her questioning and rejection. These findings are consistent with the literature. According to Lacan, the obsessional neurosis structure refuses the Other (Fink, 1997, p.199; Verhaeghe, 2008, p. 383). Although s/he recognizes his/her master's authority, s/he can also see him/herself as his/her opponent (Verhaeghe, 2008). However, Lacan stated that obsessives put this rejection *in their phantasm*. In other words, the basic phantasm of obsessives is to satisfy all the desire of the Other: 'ignore or kill the Other' (Dor, 1999). Thus, an obsessive plays a dead role until his/her time comes and resembles a slave who is awaiting his master's death in order to be able to enjoy (Vanheule, 2001). Appropriately, Kadir, who rejects the authority position, does not experience a real confrontation with his father. He experiences this rejection in his phantasm because he does not manifest any rejection and anger toward his father in real-time. Additionally, Fatma feels different from her friends because of being abandoned by her parents, and it is caused by being called "germ" by her teachers. Although she seems to be angry at her parents, she emphasizes on their kindness in her statements. Therefore, she also seems to be rejecting the Other in her phantasm. Kadir's fear of imprisonment and Fatma's fear of being nested and dirty are seen to be phantasmal appearances of their desires towards overcoming the punishing Other. However, this desire later causes the feeling of guilt (Verhaeghe,

2008, p. 388). Therefore, this deadly jouissance should be controlled according to obsessives (Miller, 2005). Translating anxiety into guilt creates the illustration of control: "I wish I had not done that, and then it would not have happened" (Verhaeghe, 2008, p. 387). Today, Ms. Fatma does not accept anyone in her home and stand at a separate place from the other people. She seems to be related with the Other through rejecting him/her. Moreover, Kadir's doubts on whether or not he said a malignant thought in front of the microphone or any other platform seem to be related with his phantasmatic confrontation. However, as soon as he comes up against his master, he feels guilty because of these destructive thoughts. His compulsions of biting his tongue and not talking appear to hinder these malignant thoughts, but this is also the displacement of the position of the Other with society. Therefore, these malignant thoughts or becoming dirty (germ) appear in the obsessive mind, of course as the displaced, like Fink (1997) said, these return to the mind.

On the other hand, the other participants (Hayal, Şule, Gözde, and Başak) within the discourse of neurotic structuring are not in obsessional neurosis, but in hysterical structure. They assume that the Other is the one who knows and has the power and authority. They refer to Allah, Doctors, and Clergymen as the Other, and assume they are subjects of power and authority that have knowledge. Their reference was exemplified in the extracts of the first level analysis. They generally used them as a mastery position and called them 'hocam', 'master', etc. With their assumption as the owners of power and knowledge, they demanded knowledge or salvation from them through their questions. As it is mentioned within the literature, the subject in hysterical structure speaks with accusations towards the Other (Fink, 1997). Additionally, the hysterical structure is in a position of thinking about acquiring the desire of the Other and going through a sense of worthlessness when it is unobtainable. According to Lacan, in hysterical structure, rather than rejecting this position of mastery, they blame the Other in a hysterical way (Parker, 2005a).

Specifically, Hayal's positioning with the Other and knowledge, that of *demanding information* but *not providing satisfaction to desire*, reveals her hysterical structure. An example of her demanding positioning can be found in Extract 17 and 18. Şule talks about acquiring the desire of the Other and going through a sense of worthlessness. There were some statements on her desire to *catch* the Other's desire. Gözde presents religious references while demanding information and a cure from the Other because she feels a lack. Başak feels this lack regarding the patriarchal power relations while questioning and blaming the Other.

The fundamental questioning of the obsessive is related to *existential being*, while the hysteric's questioning is related to *sexual being* (Fink, 1996). Obsessive cover the lack and repressed hostility toward Other, specifically they have dead wishes (Futrell, 2014). In the current findings, Kadir and Fatma show obsessive questioning. When Kadir does not talk about a year, he seems to as if disappear as a being and nullify his dead wishes toward his father; similarly, Fatma locks herself in the house and desires nothing. On the other hand, the others question their sexual being. Hayal questions whether she is desired or not by the Other. Şule especially emphasizes her romantic relationship with the same gender and sometimes ponders her masculine positioning. And, Başak questions her positioning regarding the patriarchal system and is doubtful when choosing to act like a woman or a man, when comparing herself within her brother and her father's glance. Therefore, the subject's questioning is also taken into consideration in the clinical field.

Another issue on sexuation and gender becomes prominent during the evaluation of the neurotic subject positioning in this research. As given before, male participants are less willing to participate in the study, although there are enough male patients in the waiting list. Even if some of them accept the participation, they do not come to their appointment. Thus, this difference could be an important signifier to illustrate the obsessive positioning to the Other by rejecting and hysteric positioning through demanding and later blaming. Hysterics seems to be more open

to explain and tell themselves, contrary to obsessives. Additionally, among the six participants of the study, there is an exceptional case: Ms. Fatma is the only woman who is noted in obsessional, while all the female participants were noted in hysterical structure. In the literature, Freud and Lacan mentioned in general the obsessive structures with 'he', and hysterical subjects with 'she'. Even Lacan, who skipped from hysteria to obsessional neurosis, said that: "leaving the lady [dame] there now, I will return to the masculine about the subject of the obsessive strategy" (Lacan, 2006, p. 378). As given in the second level analysis, Fatma seems to be in the masculine positioning. Fatma grew up with his grandparents in the village "like a man". Her appearance also resembles men. On the other hand, Lacan also indicates that women are not necessarily hysterical, or men do not have to be in obsessional because these structures are not related to biology (Lacan, 1964/1998, p. 379). In the next a few studies, women with obsessive structure, and its difference from male obsessional neurosis was discussed (Gagua & Atmaca, 2017; Gherovici & Webster, 2014; Miller, 2005; Soler, 2006; Strauss, 2014). Accordingly, the sexuation issues on structures should be evaluated on the positioning (feminine, masculine), which is constructed in cultural and structural system, rather than biology (man-woman). These findings support the discussions. Consequently, obsessional neurosis is generally related to masculine rejection, whereas hysterical neurosis is more possibly related to the feminine blaming and demanding. However, these positioning could be evaluated considering cultural sexuation, rather than biology/gender.

5.2. Discussion Regarding Dominant Discourses

One's speech is organized by a discourse, which is powerful images of the self and world (Parker, 2005b). In other words, discourse constructs 'representations' of the world: "it is like gravity: we know of the objects only through *their effects*" (Parker, 2015b, p.157). In order to analyze obsessional neurosis in the current analysis, dominant discourse on subject's talks was analyzed. Accordingly, three main

discourses were reported in the part of the secondary level analysis, namely ‘religious discourse’, ‘medicalization discourse’, and ‘traumatic life events discourse’. I will discuss these results within the socio-cultural perspective.

There are no unique cultural images of obsession and compulsion; rather, there is a variation in discourses and images. I would argue that some obsessive characteristics have been promoted and justified in contemporary society. Productivity, perfectionism, parsimony, attention to detail, and moral character are highly valued in school, work, or family environment. Aim-oriented tasks are generally used in the educational system (exams, aims, or outputs). Even when the children do not match the rules, they are easily labeled as non-adaptive. Being tidy, punctual, and emotionally controlled are accepted as the functional characteristics of a hardworking child and worker. According to Futrell (2014), these styles are also expected in the modern-day psychological therapies, which are time-limited, prescribed by manuals, and success of treatments measured with some criteria. Therapy is about managing oneself. She explains this tendency as “there is no room for what Lacan terms *lack* in our society”, which emphasizes denial of lack of Lacanian obsessive. All of us are in control and masters of ourselves. If these features/characteristics become excessive, the person is referred to as an ‘obsessional character’. If this increases even more, then it is diagnosed as a disorder. We begin to see here one opposition: There are a normal perfectionism and a pathological obsession.

This obsessive and perfectionist style is supported in society through capitalist discourse, which is defined by Lacan in his discourse theory (Fink, 1996, Schroeder, 2008). In the capitalist discourse, the surplus jouissance comes to the front. Subjects are promoted to turn to themselves – their desires and wishes- through actions such as eating, shopping, drinking, gaming, etc. (Canabarro, & D'Agord, 2012). Getting the plus-jouissance, people could become adaptable. It means that some of the symptoms like perfectionism, punctuality, or being

controlled can be functional. However, these characteristics are not strictly tied with the obsessive structure. We can see that this person could be in the hysterical structure since they are positioning with the Other by way of acceptance. I emphasize that this cultural, historical, and situational positioning should be considered, and subjects' discourse and styles should be evaluated based on their relationship with the Other (with the systems, rules, etc.).

Within these socio-cultural evaluations, I put through three discourses that emerged in the current analysis displaying a tendency to attribute distress to external reasons. More specifically, according to participants, God, nature, or traumatic life events cause their problems and suffering. They seem to externalize these problems (out of themselves). This attribution could be related to an effort of covering their "lack". Lacan (1962/2014) associates the neurosis with the *denial of lack*. These neurotic participants seem to explain their 'deficiency' or 'psychological problems' by attributing them to the Other's power and their decisions within the mechanism of denial and repression.

Some of the participants referred to powerfully religious attribution concerning their psychological situation. Religious expressions on the mental problem, like "there is no sin in disorder" and "nature comes from God", indicate person's positioning with the Other and knowledge. Although Turkey is a heterogeneous country regarding religious practices (Çarkoğlu, & Toprak, 2000), I think that religious positioning and explanations are settled, and embedded in Turkish communication styles. Some words (such as 'inşallah', 'nasip', ' kısmet', 'kader', 'hayırlısı'), which refer to God's power, have been frequently used in the Turkish communication. Therefore, the discourse of '*there is no sin if you are sick'* most probably comes from a religious-cultural tendency. Some researches explain this religious attribution as a kind of coping style towards especially traumatic experiences (Ar, 2017; Bowland, Edmond, & Fallot, 2013). When we analyze the function of this attribution in detail, it is clearly seen that throughout attributing the

problems to God, the person can decrease his/her own roles, responsibilities, and guilt. It can be come from the Islamic culture, in which individuals who are ill and mentally troubled are not charged and are not responsible for fulfilling some requirements. Therefore, people who become mentally ill are excused from their responsibilities and are not blamed since God gave this disease.

Furthermore, many of the participants have defined their suffering or situation as a '*disorder'*, specifically 'obsessive-compulsive disorder', although two participants especially show an effort to not use the phrases "disorder" or "problem". They use "the traumatic life events discourse". They prefer to explain their distress with the explanation of the results of traumatic life events. Explanations of biological causes and life events most probably provide the participants with a means to remove their problems from themselves. Those who specifically try not to use the term "disorder" when describing their situation, as well as attribute these stress to the traumatic life experiences, seems to be less willing to see a biological deficiency in themselves. Lacan could also relate this to an effort to cover "the lack", as mentioned before. On the other hand, participants who describe their experiences as a disorder, also frequently used phrases that are typically used by medical professionals, such as '*drug monitoring', 'trivial thought',* or *'automatic thought'*. They show a tendency of choosing "medicalization discourse". This discourse has been reported with different psychological problems such as depression (Lafrance, 2007); bulimia (Burn & Gavey, 2004); psychosis (Messari & Hallam, 2003); electroconvulsive therapy (Stevens & Harper, 2007), and about mental illness (Bilić & Georgaca, 2007). According to these researches, using "diagnosis" ensures validating their problem especially with such ambiguous suffering. In other words, participants who insisted on the term "diagnosis" get relief and validation as a secondary gain. By giving "a name" for the distressing experiences, the patient's pain is recognized and becomes real (with objective measures and numbers of criteria) (Bilić & Georgaca, 2007; Griffiths, 2001). However, they also insisted that although diagnosis brings some stigmatization with secondary gain,

there is also an arising problem when one's distress *falls outside* the parameters (Lafrance, 2007). In other words, participants who go outside the frame of diagnostic criteria are doubly victimized: besides their distress, they question whether their problems are real. In the current research, Fatma explained her recognition and validation of distress with the thought that "her father did not understand her before they received the diagnosis of "OCD". She would only get sympathy after learning that this was a disorder. Thus, the distress is also attributed to an outside source, and there is a validation for her suffering.

Some discursive researches, which investigate the dominant discourse on mental health from newspaper texts, reported participant's tendency for seeking expertise. (Nairn, 1999; Rowe, Tilbury, Rapley & O'Ferrall, 2003) Accordingly, they claim that psychiatrists predominantly attribute "mental illness" to biological causes, and using scientific terminology, they achieve the position of authority (Bilić & Georgaca, 2007). With this perspective, it seemed like the participants, tending to find an authority figure in order to receive help, frequently used names as 'teacher' (in a religious or general role; in Turkish *hocam*), and 'doctor". So, they can more easily attribute this position to the scientist, as well as reinforcing or establishing this attribution with the scientific position. One of the new research focuses on the medical demands of patients using the Lacanian approach (Potier, & Putois, 2018). Accordingly, since Lacan's conference in 1966 on 'The Place of Psychoanalysis in Medicine' emphasizes the gap between demand and desire. They argue that individualized medical recommendations and personalized medicine are related to answering the patient's demand. Healing and cure appear as the object of the medical demand, which shows the transference of the participants. Thus, the patient demanding that the doctor be a subject who is supposed to know displays the transference of jouissance. Thus, Potier and Putois (2018) suggested that being aware of the demand's object can provide the medical practitioner the opportunity to question what is wanted from the practitioner and can move beyond the subjects regarding the subjective meaning of the object a.

In conclusion, categorization of mental situation should work simultaneously with the medical approach, and religious, cultural perspective. Because the purpose of 'treatments' would naturally be to treat the disorder, the medicalization language continues with these phrases, and these dominant discourses seem to construct the persons' definitions. With the same perspective, religious explanations and authority positioning have an important place in the subject's formation. Political, and institutional power of medicine, like other personal, social and ideological situations, shape our view of the world.

5.3. Clinical Implications

The current study provides important diagnostic, cultural, and historical evaluations, as well as clinical implications, which can be condensed with four points. Firstly, ongoing review shows that the way of explanation of the mental situation, abnormality, and psychopathology determines the aims and methods of the clinical interventions as well. Thus, therapists can be aware of their positioning before the applications.

Secondly, current findings suggest that obsessional symptoms should be evaluated within the subjective structuring, although people get the same diagnosis. More specifically, the result indicated that individuals who are diagnosed as OCD concerning their symptoms probably have hysterical demand, desire, and positioning, or vice versa. People with the same symptoms should be differentiated according to their desires, positioning, and relation with the Other. They can be in both hysterical and obsessional positioning and structure, and even have obsessive symptoms.

Moreover, these findings also present that since the clinical aims would be changed according to different positioning, clinical psychotherapists should be aware of the symptoms' roles as a signifier. The *treatment* of the obsessive is not based on to the reduction of the symptom; instead, it should be based on subjective positioning.

The questions of "what position the analysand is speaking from", and "who is addressing" should be considered. A discursively aware therapist can be analyzed the language-usage in therapy (Georgaca, 2003); thus, this exploration provides improving from simple position of addresser and addressee than the complex analysis.

In the Lacanian psychoanalysis, there is no aim to 'treat' the symptoms and arrive at the factual reality since it is impossible, but rather it is aimed to capture the client's subjective historical truth (Georgaca, 2003; 2005). The therapist/analyst do not aim to understand the meaning, because understanding occupies in the imaginary line, which always causes a failure, a gap between two minds (Moncayo, 2008). Thus, rather than *strengthening the ego* through becoming like an expert in the therapist position, the therapist gets a role with a different stage of transference by focusing on symptom's function and its relation to the desire (Fink, 1996). The therapist/analyst attempts to shake the analysand's signifying chain and bring her/him in front of the symbolic, by taking into consideration mostly the subject's talks and discourse.

Additionally, I have some implications which come from my clinical experiences with obsessive structures (I detailed one of these clinical processes as a case analysis research; details can be seen in Atmaca, 2017). Accordingly, I realized that individuals in the obsessive structure show different demands and positioning from the other participants in the therapeutic process. Notably, they more reject the therapy process rather than hysterics, which have a demanding style. Fink (1997, p. 130) explains the differentiation that the obsessive most probably defines the therapy as help from the Other, since the obsessive's main attempt is to neutralize the Other (in order to reject Other). This process can influence the situation of his/her going into the analysis according to Fink (1996, p. 131): "The more obsessive s/he is, the less likely s/he is to go into the analysis" because s/he refuses to be helped by other people, and s/he are generally defined as 'self-made man'

and ‘I can do it myself”. If the obsessive comes into the analysis, there should be something very specific that happens, and they can no longer successfully nullify or neutralize the Other. However, if s/he comes into the analysis, s/he generally refuses the unconscious, and often claims that slip of the tongue has no meaning. The obsessive as a whole subject (S without a bar), believes that s/he is the master of his/her own fate, and s/he cannot stand this uncontrollable and divided subject, even when all the proofs are to the contrary (Fink, 1997). In brief, because the obsessive rejects the Other, the first aim of the analysis with obsessive structures should be based on “hysterization” (Fink, 1997, p. 131) – opening obsessive up to the Other. More clearly, the hysteric is always attentive to the Other’s wants, but the obsessive *has opened* up to the Other. The analyst should be aware that they generally talk continually, associate, interpret by themselves, and have no need for the analyst’s punctuations or interpretations. The obsessive prefers that the analyst remain silent or play a dead role. Thus, the first and ongoing action of the analyst is to ensure that the obsessive is regularly confronted with the analyst’s desire. The questioning of the positioning of obsessive starts shaking the obsessive positioning of him/herself. The therapist should attempt to get a shift in the position of obsessive structures, bring the subject to the confrontation of the symbolic Other with the *enigmatic desire of analyst.* Through this way, Lacan said that the Other’s desire would be thrown into question (Fink, 1997, p. 55). *Fundamentals of Psychoanalytic Technique*, Fink (2007), and *Evolving Lacanian Perspective for Clinical Psychoanalysis*, Moncayo (2008) explain the Lacanian clinical techniques such as the variable length session, punctuating, interpreting. Throughout these ways, the analysand’s fundamental fantasy can be reconfigured towards beyond neurosis.

5.4. Limitations, Future Directions, and Strengths

The texts were taken from semi-structuring interviews in the current study. Although it is not within the scope of this study, these arranged interviews are not

provided to guarantee for the clinical structures of participants. Even, there is no such intention; this should be also regarded as the first listening. The structural arguments should be re-evaluated in every relationship since it is constructed reciprocally. However, further research can be focus specifically on obsessional structures by investigating on the analysis of therapy sessions as a text material of discourse analysis. Especially, the process and essential points of the psychoanalysis, experiences of therapist, supervision modalities, length, and if so the reason for termination with obsessional neurosis structuring can be examined. Additionally, there are some limitations related to the design of the study concerning the gender issue. Especially, male participants can be analyzed in detail in the later researches.

There is some strength regarding the theoretical background, methodology process, and discussion. First, the research questions are evaluated within the historical process, which provides comprehensive views on mental situation, especially intrusive thoughts, ritualistic acts, anxiety. Second, choosing to utilize Lacanian discourse analysis perspective and deconstructive approach enabled me to conduct a critical and language-based analysis to investigate the dominant discourse on obsessional neurosis from subject's talks. Third, I articulated the role of the signifiers, the relations with the Other, and the unspoken on the subject's structures, which provide detailed information that is missed by mainstream psychology. Fourth, I looked at the differences between hysterical and obsessional structures and made a diagnostic discussion on OCD diagnosis and structural positioning. Fifth, discussing the finding by considering socio-historical and cultural constructions indicated the importance of the culture and history for the subject's structuring. Lastly, the results of the current study yielded critical clinical implications, especially regarding being as a discursively aware psychotherapist.

5.5. Conclusion

To conclude, as a clinical setting, if 'the success of treatment' is defined as a symptom reduction, the aim of the therapy should be to focus on reducing these complaints. However, if the explanation of the obsessional neurosis or other symptoms is based on the Lacanian psychoanalytic perspective, the focus of the therapies/analysis is based on the function of symptoms, desires, and positioning of subjects. The intrusive thoughts, ritualistic acts, anxiety, and other obsessional symptoms are not the only evidence to present the subject's structure. Such Lacanian, discursive, and critical language-based analysis enhance the questioning on the medicalized and symptom-based explanations and treatments. Diagnostic discussion on hysterical and obsessional neurosis has emerged for the cases in the current study. The uniqueness of subject and the roles of the cultural, political, and historical effects become an essential role in clinical settings. Those results should be considered as a starting point on such a kind of symptoms and structuring evaluations.

Before its conclusion, I gave my final reflection on this thesis briefly. As I mentioned before, this thesis reflects my longstanding interest in subjectivity, psychoanalysis, and a person's relationships with rules, culture, and language. The current inquiry seems to start with the topic of obsessional neurosis. However, on this journey, I came across new questions about different positioning, such as the ones seen in addictions. During this research, which lasted about three years, my questioning continued with each step, and I asked new questions, and added or revised my views since each part directed me to a vast source of literature. I meet new people- philosophers, and researchers, through *their words*. I am eager to study more ideas from various philosophers and researchers. I have tried to learn the essential points of Lacanian psychoanalytic approach along the way, and I will continue to do so.

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APPENDICES

A. ETHICAL APPROVAL FORMS

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

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ÇANKAYA ANKARA/TURKEY
T: +90 312 210 22 91
F: +90 312 210 79 59
www.ueam.metu.edu.tr

Sayı: 28620816 / 536

07 KASIM 2017

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Tülin GENÇÖZ ;

Danışmanlığını yaptığınız doktora öğrencisi Sinem BALTACI'nın **"Obsesif Kompulsif Tanılamanın Ötesinde: Özne'nin İnşasına Lacanyen Söylem Analizi ile Niteliksel Bir Bakış"** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-SOS-166** protokol numarası ile **07.11.2017 – 30.12.2018** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

BULUNAMADI
Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Yrd. Doç. Dr. Pınar KAYGAN
Üye

Yrd. Doç. Dr. Emre SELÇUK
Üye

T.C.
ESKİŞEHİR OSMANGAZİ ÜNİVERSİTESİ
Tıp Fakültesi Dekanlığı
Ruh Sağlığı ve Hastalıkları Anabilim Dalı Başkanlığı

Sayı : 41990312-804.01-E.15686
Konu : Sinem BALTACInın Doktora Tez Çalışması

13/02/2018

SAĞLIK, UYGULAMA VE ARAŞTIRMA HASTANESİ BAŞHEKİMLİĞİNE

İlgi : Yazı İşleri Birimi'nin 12/02/2018 tarihli ve 14866 sayılı yazı.

Prof. Dr. Tülin GENÇÖZ'ün doktora tez danışmanlığını yaptığı Ortadoğu Teknik Üniversitesi Psikoloji Bölümünde Araştırma Görevlisi olarak eğitimde olan Sinem BALTACI'nın "Obsesif Kompulsif Tanımlamanın Ötesinde:Özne'nin İnşasına Lacanyen Söylem Analizi ile Niteliksel Bir Bakış" başlıklı doktora tez çalışması tarafımızca incelenmiştir. Ekli belgelerden Tez çalışmasının iki aşamadan oluştuğu anlaşılmaktadır. Çalışmanın 1. aşamasında 6-8 hasta ile görüşmeler yapılması ve görüşmelerin söylem analizi yöntemi ile incelenmesi, 2. aşamasında ise; seçilen 2 hasta ile Lacanyen oryantasyonlu psikonalitik yönelimli bir terapi sürecinin yürütülmesi planlanmıştır.

Anabilim Dalımıza başvuran hastalarla yapılacak olan Tez çalışmasının 1. aşama süreci olumlu olarak değerlendirilmiştir. Ancak çalışmanın 2. aşamasının, hastanın devam eden tedavisini olumsuz etkileyebileceğinden Anabilim Dalımızda yapılmasının uygun olmadığı yönünde değerlendirilmiştir.

Bilgilerinize arz ederim.

Prof. Dr.Gökay AKSARAY
Anabilim Dalı Başkanı

Adres : Meselik Kampüsü PK:26480 Odunpazarı
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Elektronik Ağ : www.ogu.edu.tr
KEP Adresi : eskosmangaziuni@hs03.kep.tr

B. INFORMED CONSENT FORM/ Gönülü Katılım Formu

Bu çalışma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü Klinik Psikoloji Doktora öğrencisi Araş. Gör. Sinem Baltacı tarafından, Psikoloji Bölümü öğretim üyelerinden Prof. Dr. Tülin Gençöz'ün danışmanlığında, doktora tez çalışması kapsamında yürütülmektedir. Çalışmanın amacı girici düşünce, tekrarlı eylem ve kaygı belirtilerinin kişinin kurulumundaki yerini toplumsal ve bireysel söylem içinde incelemektir.

Çalışmaya katılım tamamen gönüllülük temelindedir. Sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamen gizli tutulacak ve sadece araştırmacı tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayınlarda kullanılacaktır.

Görüşmeler genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakabilirsiniz. Katıldığınız için şimdiden teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak için çalışmanın yürütücüsü olan ODTÜ Psikoloji Bölümü Araştırma Görevlisi Sinem Baltacı (Oda: BZ-8A; Tel: 0312 210 3144; E-posta: asinem@metu.edu.tr) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Tarih: İmza:

C. POSSIBLE QUESTIONS AND PROMPTS FOR SEMI-STRUCTURED INTERVIEW

1. Warming up questions (introducing yourself, where s/he lives, works, does)
   Isınma ve tanışma (kendini tanıtma, nasıl birisidir, nerede yaşar, neler yapar)

2. Fundemental complaints
   Temel şikayetleri

3. Intrusive thoughts, repitetive acts, and anxiety feelings (their characteristics, content, frequency, theme, relations to the life events and others)
   Zorlayıcı düşünce, tekrarlı eylem ve endişeleri (şikayetlerin özellikleri, içeriği, sıklığı, teması, yaşam olayları ve kişilerle ile ilişkisi)

4. Family relations and crucial life events (where, relationship, important events)
   Ailesi, önemli hayat olayları (kaç kişiler, neredeler, aile kökleri, ilişkileri, aile içindeki önemli olaylar)

5. Relationship with important others (relationship with mother, father, teacher, school director, employer etc. and his/her positioning toward the rules)
   Önemli diğerleri ile olan ilişkileri (Anne, baba, öğretmen, okul müdürü, patron vb. ile ilişkileri, kurallara yönelik aldığı konum)

6. Religioun issues (the others role on his/her religious positioning)
   Dini konumlanma konusu (dini konumlanışında ötekilerin pozisyonu)

7. A character from a film, book, or movie, who s/he admires him/her (the features of character, similar and different features between herself/himself and the character
   Bir film, kitap ya da dizide sevdiği karakter (o karakteri sevdiren özellikleri, benzer ve farklı yönleri)

D. VITA

PERSONAL INFORMATION

Surname, Name : Baltacı, Sinem (Atmaca)

Date and Place of Birth : 03.01.1989, Kırıkkale

E-mail : sbaltaci@ogu.edu.tr, sinembaltaci7@gmail.com

EDUCATION

Degree	Institution	Year of Graduation
Post Bachelor Ph.D.	METU Clinical Psychology	2019
B.S.	Hacettepe University Psychology	2011
High School	Adem Tolunay Anadolu Lisesi, Antalya	2007

WORK EXPERIENCE

Year	Enrollment	Place
2018 - present	**Research Assistant**	Psychology Department Eskişehir Osmangazi University
2013 - 2018	**Research Assistant**	Psychology Department Middle East Technical University
2015 – 2018	**Principal Investigator & Administrative Assistant**	AYNA Clinical Psychology Unit Middle East Technical University
2015 - present	**Research Assistant**	Psychoanalytic Studies Group Clinical Psychology Research Lab Middle East Technical University

FIELD PRACTICE

2014-2018	**Psychotherapist**

	AYNA Clinical Psychology Unit
2015-2018	**Supervisor** AYNA Clinical Psychology Unit
2013 (January-June)	**Intern Psychologist** Hacettepe University, Medicine Faculty Adult Psychiatry Department, Ankara
2011 (June-August)	**Intern Psychologist** Akdeniz University, Medicine Faculty Child Psychiatry Department, Antalya
2010 (June-August)	**Intern Psychologist** Ankara University, Medicine Faculty Adult Psychiatry Department, Ankara

TEACHING EXPERIENCE

- **Research Methods in Clinical Psychology**, Prof. Dr. Tülin Gençöz (Fall 2015, 2016, 2017, 2018 - Teaching Assistant & Lab Lecturer
- **Adult Psychopathology**, Prof. Dr. Tülin Gençöz (Spring, 2017) - Teaching Assistant
- **Lacanian Psychoanalysis: Basic Concepts**, Prof. Dr. Faruk Gençöz (Fall, 2016) - Teaching Assistant
- **Theories of Personality**, Dr. Sema Acı Yurduşen (Fall, 2016) & Dr. Özge Mergen Orbay (Fall, 2015) - Teaching Assistant
- **Research Methods in Psychology II** - Prof. Dr. Tülin Gençöz (Fall, 2016) - Teaching Assistant & Lab Lecturer
- **Ethics in Research and Practice of Psychology**, Assist. Prof. Banu Cingöz Ulu (Fall, 2016) & Prof. Dr. Reyhan Bilgiç (Fall, 2015) - Teaching Assistant
- **Statistics for Psychology I**, Prof. Dr. Reyhan Bilgiç (Spring, 2015) - Teaching Assistant
- **Cognitive Psychology**, Assist. Prof. Mine Mısırlısoy (Spring, 2015) - Teaching Assistant
- **Experimental Psychology-Learning** - Assist. Prof. Mine Mısırlısoy (Fall, 2014) - Teaching Assistant

PUBLICATIONS

1. **Baltacı, S.** (in press). Mental durumlarda Kraepelin'in tanılama modeli ile Lacan'ın yapısal yaklaşımının bir karşılaştırması: Konumlanmadan araştırma ve uygulamaya [A Comparison between Kraepelin's diagnostic model and Lacan's structural

approach in mental situations: From positioning to research and application]. *Türk Psikoloji Yazıları.* (PsycINFO)

2. **Baltacı, S**. & Gençöz, F. (2019). Psikolojide Lacanyen söylem analizi: Madde bağımlılığı ve yasa ilişkisinin terapi sürecinde incelenmesi örneği [Lacanian discourse analysis perspective in psychology: Investigating the relationship between substance addiction and law in a therapy process]. *AYNA Klinik Psikoloji Dergisi, 6* (1), 38-62. doi: 10.31682/ayna.482168 (TR DIZIN)

3. Gagua, N. & **Baltacı, S**. (2017). Histeri ve obsesyon nevrozunda cinsiyetlenme üzerine [Sexuation in hysteria and obsessional neurosis]. *AYNA Klinik Psikoloji Dergisi, 4*(3), 1 – 10. doi: 10.31682/ayna.470712 (TR DIZIN)

4. **Atmaca, S**. (2017). Lacan'ın özne kurulum yaklaşımına göre obsesyon nevrozu [Obsessional neurosis based on Lacanian subject formation approach]. *AYNA Klinik Psikoloji Dergisi, 4*(1), 14 – 25. doi: 10.31682/ayna.470723 (TR DIZIN)

5. **Atmaca, S**. & Gençöz, T. (2016). Exploring revictimization process among Turkish women: The role of early maladaptive schemas on the link between child abuse and partner violence. *Child Abuse and Neglect, 52,* 85 – 93. http://dx.doi.org/10.1016/j.chiabu.2016.01.004 (SSCI)

6. **Atmaca, S**. (2016). Paranoya: Bir vaka değerlendirmesi ve klinik uygulamalardaki farklılıklar [Paranoia: A case example with differences in clinical applications]. *AYNA Klinik Psikoloji Dergisi, 3* (3), 1 – 9. doi: 10.31682/ayna.470689 (TR DIZIN)

7. Meunier, B., **Atmaca, S**., Ayrancı, E., Gökdemir, B. P., Uyar, T., & Baştuğ, G. (2014). Psychometric properties of the Turkish version of the Acceptance and Action Questionnaire- II (AAQ-II). *Journal of Evidence-Based Psychotherapies, 14,* (2), 179 – 196. (SSCI)

PRESENTATIONS

International Congresses

1. Küçükkömürler, S. & **Baltacı, S.** (2017, Nov.). Gender on Self-Definitions in Work-Related and Relational Contexts: Are Women and Men Different or Similar? Paper was presented at 5th *RSEP International Conferences on Social Issues and Economic Studies,* Barcelona, Spain.

2. **Atmaca, S.** & Gençöz, T. (2015, July). The effect of multiple child abuse and witnessing family violence on the risk of experiencing intimate partner violence. Paper was presented at *14th European Congress of Psychology*, Milan, Italy

3. **Atmaca, S.** (2015, July). Importance of cultural sensitivity in psychological treatment. Poster was presented at *14th European Congress of Psychology*, Milan, Italy.

4. Meunier, B., **Atmaca, S.,** Ayrancı, E., Gökdemir, B. P., Uyar, T., & Baştuğ, G. (2014, April). Kabullenme ve Eylem Ölçeği-II'nin Türkçe uyarlama çalışması ve psikometrik özelliklerinin belirlenmesi. Poster was presented at *19. Ulusal Psikoloji Kongresi*, Bursa, Turkey.

National Congresses & Symposium

5. Korkmaz, A. & **Baltacı, S.** (2019, May). Sıçan Adam Vakası ve Obsesyon Nevrozu. *Lacanyen Psikanaliz Seminerleri 2019 Bahar,* Ankara, Turkey.

6. **Baltacı, S.** (2018, March). Babanın Adı. *Lacanyen Psikanaliz Seminerleri 2018 Bahar,* Ankara, Turkey.

7. **Baltacı, S.** (2017, May). Temizlik Savaşları: Titizliğe Karşı Çöp Biriktirme. *Lacanyen Psikanaliz Sempozyumu,* Ankara, Turkey.

8. **Baltacı, S.** (2017, October). Dürtüler ve Haz İlkesi. *Psikanalize Giriş Seminerleri 2017 Güz,* Ankara, Turkey.

9. **Atmaca, S.** (2016, Sep.). Çocuklukta aile içi şiddete tanık olma, çocuk ihmal ve istismarına maruz kalma ve şimdiki eş şiddeti. Sözlü sunum, *19. Ulusal Psikoloji Kongresi*, İzmir, Turkey.

MANUSCRIPTS IN PREPARATION & UNDER REVIEW

1. Şimşek, D. Ö., Bulut, B. P., **Baltacı, S.,** & Gençöz, F. (under review). Klinikte Lacanyen Psikanaliz. *Türkiye Klinikleri Dergisi, Lacanyen Psikanaliz Özel Sayısı*.

2. Özkan, A. & **Baltacı, S**. (in preparation). Kaygı ile ilişkisi bağlamında melankolik özne. *Psikoloji Çalışmaları Dergisi.*

EDITORIAL BOARD

AYNA Klinik Psikoloji Dergisi, 2015- present.

AWARD

Achievement Grant for Graduate Studies (2014 – 2019)

The Scientific and Technological Research Council of Turkey (TÜBİTAK).

E. TÜRKÇE ÖZET/ TURKISH SUMMARY

1. Giriş

1.1. Genel Değerlendirme, Problem Durumu ve Çalışmanın Amacı

Bu tez kişilerin takıntı, tekrar ve kaygı durumunda kişilerin özne kurulum süreçlerini ve obsesyon nevrozu ve mental durum hakkında baskın söylemlerini sosyal inşacı ve eleştirel söylemsel bir zeminde incelemeye odaklanmaktadır.

Bu çalışma bir takım sorgulama ve değerlendirmeler ışığında ortaya çıkmıştır. Günlük yaşamda girici düşünce, tekrarlı eylemler ve kaygı birçok biçimde görülmektedir. Üretkenlik, mükemmellik, titizlik, detaylara dikkat etme ya da ahlaki karakter özellikleri aslında okul, iş ve aile yaşamında oldukça değer verilen özelliklerdir. Hatta çocuklar okulda düzene ve kurallara uymadığında onların uyum problemleri olduğundan söz edilebilmektedir. İyi bir öğrenci ve çalışanın özellikleri olarak görülen bu durumların 'fazlalığı' ise, kaygı bozuklukları altında obsesif kompülsif bozukluk olarak tanılanabilmektedir. Ancak tanılama sistemlerine baktığımızda, hangi özelliklerin/semptomların tanıyı belirleyeceği açıklamalarının son elli yılda birçok kez değiştiği görülmektedir. Mental durumların Tanımlanması ve Sınıflanması El Kitabı'nın son versiyonunda (5. versiyon) Obsesif Kompülsif Bozukluk tanısı "Obsesif Kompülsif ve İlişkili Bozukluklar" ismiyle değiştirilmiş ve içeriside vücut algısı bozukluğu, saç yolma, yeme bozukluğu, dürtü-kontrol bozuklukları, bağımlılıklar gibi birçok bozukluk eklenmiştir. Ancak bu semptom bazlı tanılama sistemine göre kişiler yalnızca semptomlarının benzerliklerine ya da ayrıcı-eş tanı özelliklerinin kombinasyonuna göre aynı kategori altında gruplanmaktadır. Peki, insanın biricikliği düşünüldüğünde, sınıflama yaklaşımının bir-e-bir olan terapi sürecindeki işlevi nedir? Bunun pratik olduğu söylenebilir, peki öyleyse de bu pratiklik kişi için mi uzman için midir? Bu sınıflama kimin için yapılmaktadır? Bu sorgulama ve

değerlendirmeler ışığında çalışma başlatılmış ve araştırmanın amacı ve soruları oluşturulmuştur.

Bu çalışmanın amacı, obsesif kompülsif bozukluk tanısı almış kişilerin özne kurulum süreçlerinin ve obsesyon nevrozuna ve mental durumlara ilişkin baskın söylemlerinin incelenmesi ve bu incelemelerin kültürel ve tarihi perspektifte değerlendirilmesidir.

2. Teorik Zemin

2.1. Tanımlama ve Tanılama Meseleleri

Yukarıda belirtilen amaçla, çalışmanın teorik zemininde ilk olarak, mental durumların tanımlanmasına ilişkin tarihi bir inceleme yapılmıştır. Anormal davranış nedir? Psikopataloji nasıl tanımlanır? Mental durum değerlendirmesinde anormal nedir? Bu sorular eski dönemlerden beri sorulmakta ve farklı birçok yaklaşımla açıklanmaya çalışılmaktadır. Bu açıklamaları temel olarak beş sınıflamada toplamak mümkündür. Aydınlanma çağı öncesi dönemde mental durumlar şeytan çıkarma gibi eylemlerin olduğu *doğaüstü yaklaşımlarla* (supernatural approaches) değerlendirilmekteydi (Siegler ve Osmond, 1974). Tıbbın din, büyü ve doğaüstü güçlerden ayrıştırılması gerektiği görüşünün oluşmasıyla *samotogenetik görüş* hakim olmaya başladı (Davison ve Neale, 2004). Buna göre mental bozukluklar da vücudun çalışmasındaki doğal sebeplere dayanıyordu ve bu nedenle soğuk algınlığı ve ağrı gibi diğer hastalıklarla benzer şekilde ele alınmalıydı. Daha sonrasında, suç davranışlarının kasti yapıldığı ve kişinin cezalandırılması gerektiği görüşünü içeren *ahlaki modele* doğru bir geçiş yaşandı. Öyle ki, mental problemleri olanların kapatıldığı 'akıl hastaneleri hapishaneleri' açıldı ki bunlardan en iyi bilineni Betlehemdir (Davison ve Neale, 2004, ss. 13-15). Psikolojik odak 1960'larda bilimsellik görüşünden etkilenmeye başlayınca, mental durumlar *pozitivist model* ile değerlendirilmeye başlandı. Kraepelin'in öne sürdüğü bu yaklaşıma göre, mental durumlarda aynı doğa bilimleri gibi gözlenebilir ve ölçülebilirdi. Frekans çalışmaları ve gözlem yapılırsa,

mental durumlar da yordanabilirdi (akt. Berrios ve Hauser, 1988). Bu hipotezleri neticesinde mental durumlara ilişkin ilk tanılama sistemi oluşturmuş oldu. Bu yaklaşımda, temel olarak araştırmacının etkisinin kontrol altında tutulabileceği ve bu kontrol ile gerçek (real) olan varlığın bilgisine (knowledge) ulaşılabileceği varsayımı bulunmaktaydı (Balnaves ve Caputi, 2001; Kuş, 2003). Bu görüş neticesinde psikoloji alanı 'pozitif bir bilim dalı' olarak anılmaya başlandı. Pozitivisttik tanılama yaklaşımı günümüze kadar gelen ana yaklaşımlardan biri olmuştur. Diğer yandan 1950'lerde sosyal bilimler alanında pozitivist görüşüne karşı bir konumlanmada olan sosyal inşacılık ve ilişkisellik yaklaşımları yer etmeye başladı. Bu yaklaşımlar varlığı (ontoloji) ve bilgiyi (epistemoloji) açıklamada pozitivist görüşten farklılaşıyordu. Buna göre, temel olarak gerçek sabit ve tek değildir. Ayrıca varlığın bilgisi araştırmacı/kişi tarafından öznel etkisinden bağımsız olarak elde edilebilir değildir. Gerçeklik onu elde eden kişi ile birlikte inşa edilmekte kurulmaktadır. Bu görüş, mental durumların tanımlanması ve ele alınmasına dair görüşleri de etkiledi. Özellikle Jacques Lacan ve Micheal Foucoult gibi düşünürler bu görüşe klinik alanda psikoloji ve psikanaliz çalışmalarında yer verdi. Mental durumlar bugün söz edildiği üzere pozitivisttik ve onun karşısında yer eden sosyal inşacı/eleştirel/ ilişkiselci iki ana akım yaklaşımla ele alınmakta ve açıklanmaktadır.

Tanılama sistemlerine ilişkin bu çalışmada Lacan'ın klinik eleştirilerine ve güncel tartışmalara yer verilmiştir. Buna göre, Lacan (1964/1998) analistlerin bilen özne konumunda oturmaları, sabit süreli seanslar yapmaları, Özne'nin özgün yapısından ziyade egolarının güçlenmesine odaklanmaları ve bilinçdışını ulaşılamaz bir yerde görmeleri nedenleriyle o dönemin hakim Anglo-Amerikan psikanalitik görüşüne karşı çıkmaktaydı. Bu eleştirel konumlanış içinde Lacan, semptom bazlı tanılama sistemlerinde semptomların temel bir işaretleyici olarak ele alınmasını da reddetti. Lacan'a göre *semptom, Özne'yi bir başka gösteren için temsil eden, bir gösterendir (signifier).* Lacan bu gösteren terimini Saussure'ün işaret (sign) terimi üzerinden geliştirmiştir. Saussure'e göre dilde işaretler onu sabit bir anlama götürmektedir (Evans, 2006, s. 185-187). Ancak Lacan'a göre, kod ve mesaj kavramları iletişim

için yeterli değildir. Her konuşmada bir kısım başarısızlık oluşacaktır, dolaysıyla anlaşmak-sabitlik imkansızdır (Verhaeghe, 2008, s. 37). Dünya ve nesneler arasında bir anlamsal eşitlik yoktur, gösteren ve gösterilen arasında bir bölünme vardır. Bu nedenle Lacan, Saussure'ün işaret terimini gösteren olarak değiştirir ve 'anlamın' geniş sosyokültürel ve dilsel bir bağlamda kurulduğunu belirtir.

Kraepelin ve Lacan'ın görüşlerini Verhaeghe (2008) klinik alanda bir örnekle açıklamaktadır. Buna göre, pozitivist yaklaşımda kırmızı ışık dur anlamına gelen bir işaret olarak tanımlanabilir. Aralarında bir eşitlik işareti bulunmaktadır. Semptomlar da bu biçimde sabit bir tanıyla eşleştirilmiştir. Ancak Lacanyen çalışmada bu eşitlik mümkün görülmez. Örneğin 'mercedes çalma' şikâyeti ile kliniğe gelen bir kişide mercedes göstereni ancak kendi özgün yapılanışında bir anlam kazanabilir. Dolayısıyla aynı semptomları gösteren iki kişi gruplansa bile Özne olarak yapılanışları özgün olarak görülecektir. Bu nedenle klinikte kişinin semptomları yerine yapısına odaklanmak önemlidir (Lacan, 1964/1998, s. 11). Bu görüş Lacan'ın yapısal klinik modelinde Özne'yi açıkladığı teorisinden gelmektedir. Lacan'a göre Özne temel bir eksiklik (lack) etrafında kendi öznelliğini (gösteren zincirini) bir ağ gibi örmektedir. Bu görüşü ile Lacan söylem teorisini ve Yapısal Klinik modelini ortaya koymuştur. Yapısal modeli açıklamak için lastik bant örneği verilebilir. Lastik bant, esnetilebilir, bükülebilir, ancak bu görünüm farklılığında bile yapısı aynı kalmaktadır (Romanowicz ve Moncayo, 2014). Semptomlar kişinin temel yapısında yer eden birer gösterendir (Lacan, 1964/1998, s. 67). Klinik yapılar, Özne'nin kurulum sürecinde Başka ve dil ile ilişkilenmesine göre psikoz, perversiyon ve nevroz olarak görülmektedir. Nevroz, Başka'ya karşı aldıkları konumlanmaya bağlı olarak obsesyon nevrozu ve histeri olarak ayrılmaktadır.

Pozitivist yaklaşıma güncel eleştirel ise çeşitlidir. İlk olarak, Verhaeghe (2008) tanı kriterlerindeki listelerin sayılarla açıklama kriterlerine dikkat çekmektedir. Önreğin bir bozukluk, belirlenen listeden beş ve üzerini gösterirse var kabul edilmektedir. Ancak ona göre, bu varlık kriterinin neden beş olarak belirlendiği

sorusunun anlamlı bir cevabı yoktur. Tanıların sınırları rastgele-adlandırıcı biçimde oluşturulmuştur. Bu nedenle tanılamada her zaman bir kısmi başarısızlık/ eksiklik olacaktır ve bu da epistemolojik bir problemdir. Dünya ve nesneler arasındaki ilişkinin tanımlanması gerçeklikte nasıl ilişkilendirilecektir? Ayrıca Verhaeghe her tanılamanın görece bir sonuç oluşturduğunu, parametrelerin ideal ve gerçeklik arasında bir bölünme yarattığını ve bunun da güvenirlik ve geçerlik problemi olduğuna dikkat çekmektedir.

İkinci problem genellenebilirlik problemidir. Kişilerin bireyselliği indirgemeci bir biçimde ele alınmaktadır. Ayrıca kişilerin kültürel, tarihi ve özgün yapılanışı da bu yaklaşımda kaçırılmaktadır. Tanılama sistemleri oluşturulduğundan beri birçok 'güncelleme' yapmıştır, ancak her yeni versiyonda daha fazla hastalık çeşidi ve onların kombinasyonu ile karşımıza çıkmıştır. İnsan biricikliği düşünüldüğünde bu kombinasyonların yüzlerce kez daha artacağı düşünülmektedir.

Bir diğer eleştiri, kişilerin tanılama kriterlerine uyduğunda etiketlenmelerinin yanı sıra, uymadıklarında ekstreme vaka olarak görülmelerinin yarattığı olumsuzluk üzerinedir. Ayrıca tanılama sistemlerinin kendisi bu bozuklukları ortaya koyuyor olabilir. Hepworth ve Griffin (1990) 19. yüzyılda keşfedilen anoreksiya nervoza bozukluğunun, o dönemde arttığını belirterek, o zamandan önce bu bozukluğun olup olmadığını sormaktadır. Bir diğer eleştiri ise kişilerin benzer semptomlara göre sınıflanmasının terapi alanında bir anlamının olmadığı, aksine tanılamanın kendilik ve özne arasındaki bölünmeyi arttırdığı üzerinedir (Verhaeghe, 2008). Son olara, normal veya bozuk kelimeleri kaçınılmaz olarak güç ilişkisine, yargılayıcı normlara işaret etmektedir.

2.2. Obsesyon Nevrozunun Tarihi Gelişimi

Obsesyon 16.yyda Latince kökeniyle zihinde büyüyen düşmansı eylemler anlamından türemiş bir kavramdır. İlk psikanalitik açıklama Freud'un mental durumlar üzerine yaptığı kavramsallaştırmayla ortaya çıkmıştır. Freud 1895'te psikolojik bir yapı olarak 'obsesyon nevrozu' kavramını ilk olarak kullanmış ve

obsesyonu, kaygıya sebep olan tuhaf ve istemeyen bir tür düşünce olarak, kompülsif eylemleri/ritüelleri ise bu girici düşüncelere tepki olarak ortaya çıkan tekrarlı davranışkar olarak açıklamıştır. Daha sonrasında düzenlilik, inatçılık ve cimrilik gibi bazı özellikler belirtmiştir (Freud, 1907, 1908). Ancak Freud sonrasında *Obsesyon Nevrozunda Bir Vaka Üzerine Notlar* isimli makalesinde - Fare Adam vakası olarak bilinmektedir, inhibisyon ve izolasyon mekanizmalarından söz etmiştir. Freud yine yazılarında 'tekrarlama zorlantısı' olarak Türkçe'ye çevrilen *repetition compulsion* terimini kullanmış ve kişilerin kendilerini strese sokan durumlara tekrarlı olarak girme eğilimlerinin varlığından söz etmiştir.

Freud'un çalışmalarından sonra Kreapelin'in yaklaşımına dayalı olarak 'obsesif kompülsif bozukluk' tanısı oluşturulmuştur (APA, 2013) ve bilişsel-davranışçı yaklaşımların açıklamaları yer etmiştir. Bu tanılamaya göre obsesyon kalıcı, girici ve rahatsız edici düşünce, görüntü veya tepkiler olarak, kompülsiyonlar ise tekrarlı davranış ve ritüelistik eylemler olarak tanımlanmaktadır. Bugün, bu tanı DMS-5'te 'Obsesif Kompülsif ve İlişkili Bozukluklar' ismiyle güncellenmiş ve yukarıda söz edildiği üzere birçok davranış bozukluğunu kapsamaya başlamıştır. Kreapelin yaklaşımı üzerinden giden etiyolojik açıklamalar ise tipik olarak görülen obsesyon ve kompülsiyonları, cinsiyet farklılıklarını ve eş tanıları üzerinde çalışmalar yürütmektedir (örn., Ball, Baer ve Otto, 1996; Eisen ve Rasmussen, 2002; Taylor, 2005; Rasmussen ve Eisen, 1992).

Ancak Lacan, Freud'a dönüş hareketi isimli çağrısıyla başlattığı çalışmalarında obsesyon nevrozunu bir yapı olarak tanımlamıştır. Buna göre, girici düşünceler, tekrarlı eylemler veya kaygı birer semptomdur ve bu semptomlar Özne'nin özgün yapılanışında eşsiz bir anlamda yer etmektedir (Gallagher, 2010; Miller, 2003; Miller, 2005; Vanheule, 2001). Lacan, bu bakışında Özne'nin kurulum sürecinden söz eder. Ona göre, Özne ebeveynlerinin çocuk yapmaya karar verme, isim verme, onun hakkındaki konuşmaları ile daha doğumundan önce kurulmaya başlamaktadır (Lacan, 1956-1957). Diğer bir ifadeyle, Özne dilin içine doğar ve Başka (Other)

aracılığıyla kurulur. Kişinin konuştuğu söylem Başka'nın söylemidir. Doğumla birlikte, bebeğin ihtiyaçları anne tarafından karşılandığından ilk Başka annedir, bu nedenle mOther şeklinde gösterilir. Çocuk parçalı bedenini keşfettikçe, anneden ayrışmaya ve kendi kurulumunu tamamlamaya doğru bir süreç başlatır. Başka'nın bebğin aynada gördüğü yansımasını adlandırması ile ilk tanınmayı ve bütünlüğü yaşayan Özne, aynı zamanda Başka'nın varlığını da tespit etmiştir (Lacan, 1953/2013, p. 24). Anneyle anlaşmak için annenin diline giren çocuk, artık dil aracılığıyla kendisinin bir kısmını geride bırakmış ve Başka'nın alanına dahil olmaya başlamıştır. Yabancılaşma olarak adlandırılan bu dönemden sonra Özne temel bir eksiklikle karşı karşıyadır ve bu eksiklik onun kurulumunu başlatır (Lacan, 1961/2010, s. 132). Eksik, bu nedenle Özne'nin kurulumunda önemli yer eder. Yabancılaşan Özne, tek zevk kaynağı olarak yer eden annenin her an onun için orda olmamaya başlamasıyla (ihtiyaçlarına cevap verilmesinin sekteye uğramasıyla) annenin bir başkasını arzuladığını ve dolayısıyla eksik olduğunu fark eder. İkincil Başka'nın yasanın devreye girmesiyle zevkinin bir kısmından vazgeçmek durumunda kalır ve ayrışma yaşanır. Babalık işlevi (paternal function) olarak tanımlanan bu üçüncünün girişindeki baba, biyolojik bir babadan ziyade annenin dilindeki üçüncüdür. Bu durum yaşanmadığında, babalık işlevi devreye girmediğinde, anne-çocuk ikiliğinde çocuğun psikotik bir yapılanmada kurulduğu görülür. Sonrasında ihtiyaçtan öte, talebin içinde arta kalan arzu ortaya çıkar. Annenin ne istediği, neden kendisine sahip oldukları soruları üzerinden çocuk eksikliğiyle ve Başka ile ilişkilenmeye başlar (Lacan, 1961/2010, s. 129). Annesinin eksiğini bulup onu kapatma, tamamlamama çabaları oluşur, çünkü çocuk ilk bütünlük halini yeniden aramaya girmiştir. Aslında Lacan'a göre, bizim tüm arayışlarımız bu ilksel olan bütünlüğe dönüş ile ilgilidir. Bu arayışta arzu nedeni olarak yer eden nesne, obje a, tanımlanmaya çalışılır. Ancak bu tamlık (tamlığa dönüş) imkansızdır. Dolayısıyla, peşinde koştuğumuz, yakaladığımızda tam olacağımızı düşündüğümüz nesneye sahip olduğumuz anda o durum düşmektedir. Arzunun imkansızlığı buradan gelir. Bu tamlık halini Lacan, ölü pozisyona benzetmektedir. Arzu, ancak eksiğin varlığında olabileceği için, bizi

bağlayan, tutan şey bu arzulayabilir olduğumuz eksiklik halidir. Özne Başka ile ilişkilenmesinde, nesne ile aldığı konumlanma sonucunda yer eder ve nevrotik ve pervert yapılanmalar burada belirlenir (Lacan, 2010, s. 196; s. 200). Nevrozda Özne artık bastırma mekanizmasıyla arzusundan bir kat daha uzaklaşmış, arzu nesnesiyle arasına bir perde yerleştirmiştir. Düşlemlerinde (phantasm) açığa çıkan bu arzu, kapatılmaya ve ulaşılmamaya doğru itilmiştir. Histeri ve obsesyon nevrozu, bu arzuyla ve Başka ile ilişkilenme yolları üzerinden farklı biçimde kurulmaktadır (Lacan, 2014, s. 162; Fink, 1997, s.119). Obsesyon nevrozu, Başka'nın erkeksi bir reddi iken, histeri arzu ve Başka'ya karşı bir iğrenme ve suçlama girişimlerini barındırmaktadır. Bu yapılanmalar içinde Lacan, obsesyon nevrozunun bazı özelliklerini belirtmiştir (Lacan, 1961/2010, s. 150; 1998, s. 212).

3. Metodoloji

3.1. Nitel Yaklaşım, Söylem Analizi ve Lacanyen Söylem Analizini Seçme Sebeplerim

Bir çalışma başlatıldığında onun ontolojik, epistemolojik ve metodolojik altyapısı da kaçınılmaz olarak birlikte gelmektedir. Bu çalışmada, öncelikle metodoloji seçimimdeki varsayım ve gerekçelerime yer vererek başlayacağım.

Araştırmanın sorularına ve amacına bağlı olarak nitel araştırma yaklaşımını kullanmayı seçtim, çünkü gerçeği ve bilgiyi açıklamadaki varsayımlarının realizm ve pozitivizm yerine, rölativizm ve sosyal inşacılık olması nedeniyle nitel yaklaşımın varsayımlarını benimsedim. Nitel araştırma yaklaşımı içerisinde birçok farklı metodoloji bulunmaktadır. Bunlar içinden söylem analizi yaklaşımını seçtim, çünkü söylem analizinde *dil* araştırma nesnesi olarak görülmektedir. Buna göre, psikoterapi ve dil-bazlı yaklaşımların iç-içe olduğu görülebilir. Bilinçdışı faktörler, tutumlar, inançlar ya da anılar gibi birçok psikolojik kavram doğrudan gözlenebilir değildir ve burada dil anahtar nokta olarak görünmektedir (Avdi ve Georgaca,

2018). Bu nedenle, ben de klinik psikolog ve psikanalitik oryantasyonlu bir terapist olarak, öznelliğe, psikanalize ve dil-bazlı incelemeye odaklanan bu yaklaşımı seçtim.

Söylem analizi de farklı yöntemlere dayanabilmektedir. Klasik söylem analizinin benzerliklere odaklanmasından öte geçen bir yaklaşım olarak Lacanyen söylem analizi yaklaşımını seçtim. Lacan Özne'nin dil ve Başka üzerinden kurulduğunu belirtmekte ve klinik teorisinde dile önemli yer vermektedir. Ayrıca Lacan klinik konulara yönelik eleştirel bir konumlanmada durmaktadır ki benim araştırma sorularım da bu konumlanmadadır. Bu analizde de Parker, Lacan'ın teorisinden yola çıkarak söylem analizi yürütülmesinde bir başlangıç sunmuştur. Tüm bunlarla ben çalışmamı niteliksel ve Lacanyen söylemsel yaklaşımlara dayandırdım.

3.2. Dile Dönüş Hareketi

1950'lerdeki dile dönüş hareketi, çalışma nesnesinin dil olduğunu vurgulayarak çalışmaların odağını dile çeker. Dile dönüş hareketi isimli bu çalışmalar, insanın en temel özelliğinin onun konuşması olduğu varsayımına dayanır. İlk dil çalışmaları, anlamın telefon sinyallerindeki aktarıldığını söylemekteydi; ancak sonraları dilin sadece bir araç olduğu bu görüş eleştirildi. Konuşma, iletimi sağlayan nötr bir araç değildi, aksine dilin kendisi kurucu nitelikte olarak kabul edildi (Georgaca, 2000, Potter, 1996; Wetherell, Taylor ve Yates, 2001).

3.3. Söylem Analizi

Söylem analizi şemsiye bir terimdir (Harper, 1995). Potter ve Wetherell'in (1987) klasik söylem analizinde dildeki benzerliklere ve çeşitliliğe bakarak sosyal durumların belirlenmesine odaklanılmaktadır. Sonrasında hermeneutik ya da etnomedoloji çalışmalarıyla da beraber, açıklayıcı repertuvarlar, özne pozisyonları ve ideolojik çelişkilere incelenmeye başkandı (Harr´e ve Secord, 1972; Henriques vd. 1984; Willig, 1999. Mikro düzey söylem analizi sonrasında Foucoult ve Derrida'nın toplumsal söylemleri incelediği makro düzey incelemelere kadar

ilerledi. Lacanyen söylem analizi klasik söylem analizinin odağından farklı olarak Parker (2005a) tarafından Lacanyen kuram damıtılarak ileri sürüldü.

3.4. Parker'ın Lacanyen Söylem Analizi Yaklaşımı

Parker'ın tanımına göre söylem analizi, dünya ve kendilik hakkında toplum içinde dolaşan baskın imajların insanın konuşmasını nasıl organize ettiğinin analizidir (Parker, 2005b). Parker'a (1998) göre, klasik metot politik olarak sınırlıdır, çünkü çeşitliliğe (diversity) bakmaktadır. Ancak söylem analizi odağını farklılığa, çatışma anlarına çekmelidir (contradiction), çünkü Özne *fark*ın üzerine kurulmaktadır (Parker, 2005b, s. 89).

Lacanyen söylem analizi, bazı kelimelerin nasıl benzer olduğundan ziyade nasıl farklılaştığına bakmaktadır ki böylece metnin güç yapısına, karşıtlığına ve sosyo-tarihi kuruluşuna odaklanılır. Ancak bu basitçe bir teknikler setini içeren metot olarak alınmamalıdır (Parker, 2005a). Bu yaklaşım, araştırmacılara kendi sorularını kurmalarında bir metodolojik kuramsal zemin oluşturması açısından düşünülmelidir. Lacan'ın çalışmalarını temel alan bir zemindedir. Parker, söylem analizinde Lacan'ın çalışmalarının seçilmesinin tesadüfi olmadığını belirtir. İlk olarak Lacan'ın çalışmalarının kendisi eleştirel konumlanmada ve güç, zorluk ve kültürel olarak baskın söylemle ilgilidir. Çünkü Lacan Freud'un çalışmaları üzerinden giderek dönemin baskın Anglo-Amerikan yapısını eleştirmiştir. İkinci olarak Lacan'ın çalışmaları bizzat söylem ve dil çalışmalarıdır. Çünkü Lacan çalışmalarını, Saussure'ün dil çalışmalarının, Levi-Strauss'un yapısal dil modelinin ve Roman Jakopson'un dildeki metofor ve metonomi kavramlarının üzerine inşa etmiştir (Parker, 2005a). Dolayısıyla Lacan'ın çalışmaları, eleştirel, söylemsel ve dil odaklı olarak tanımlanabilir ve böylece yapısı gereği söylem analizine odaklı denilebilir. Bugüne kadar böyle bir yaklaşımın öne sürülmemesi Parker'a göre, Lacan'ın çalışmalarının teorik ve ulaşımsal zorluğundandır.

Buna göre Lacan'ın teorisinden yola çıkılarak belirtilen temel özellikler aşağıdaki biçimde derlenebilir:

- Lacanyen söylem analizi *içerikten (content)* daha çok biçime *(form)* odaklanır.

- Bu analizde amaç konuşmanın arkasında yatan bilinçdışı anlamı ortaya çıkarmak değildir. Gösterenlerin/metindeki işaretleyicilerin (signifiers) işaret ettiği anlamı yorumlama amacından kaçınır (Lacan'ın klasik psikanalizin bu biçimde yapılanmasını eleştirmektedir).

- *Analiz nesnesi, metindeki işaretleyicilerin düzenidir***.** Bu analizde tekrar eden biçimlerin (belirli temaların, işaretlerin, sözcüklerin vb.) metin içinde organize olma biçimi ile tekrarların birbirlerinden farklılaşmalarını veya belirli bir dengede (tension) tutulmalarını inceler ve mutlak farka ulaşmayı amaçlar (absolute difference).

- *Metnin kuruluşuna, organize olma biçimine odaklanır. Metnin bozularak ve dağıtılarak açılmasını amaçlar, özellikle işlevin belirsizliğine, anlamsızlığa (nonsencial) ve söylenmeyen gösterene bakar:* yokluğun/yok olanın işlevi nedir? Bu gösterenlerin konuşmadaki düzeni nedir? Açıklamalardaki değişkenlik ve fark nedir? Bu durumu yaparken meseleyi herhangi bir şekilde karakterlerin biyografilerine indirgeme girişiminden kaçınır, daha çok anlamlı olmayan işaretleyiciler arar ve bu anlamsız ögelerin metnin düzeninde oynadığı rolleri belirlemeye çalışır.

- *Kişinin ve dolayısıyla metnin etrafında dönüp durduğu 'sabit noktalar'* (fixed points), Lacan'ın 'dokuma noktaları' ya da 'kapitone noktası' dediği, anlamın dile tutturulduğu yerlerdir. Bu noktalarda temel gösterenler (master signifiers) bir konuşmadaki temsilin çapaları olarak değişime maruz kalmayan, işler böyle yürür gibi bir ısrarın faaliyeti olarak yer edinir. Bu noktalar konuşmanın etrafında döndüğü yerlerdir, söylemin ya da yaşamın düzenlendiği düğüm noktalarıdır. Bu düğüm noktaları analist tarafından gizil içerik gibi ortaya çıkarılabilir görülmemelidir, analist tarafından *oluşturulmuştur.* Bu noktalama yerleri *ikili için* küçük bir sembolik düzeni bir arada tutar. Canlı bir konuşmadan metnin analizine bakacak olursak, görüşmenin ve alıntıların nasıl seçileceği, analitik noktalar oluşturmak için nasıl temsil edileceği de her zaman bir karara bağlı olduğundan araştırmacı tarafından da bu noktalar sonradan konmaktadır.

- Lacanyen analistlere göre, metne hakim durumda olan bu *temel gösterenler geçmişe dönük olarak (retroaktif)/olaydan sonra (after the event) anlam kazanırlar*. Lacan bir cümlenin noktalama işaretlemesinin cümlenin kast ettiği şeyden ne anlaşılacağını geriye dönük şekilde belirlediğini söyler. Dolayısıyla görünürdeki sebep ve sonucun mantığı tersine çevrilmiştir. Bu belirli gösterenlerin ya da temsiliyetlerinin tekrarı da bu sürecin geriye dönük olarak (retroactive determination) bir işlev edindiğine işaret eder. Lacan'ın 'logical time' dediği mantiki zaman kavramı bu konu üzerinedir.

Önceki durum/konuşma, geriye dönük olarak yeniden inşa edilir. Bir konuşmada konulan nokta, kendinden önceki cümleyi belirler. *O halde söylem analizinde de cümlelerin sonu görevindeki demirleme noktaları olarak aranacaktır ki bu noktalar kendinden sonraki özgün başlangıç noktasını da sürecektir.*

- *Bir metinde bilinçdışının ne olduğunun analizi, bir şeyin söylendiği herhangi bir anda başka bir şeyin söylenemeyeceğini varsayan boşluk ve deliklerin analizidir*. Lacancı söylem analizinde bilinçdışı, metinde yokluk (absence) işlevini gören şeydir ve bu analizi var olanı tarif etmeyi amaçlayan konuşma analizinden farklı kılan da budur: Var olandan öte, eksikliğin, yokluğun, deliklerin analizi. Kaybolan şey (bastırılmış materyal) metne karşı bilinçsizdir ancak metni biçimlendirmek için çalışmaktadır.

- *Arzu nesnesi (object petit a):* Konuşmacının etrafında dönüp durduğu, 'sebep' olarak düşündüğümüz, tanımlanamaz ve büyüleyici bir şeyin rolüdür. Nesne ampirik olarak gerçek değildir ama analitik içerik için yerçekiminin eş anlamlısıdır. Metnin oluşmasının, kişinin konuşmasının nedenidir, kişinin eksikliğidir. Kişinin eksikliği ise Başka'nın söylemi üzerinden kurulur. Metni oluşturanın (kişinin) Başka'nın söylemini ve arzu nedenini analiz etmek amaçlanır.

- *Metinde konuşmacının bilginin sahibi olduğunu farz ettiği yer (subject supposed to know) kişi için otoriterinin ve gücün konumlandığı yeri göstermektedir*. "Başka bir varlık değil, Özne'nin söylemini geçerli kılma ve Özne'nin kendi öznel konumunu *garantileme işlevidir*. Özne bilginin Başka'da olduğunu varsayar (subject supposed to known) ve bu varsayımına göre konuşmada bir konum/pozisyon alır. Analiz içinde de metinde bilginin farz edildiği noktaların izini sürerek otorite ve iktidarın farz edildiği yerler işaretlenir.

- *Başka'nın isteği ve konuşmadaki işlevi hemen her zaman belirsiz/örtüktür ve Özne sorar:* Başka benden ne istiyor? Özne'nin Başka'nın arzusunun ne olduğuna dair *verdiği cevap* ve bu cevapla öznel ilişkilenme biçimi, Özne'nin kendine özgü klinik yapısını oluşturur. Bu bağlamda Özne dil ile ilişkisi içinde farklı *klinik yapılanmalar* oluşturur: Örneğin obsesif yapılanma bağımsızlığın erkeksi reddini ortaya koyarken, histeride Başka'ya yönelik suçlama bulunur. Psikozda Başka'nın manipülatif olduğuna yönelik paranoyak hisler bulunurken, perversiyonda Başka'nın zevkinin nesnesi olmaya yönelik girişimler bulunur.

- Lacan meta bir dilin konuşulamayacağını (no metalanguage can be spoken), dilin sınırları dışında, ondan bağımsız ve onun üzerine çıkabilecek

başka bir dil olamayacağını söyler. *Kişinin bütün sırları, söylenmemişleri ve bastırılmışları metnin içindedir.*

- *Durumun öznesi olmaya karşın sözcenin öznesi olmak*, Öznenin gerçekliğine karşın analistin özne için gerçekliğidir. Kişi için konuşmasında temel gösteren olarak beliren öğenin tarihsel bir başlangıcı ve nedeni vardır, ancak bu durumsallık sorunun çözümüne yardımcı olmamaktadır. Öte yandan sözcenin Öznesi olan birey, konuşmasına hakim olan temel gösterenlerle, konuşmanın akışını bozan, boşluklar ve açmazlar yaratan gösterenlerin oluşturduğu, gerçekliği söylemdeki çatışmalarla beliren bir öznedir.

- *Analiz, gerçeğin görünmesini açmaya çalışır, ancak bu gerçek sabit bir tanım içermez, Özne'nin gerçeğidir (subject's truth*). Gerçek (real) söylemin dışındaki bir alemde belirlenebilir, tarif edilebilir değildir; ancak temsilin kırıldığı bir notada, bir travma veya şok anında bundan sonra konuşabilsin diye üzeri hızla kapatılarak işleyen bir şeydir.

- Her iletişim dinleyiciye yöneltilmiş ve tanınma ihtiyacı içerisinde olunan bir iletişimdir Bu analizde *mesajın ters olarak geri dönüşüne* odaklanılır. Örneğin, suçlu olduğunu söyleyen öznenin ötekinden talebi masum olduğu mesajıdır. Ya da yalan söylediğini söyleyen kişi "doğru söylüyorsun" cevabını talep eder.

- *Lacan'a göre anlaşma yoktur* (no agreement). Analist ve analizan arasındaki bir yorum üzerine anlaşmak imgesel düzenin işlediğini gösterir. Bu analizde amaç kişi ile analistin anlaştığı noktalarını değil, aksine anlaşamadığı, çatıştığı noktaları analiz etmektedir. Çünkü Lacan'a göre iki karakter arasındaki ilişkiyi anlaşmazlık noktası şekillendirmektedir.

- *Cinsel farklılıklar, biyolojik farktan öte olarak, erkek ve kadınların kültürel olarak kurulmuş konumlanmalarına işaret eder*. Erkeksi (maskülen) ve kadınsı (feminen) konumları analiz etmeye odaklanır.

- Söylem analizi, özellikle bir fenomenin *yorumlandığı* fenomonoloji analizi *değildir.* Söylem analizinde amaç, metni dağıtıp bozarak daha derinlemesine açmak ve böylece *işlevini belirleştirmektedir***.** Burada analist söylemsel işlevi yorumlamaktan kaçınarak açılmasına aracılık eder. Elbette bunu yaparken analistin de refleksif konumu işin içine dahil olacaktır, bu nedenle bu konumun da analiz edilmesi önemlidir. Ancak bu refleksif konum ne basitçe araştırmacının çalıştığı materyale yatırımıdır, ne de bu araştırma sorusuna onu götüren bir seyahattir. Bunlar yerine, refleksivite araştırmacının politik, teorik ve kurumsal pozisyonlarındaki görüşlerine göre materyalle ilişkili haritasıdır.

3.5. Yöntem

3.5.1. Analizin Odak Noktaları

(i) Kişilerin Kurulum Süreçlerinin Konuşmaları İçinde Analiz Edilmesi

1. Gösterenler, Metaforlar ve Tekrar Eden
2. Sapma Noktaları ve Konuşulmayan
3. Bilgiyle İlişkilenme
4. Klinik Yapılanma
5. Görüşmedeki Çatışma Noktaları

(ii) Kişilerin Konuşmalarında Ortaya Çıkan Mental Durumlara ve Obsesyon Nevrozuna İlişkin Baskın Söylemleri

3.5.2. Örneklem Seçimi ve Katılımcı Profili

Bu çalışmada, nitel yaklaşıma uygun olarak amaca uygun örnekleme yöntemi seçildi (Bannister, Burman, Parker, Taylor & Tindall, 1994; Parker, 2004). Bu örnekleme yönteminde özellikle belirli özelliklerdeki kişilerin alınması hedeflenmektedir (Lutz & Knox, 2014). Buna göre, katılımcıların bir medikal sistemde Obsesif Kompülsif Bozukluk tanısı almış olması, girici düşünce, tekrarlı eylem ve kaygı duygusu yaşadıklarını belirtmesi ve 18-50 yaş aralığında olması kararlaştırılmıştır. Başka bir seçim kriteri oluşturulmamıştır.

Belirlenen kriterlere uygun 6 katılımcı ile görüşmeler yürütülmüştür. Katılımcıların yaş aralığı 25-45 arasındadır. Bunlardan beşi kadın biri erkektir. Kadın katılımcı sayısının doygunluğa ulaştığını düşündüğümde araştırmacı olarak servislere kadın kişileri artık almadığımı ve yalnızca erkek katılımcı aradığımı duyurdum. Bekleme listelerinde OKB tanısında yeterli sayıda erkek katılımcı olmasına rağmen, bu kişilerin birçoğu çalışmaya katılmayı reddetti. Katılmayı kabul eden 4 kişiden 3'ü ayarlanan randevularına gelmedi. Cinsiyetler arasındaki bu farkın önemli bir konu olduğu düşüldü ve tartışma kısmında bulgularla birlikte incelendi.

3.5.3. Etik İzinler

Etik onaylar öncelikle çalışma başlamadan önce ilk izin ODTÜ İnsan araştırmaları ve Etik Komitesinden alındı. Ardından AYNA Klinik Psikoloji Destek Ünitesi ve Eskişehir Osmangazi Üniversitesi Tıp Fakültesinin etik izin komitelerinden gerekli izinler alındı.

3.5.4. Görüşme Prosedürü

Seçim kriterlerine uygun olan katılımcılar, kurumdaki terapist ve psikiyatristlerin yönlendirmesi ile belirlendi. Görüşme randevuları verildi ve görüşmede belirtilen semptomları gösterdiklerine dair kendilerinin açık onamları, katılım onam formları ile birlikte alındı. Görüşmeler sabit biçimde kurulmadı (sayı ve zamanlama açısından); çünkü her katılımcının öznelliği göz önünde bulunduruldu ve yarı yapılandırılmış bir veya iki görüşmenin olacağı belirtildi. Araştırma grubu ile birlikte oluşturulmuş temel araştırma soruları vardı. Bunlar etrafında kişilerin serbestçe konuşmaları teşvik edildi. Görüşmeler yaklaşık olarak 1 saat civarında sürdü ve kayıt altına alındı. Her görüşmeden sonra yazıya döküm süreci başlatıldı. Toplamda 6 katılımcı ile 7 görüşme yapıldı ve 420 dakikalık kayıt dinlenerek yazıya döküldü.

3.5.5. Çalışmanın Güvenirliği

Nitel araştırmalarda çalışmanın güvenirliği öznellik ve refleksivite olarak tanımlanmaktadır (Morrow, 2005). Bahsedildiği üzere nitel araştırma gerçekliği sosyal inşacı bir epistemoloji ile ele alır ve araştırmacının öznelliğinin muhakkak işin içinde olduğunu varsayar. Nitel araştırmalarda öznellik ve refleksivite veriyi zenginleştirmede kullanılır (Fischer, 2009; Sarı ve Gençöz, 2015). Kendiliğinin çalışmaya etkisini incelemeyi önemli bir araç olarak kullanır.

Refleksivite araştırmacının kendi geçmişinin, kişisel deneyimlerinin ve varsayımlarının çalışmaya etkisini fark etmesi olarak tanımlanır (Gearing, 2004). Her bir basamakta kendisinin etkilerinin farkına varıp belirlemesi önemlidir (Fischer, 2009).

Bu kısımda araştırmacı olarak kendi konumlanmamı ve deneyimlerimi ele almaya çalıştım. Ben ODTÜ Klinik Psikoloji Programı'nda öğrenim gören bir kadınım. Son dört yıldır Lacanyen Psikanalizi üzerine çalışmaktayım ve eğitim analizindeyim. Öznellik, psikanaliz ve söylem yaklaşımları ile ilgileniyorum. Ayrıca özellikle kişilerin yasa ile ilişkilenmelerini inceliyorum. Bu ilgi benim deneyimlerimle de paralel gidiyor. Ben bazı kişilerin kuralları göz ardı ederken bazılarının da buna sıkı sıkıya bağlı olduklarını ya da benimsediklerini fark ettim. Bu farkındalığı yaşadığım ve büyüdüğüm şehir olan Antalya'da gözlemledim. Antalya turizmin başkenti olarak kendine özgü bir kültürü ve atmosferi olan bir şehir olarak tanımlanabilir. Çok kültürü yapısının yanı sıra, kişilerin yasayla, kültürle ve geleneklerle ilişkilenmesinin yaz ve kış arasında değiştiği bir iklime sahip. Kişilerin düzen ve sistemleri her 6 aylık sezonda değişmekte. Ben de yıllar içinde birçok değişiklik yaşadım ve bu kültürel yapılanışın düzen ve ilişkilenmelerimde önemli etkilerinin olduğunu düşündüm. Bu kişisel deneyimimin yanı sıra, klinik psikolog olarak eğitim ve uygulama deneyimlerimde de bazı danışanların kurallara sıkı biçimde uymaya yönelik şikayetleriyle karşılaştım. Diğer yandan bu ilişkiyi ters yönden madde kullanımı konusu üzerinden de inceledim. Özetle, benim öznellik, bilinçdışı, dil ve özellikle kişilerin Başka ve yasa ile ilişkilenmeleri konusunda kişisel merakım bulunmakta. Bu kişisel deneyimlerimin bu konuyu, metodolojiyi ve soruları seçmeye beni yönelttiğini düşünmekteyim.

Bu çalışma sürecini inceleyecek olursam, çalışma boyunca farklı birçok kişi ile tanıştığımı belirtmekle başlayabilirim. Çalışmayı etkileyen birkaç durumu not ettim. İlk görüşmeyi yürüttüğüm kişi kliniğe terapi talebiyle başvurmuştu. Bu çalışmaya katılmasını teklif ettiğimizde, katılmayı onayladı. Ancak görüşmede,

çalışma konusundan çıkıp sıklıkla bana terapi içeriği biçiminde sorular sordu ve talepte bulundu. Bu görüşmede düşündüğüm, kişinin araştırma görüşmesi ile terapi görüşmesini ayrıştırmada bir karışıklık yaşama eğiliminde olduğuydu. Bu düşünceyle diğer kişilerin de bu talepte olabileceğini varsaydığımı sonradan fark ettim. Bu varsayımıma ve inançlarıma göre, bekleme listeleri çok uzundu ve kişiler şikayetlerini anlattığında ardından devam etmeyi isteyecekleridi ya da terapi talebinde bulunacaklardı. Ayrıca, hastaneye gelen kişiler çok kısa süreliğine ve ayda bir kez oraya geliyorlardı. Bu varsayımlarımın benim sonraki görüşmeleri tek görüşmede bitirme eğilimi oluşturmamı etkilediğini düşünüyorum.

4. Analiz

4.1. Birinci Seviye Analiz Bulguları

Her bir görüşme kaydı öncelikle belirlenen odak noktalarına göre analiz edilmiş ve analizler odak noktaları altında verilmiştir.

4.1.1. Gösterenler, Metaforlar ve Tekrar Eden

Bu ilk odak noktasında her bireye özgü olarak 6 temel gösteren, metafor ve tekrar olduğu görülmüş ve aşağıdaki temalar not edilmiştir.

- Allaha Küfretmek, Küfrün Tekrarı
- ‘Habis’ Düşünceler ve Dil Isırma/Konuşmama
- Hasta Olma Şüphesi
- Kontrol ve Düzen Üzerine Endişeler
- Tekrarlı Temizlik ve Kirlenme Korkusu
- Virüs Bulaşacağı Korkusu, Çok Sık/Uzun El Yıkama

4.1.2. Sapma Noktaları ve Konuşulmayan

İkinci analiz noktasında "dilde yok olan" ve "dilde vurgulanan" olarak iki tema belirlenmiş ve bunların altındaki alt temalar aşağıdaki gibi not edilmiştir.

- Dilde Yok Olan
    - Sevginin Yokluğu
    - Görme Engelinin Yokluğuna Karşın Görme ile ilgili ifadelerin sık kullanımı
    - Terk edilen, eksik olan
- Dilde Vurgulanan
    - Kimlik Gizliliği
    - Hasta Olan Olma
    - Kendi Haklılığı

4.1.3. Başka ve Bilgi ile İlişkilenme

Bu analiz noktasında Başka ve Bilgi ile ilişkilenme dört temel tema altında not edilmiştir.

- Başka'ya Yöneltilen Sorular
- Bilgiye ve Güce Sahip Olduğu Varsayılan
    - Allah, doktor ve din hocası
    - Ataerkil kültürde erkek ve büyük olan
- Başka'yı Suçlama
- Başka'yı Reddetme

4.1.4. Klinik Yapılanma

Dördüncü analiz odağında kişilerin Lacan'ın belirttiği klinik yapısal modelde hangi yapılanmada olabileceği konumlanmaları aracılığıyla incelenmiş, histerik ve obsesif yapılanmalar dikkat çekmiştir.

- Obsesif yapılanma
- Histerik yapılanma

4.1.5. Görüşmedeki Anlaşmazlık Noktaları

- Durma – Devam Etme Noktası
- Görüşmeci-Katılımcı Pozisyonlarında Karışıklık
    - Görüşmeyi yönlendirme girişimi
    - Görüşmeci-doktor konumu
- İfade Farklılıkları
- Kardeşin büyüyüp büyümediği konusunda
- Semptomun işlevi üzerine
- Abi-kardeş ifadelerinde

4.2. İkinci Seviye Analiz Bulguları

4.2.1. Obsesyon Nevrozuna İlişkin Temel Özellikler

İkinci seviye analiz olarak kişilerin söylemleri üzerinden obsesyon nevrozunun temel özellikleri 'özgün semptom, semptomun tekrarı ve kaygının varlığı', 'Başka'yı düşleminde reddetme', 'arzunun bastırılması ve imkansızlığı' ve 'erkeksi cinsiyetlenme' olarak belirlendi.

4.2.1.1. Özgün Semptom, Semptomun Tekrarı ve Kaygının Varlığı

Bütün katılımcılar obsesif kompülsif bozukluk tanısı altında sınıflanmış olmasına rağmen, bu Özne-odaklı analiz kişilerin her birinin birbirinden farklı semptomlarda ve kurulumda olduğunu göstermiştir. Benzer biçimde temizlik takıntısı olduğu belirtilen iki kişinin dahi semptomlarının biricikliği dikkat çekicidir. Eğer benzer olarak görülecek bir şey varsa, hepsinde bir tekrarın ve kaygının var olduğu söylenebilir.

4.2.1.2. Başka'yı Düşleminde Reddetme

6 kişi içinde, Kadir ve Fatma'nın diğer dört kişiden (Hayal, Şule, Gözde, Başak) farklı bir konumlanma ve yapıda olduğu düşünülmüştür. Buna göre, Kadir ve Fatma Başka'yı reddederken, diğerleri Başka'yı (Allah, doktor, din hocası) bilen konumuna oturtmaktadır. Kadir ve Fatma'nın obsesyon yapılanmasında olarak Başka'yı reddetmeleri ancak düşlemlerinde gerçekleşir görünmektedir. Şöyle ki kişilerin açıktan bir reddetme eylemleri bulunmamakta, aksine bunu düşler konumdan söz etmektedirler. Örneğin; Kadir Bey'in ilk düzey analizleri incelendiğinde babasını bilen ve otoritenin ve gücün sahibi olan konuma oturttuğu görülmektedir. Öyle ki Kadir Bey '*hakim o, savcı o, mübaşir o, mahkeme bile onun mahkemesi sözleri'* ile bunu göstermektedir. Ancak Kadir Bey diğer yandan babasının gücün sahibi olduğu konumunu düşürmektedir. *'Sakal şov', 'hacı-hoca geçinip hiç oraları olmayan tip'* ifadelerini gülerek anlatışı reddedişi düşündürmektedir. Kadir Bey bu kızgınlık ve küçümsemenin aksine babasına herhangi bir eylem, ifadede bulunmamaktadır. Kardeşinin bir gün babasının kafasına sandalye geçirdiği olayı gülerek anlatan Kadir Bey, kendisinin asla babasına el kaldırmadığını ama kardeşinin yaptığına da sevindiğini çünkü onun hak ettiğini belirtmektedir. Kadir Bey'in habis düşünceleri ile hapis korkusu ve ağzını kapatma eylemi, babasına yönelik olumsuz düşüncelerinin dışa çıkması temelinde kuruluyor görünmektedir. Özetle Kadir Bey örneğinde belirtildiği üzere obsesyon nevrozunda Başka'yı reddetme ancak düşlem içerisinde yer ediyor olarak not edilmiştir.

4.2.1.3. Arzunun Bastırılması ve İmkansızlığı

Tüm nevrozların bastırma mekanizması ile işlediği bilinmektedir. Arzunun bastırılması incelenen analizlerde de belirli gösterenler aracılığıyla bir başlangıç olarak görülmüştür. Obsesyon Nevrozuna ilişkin kapatılan arzu yer değiştirilmiş ve imkansız bir ulaşım durumunda bırakılmış olarak not edilmiştir.

4.2.1.4. Erkeksi Cinsiyetlenme

Altı katılımcı arasından biyolojik cinsiyet olarak bir erkek ve bir kadının obsesyon nevrozunda olabileceği belirlenmiştir. Ancak bir istisna not edilmiştir. Fatma Hanım'ın erkeksi bir konumlanmada bulunduğu düşünülmektedir. Dış görünümü erkek gibi olan Fatma Hanım, aynı zamanda herhangi bir arzudan ve talepten konuşmamaktadır. Ablaları gibi bir şey bilmediğini, bir şey istemediğini, eğlenmeyi bilmediğini belirten Fatma Hanım, diğer histerik yapılanmadaki kadın katılımcıların konumlanışından oldukça farklı görünmektedir. Bu durumda obsesyon nevrozunun erkeksi cinsiyetlenmeyle ilişkili olabileceği not edilmiş bu durum tartışma kısmında incelenmiştir.

4.2.2. Mental Durum ve Obsesyon Nevrozuna İlişkin Kişilerin Konuşmalarında Yer Eden Baskın Söylemler

Parker'ın tanımına göre söylem, dünya ve kendilik hakkında toplum içinde dolaşan baskın imajların, insanın konuşmasını nasıl organize ettiğinin analizidir. Biz bunu yer çekimine benzetebiliriz; onu, ancak etkisinden fark ederiz. Bu analizde de kişilerin konuşmalarında mental durumlara ve obsesyon nevrozuna ilişkin baskın söylemleri analiz edilmiştir. Buna göre üç söylem not edildi: Dini Söylem, Tıbbileştirme Söylemi ve Travmatik Yaşam Olayları Söylemi. Aşağıda bazı örnek ifadelerle belirtilmiş olan bu söylemler tartışma kısmında ele alınmıştır.

- Dini Söylem > *"Hastalığın Günahı Olmaz", "Allahtan Gelen", "Yaradılış", "Fıtrat"*
- Tıbbileştirme Söylemi > *"Hastalık", "OKB", "Otomatik Düşünce", "Ritüel"*
- Travmatik Yaşam Olayları Söylemi > *"Stresten Yüzünden", "Çocukluk Travmaları"*

5. Tartışma

5.1. Tanı Tartışması

5.1.1. Öznellik

Daha önce söz edildiği üzere, araştırmaya katılan kişiler bir medikal sistem içinde obsesif-kompülsif bozukluk tanısı altında değerlendirilmiş olsalar da her birinin temel gösterenleri, tekrar ettikleri ve metaforları birbirinden farklı semptomlar olarak görülmüştür. Bu *öznellik* meselesi tartışmalı bir konu olarak yer etmektedir. Kendilik (self) ana akım psikolojide sabit, tutarlı bir bütünlük olarak hala tanımlanmaktayken diğer yandan kimi araştırmacılar bunu eleştirerek 'öznellik' terimini kullanmayı seçmektedir. Buna göre, öznellik duruma bağlı olarak kurulan, çeşitli, bir ideoloji ve güçle şekillenen bir yapılanmadadır (Avdi & Georgaca, 2018). Lacan da öznellik üzerine klinik bir yaklaşım öne sürmüştür. Bilinç ve bilinçdışı dil aracılığıyla yapılanmıştır ve özne ikisi arasında bölünmüştür (Lacan, 1953/1954). Bireyin öznelliği, gösterenler arasında bir boşluğun/deliğin etrafında kurulmaktadır (Fink, 1996). Yüzeyde daha kolayca görülebilen semptomlar kişinin kendi yapılanması içerisinde ele alınmalıdır (Dor, 1998). Ancak bu bilinçdışının öyle derinlerde olduğu anlamına gelmez, bilinçdışı yalnızca dilin dışındadır ve gösterenler onu temsil eder (Dor, 1998). Bu nedenle semptomlar öznellik zincirinde birer gösteren olarak ele alınmalıdır. Ancak tanılama sistemlerinde öznelliğe yer vermek yerine bu durum kapatılmaktadır. Bu tür bir yaklaşımda öznelliğin kapatılması meselesinin yanı sıra, semptomun zevk ve arzunun kaynağında bir işlevi olması konusu da kaçırılmaktadır. Eksiklik, yer değiştirmenin temel şartıdır. Ancak eksiklik ve yer değiştirme aracılığıyla yansıtmalar yapılabilir. Verhaeghe'nin (2008) Mercedes çalma semptomuyla getirilen vakası örnek verilebilir. Kültürel ve tarihi deneyimler öznel tarzların kurulumunda önemli rol almaktadır.

Sonuç olarak, tanılama modelinde semptomlar sabit bir anlama göre değerlendirilirken, Lacanyen yaklaşımda bu sabit anlam ilişkisi kurulmaz. Bu detaylı çalışma/inceleme kişilerin semptomların birbirinden oldukça farklı olduğunu göstermiştir. Klinik alanda çalışırken, semptomların öznenin mental durumunu değerlendirmede tek kriter olamayacağını ve öznelliğin dikkate alınması gereken bir konu olduğunu düşünmekteyim.

5.1.2. Gösterenlerin Tekrarı ve Kaygı

Belirtildiği üzere bu analizde, kişilerin ilişkilerinin, konumlanmalarının, arzularının ve yapılarının eşsiz/kendine özgü olduğu not edilmiştir. Ancak eğer bir genel benzerlik durumuna bakacak olursak, katılımcıların tamamında bir tekrarın ve kaygının var olduğunu söyleyebiliriz. Diğer bir ifadeyle, katılımcılarda benzer olarak görülen iki durum tekrarın ve kaygının varlığıdır. Bu nedenle iki durum incelenmiştir.

Tekrar (repetititon) Lacan tarafından "Gösterenlerin Israrı" (insistence of signifiers) olarak kullanılmıştır. Lacan'a göre, bazı gösterenler Özne'nin hayatında görünmekte ısrar etmektedir, ancak tekrar basitçe aynı şeyin aynı biçimde olması değildir, her tekrarda 'yeni' bir şey eklemlenir (Lacan, 1964/1998, s. 68; Parker, 2015a, s. 244). Obsesyon nevrozunda da eğer temel mekanizma bastırma ve yer değiştirme olarak kabul edilirse, kişilerin durumların anlamını değiştirmeye çalıştıkları söylenebilir. Daha açık bir ifadeyle, obsesif kişi temel meselesini anlamsız (kendi kurulumunda bir anlamı elbette bulunur) bir konuyla (küfür, ocak kontrolü, sayı tekrarı) yer değiştirmiş görünmektedir. Böylece her bir tekrarda Özne'nin temel meseleyle arasındaki mesafenin arttığı görülebilir.

Kaygıyı incelediğimizde, Freud tarafından objesi olmayan nesne olarak tanımlandığı görülmektedir. Ancak Lacan, kaygının da bir objesi olduğunu ancak bunun korku objesi gibi bilindik bir obje olmadığını, arzu nesnesine işaret eden

obje a ile ilişkili olduğunu belirtmektedir (Lacan, 1962/2014, ss.131-133). Lacan kaygıyı kısmi dürtüler ve arzu ile ilişkili olan belirli bir gösterene yaklaşıldığında bir sinyal olarak devreye girdiğini vurgulamaktadır (Lacan, 1962/2014). Histerik kişi için, kaygı Başka'nın arzusunun tatmin edilmemesi ile ilişkiliyken, obsesif kişi için Başkayı fazlaca tatmin etme ve yok olma ile ilişkilidir. Bu çalışmada da kişilerin kaygı duygularının ve tekrar eden semptomlarının onların Başka ve arzuları ile ilişkisi içinde ele alınması gereği ön plana çıkmıştır.

5.1.3. Başka'ya göre Konumlanma, Nevrotik Sorgulama ve Cinsiyetlenme

Bu çalışmada iki kişinin obsesyon nevrozu yapısında, dört kişinin ise histeri nevrozu yapısında olduğu düşünülmüştür. Bu nedenle histeri ve obsesyon nevrozları konumlanma, sorgulama ve cinsiyetlenme konularında tartışılmıştır.

Lacan'a göre, kişilerin yapılanmaları Başka'yla ilişkilenme ve pozisyonlarına göre farklılaşmaktadır. Bu çalışmada Kadir ve Fatma'nın Başka'yı reddeden bir biçimde konumlanırken, Hayal, Şule, Gözde ve Başak'ın Başka'yı bilen olarak varsayan ve suçlayan konumda oldukları görülmüştür. Obsesyon nevrozu yapılanmasındaki kişiler Başka'yı düşlemlerinde reddederken, histerik yapılanmadaki kişiler Allah, doktor ve din adamını bilen özne pozisyonuna yerleştirmiş ve soru soran, bilgi talep eden veya suçlayan bir ilişkilenmede olmuşlardır. Lacan'a göre obsesyon nevrozunun temel sorusu varlık sorusu iken (existential being), histeri nevrozunun temel sorusu cinsiyetlenme sorusudur (sexual being). Bu çalışmada da Kadir Bey ağzını kapatıp arzularını dışarıya çıkarmamaya çalışarak ve diğer yandan düşlemlerinde Başka'yı öldürerek bir varlık sorunsalı içinde durmaktadır. Fatma Hanım ise, öğretmeninin kendisine mikrop diye seslenişini temizlik yaparak yok etmeye çalışan bir sorgulama içinde görünmektedir. Diğer yandan histerik yapılanmada olduğu düşünülen kişilerin cinsiyetlenme ve Başka'nın arzusunun ne olduğunu belirleme ile ilgili sorgulamalar yaptığı görülmüştür. Örneğin Hayal Hanım, yakın ilişki kurduğu kişi tarafından arzulanıp arzulanmadığını sorgularken,

Şule Hanım bazen karşı cins bazen de aynı cins ile birlikte olma denemeleri yaptığından söz etmekte ve konumlanmasını değerlendirmektedir.

Cinsiyet ve cinsiyetlenme konusunun nevrotik yapılanmada önemli olduğu görülmüştür. Daha önce bahsedildiği üzere, erkekler kadınlara oranla çalışmaya katılmaya ve kendilerini anlatmaya daha az istekli olmuşlarken, çağrı yapılan kadınların tamamı görüşmeye katılmıştır. Kabul eden erkek katılımcılardan birçoğu ise ayarlanan randevularına gelmemiştir. Bu cinsiyet farkı önemli görünmektedir. Analiz sonuçları incelendiğinde ise, kadınların dördü histerik yapılanmada olarak değerlendirilirken, yalnızca bir kadın ve bir erkek katılımcı obsesyon nevrozunda olarak belirlenmiştir. Obsesyon nevrozunda olduğu düşünülen Fatma Hanım'ın ise erkeksi bir konumlanmada olduğu not edilmiştir. Freud ve Lacan'ın obsesyon nevrozundan söz ederken erkek işaret zamirini (he), histeriden bahsederken kadın işaret zamirini (she) kullanmaları dikkat çekmektedir. Hatta Lacan bir sözünde "şimdi hanımları bir tarafa bırakıyor ve obsesif stratejide olan erkeksi konumlanmaya geçiyorum" diyordur (Lacan, 2006, s. 378). Ancak Lacan'ın biyolojik bir cinsiyetten söz etmediği, bir cinsiyetlenme (konumlanma) olarak söz ettiği aşikardır (Lacan, 1964/1998, s. 379). Çünkü Lacan cinsiyetlenmenin kültürel bir konumlanma olduğunu vurgular. Sonraki çalışmalarda da kadın obsesyon nevrozuna ilişkin tartışmalar yürütülmüştür (Gagua ve Atmaca, 2017; Gherovici ve Webster, 2014; Miller, 2005; Soler, 2006; Strauss, 2014). Buna göre cinsiyetlenme konusu bir konumlanma olarak düşünülmelidir (kadınsı, erkeksi – feminine, masculine), biyolojik bir mesele olarak değil (kadın-erkek, man-woman). Bu çalışmadaki bulgular da benzer duruma işaret etmiştir. Obsesyon nevrozu erkeksi bir cinsiyetlenme ile ilişkili görünürken, histeri kadınsı bir suçlama ve talep olarak görülmektedir.

5.2. Baskın Söylemlere İlişkin Tartışma

Çalışma sonuçlarını incelemeden önce kültürel ve toplumsal bir değerlendirme yapılacaktır. Obsesyon ve kompülsiyonların genel olarak toplumda tek bir kültürel imajının olmadığı söylenebilir. Bu değişen tanımlamalar içinde, obsesif bir tarzın günümüz toplumunda pekiştirildiğini düşünmekteyim. Üretkenlik, mükemmeliyetçilik, tutumluluk, detaylara dikkat etmek ya da ahlaki karakter okul, iş ve aile yaşamında oldukça değerli görülmektedir. Öyle ki eğitim sitemimizde de bu özellikler öğrenciden beklenmekte, eksikliğinde uyum bozukluklarından söz edilmektedir. Futrell (2014) bu özelliklerin modern terapilerde de beklendiğini belirtmektedir. Terapiler zaman sınırlı, tanımlanmış ve başarısı belirli kriterlerin sağlanması ile kodlanmıştır. Terapi kişinin kendisini daha iyi yönetebilmesi, düzenleyebilmesi olarak görülmeye başlanmıştır. Ancak bu durum için Futrell toplumda Lacan'ın eksiğine (lack) yer olmadığını ve hepimizin eksiğimizi reddederek obsesif bir karakterle teşvik edildiğimizi vurgulamaktadır. Eğer bu özellikler biraz fazla kaçarsa da obsesif bozukluk olarak tanılanmaktadır. Yani toplumumuzda normal görülen bir mükemmeliyetçilik ile patolojik görülen obsesyon arasında bir çatışma hali vardır.

Bu değerlendirmeler ışığında, çalışma bulguları incelendiğinde kişilerin kullandığı üç tür söylemin (dini söylem, tıbbileştirme söylemi ve travmatik yaşam olayları söylemi) hepsinde, yaşadıkları olayları dışa atfetme/dışsallaştırma eğiliminde oldukları söylenebilir. Daha açıkça, kişiler Allaha, yaradılışa, doktora ya da tarvamatik yaşam olayına bu durumu yüklüyor görünmektedirler. Bu durumun 'eksik'liğin bir reddi olarak düşünülmüştür.

Bazı kişilerin baskın olarak dini bir söylem kullandıkları görülmüştür. Mental problemleri açıklamada 'hastalığın günahı olmaz', 'Allahtan gelen' 'fıtrat' gibi ifadelerinde görüldüğü üzere, kişiler Başka ve bilgi ile ilişkilenmelerini dile getirmişlerdir. Bu durumu incelediğimizde, Türkiye'de çoğu kişinin müslüman

olduğu yazılı olsa da, dini pratikleri uygulama açısından heterojen bir toplum olduğumuz söylenebilir (Çarkoğlu, & Toprak, 2000). Diğer bir ifadeyle, dine inanma, pratiğe dökme ve tanımlama meseleleri birbirinden farklılaşmaktadır. Ancak diğer yandan Türkçe iletişimin içinde bu farklılıkları kapatacak şekilde bir ortaklıkta dini ifadeler yer etmektedir. Örneğin 'inşallah', 'nasip ','kısmet', 'kader', 'hayırlısı' kelimeleri çok sık şekilde kullanılmaktadır. Yani, iletişimde dine ve bir Başka'nın gücüne çağrı ve atıf sıklıkla yer etmektedir. Bu açıdan kişilerin mental durumlara ilişkin açıklamalarının bu yerleşik olarak kullanılan dini söylemden gelmiş olduğu düşünülmektedir. Bu atfı daha detaylı incelediğimizde, problemin Allah tarafından kişiye verildiği, layık/uygun görüldüğü, sorgulanamayacağı, sitem edilmeyeceğine ilişkin varsayımlar bulunduğu görülebilir. Kişiler bunu Allah'a atfettiklerinde sorumluluklarından, kişisel rollerinden ve suçluluklarından kurtulmuş olmaktadırlar. Bu durumun İslam dininden geldiği düşünülmektedir. İslami inanışa göre, mental olarak rahatsız olanların (meczup veya deli) dinde sorumluluğu bulunmaz, dini gerekliliklerden men sayılabilirler. Dolayısıyla kişilerin kullandığı hastalığın günahı olmaz söylemi, psikolojik meselelerini Allah'a atfederek sorumluluktan kurtulma ve suçluluğun azaltılması ile ilişkili olduğu ve bu ilişkinin dini ve kültürel yapılanmadan gelmiş olabileceği düşünülmektedir.

Birçok kişi yaşadıkları psikolojik durumu hastalık olarak tanımlarken, bir kısmı bu duruma özellikle herhangi bir hastalık, tanı, bozukluk dememeyi seçmiş, durumlarını travmatik yaşam olaylarına bağlamışlardır. Travmatik yaşam olayları söylemini kullanan kişilerin, özellikle hastalık dememeleri durumu düşünüldüğünde, kendilerindeki biyolojik bir eksikliği işaret etmekte daha az istekli oldukları söylenebilir. Bu durumu biyolojik bir bozukluk veya eksiklik yerine, dışarının sebep olduğu bir travmatik yaşam olayı, çocukluk travmaları veya aile problemleri ile açıklama eğiliminde olmuşlardır.

Diğer yandan durumlarını '*hastalık*' olarak tanımlama eğiliminde olan kişilerin, bir uzman gibi ve serviste konuşulan bir söylemi benimsedikleri dikkat çekmiştir. *İlaç takibi, önemsiz düşünce, otomatik düşünce, ritüel, alevleneme* gibi ifadeler hastane servisinde uzmanların konuştukları bir dile işaret etmektedir. Bu nedenle kişilerin 'tıbbileştirme söylemi'ni kullandıkları not edilmiştir. Bu söylem birkaç çalışmanın belirli kısımlarında da rapor edilmiştir (Bilić ve Georgaca, 2007; Burn ve Gavey, 2004; Lafrance, 2007; Messari ve Hallam, 2003; Stevens ve Harper, 2007). Bu çalışmalara göre 'hastalık' veya 'tanı' kelimelerini kullanmak, kişilerin yaşadığı bu belirsiz durumların tanınmasını ve böylece beraberinde bir rahatlamayı getirmektedir. Psikolojik meseleye bir isim vermek, yaşadıkları durumu gerçek bir objeye, konuya dönüştürmektedir (Bilić ve Georgaca, 2007; Griffiths, 2001). Kişiler parametrelerin dışında düştüğünde asıl ikinci kere travmatize olmaktadırlar. Bu çalışmada da Fatma Hanım, hastalığına ilişkin tanınma ve rahatlamayı şu şekilde ifade etmiştir: 'ben on yıldır bu rahatsızlığı çekiyorum, babam ancak geçen sene vakıf oldu durumuma, OKB bu, bu bir hastalık, ancak anlayış göstermeye başladılar'.

5.3. Klinik Öneriler, Gelecek Çalışma Önerileri ve Son Değerlendirme

Bu çalışmanın tanılama, kültürel ve tarihi değerlendirme ve klinik öneriler açısından alana ve araştırmalara önemli katkılarının olduğu düşünülmüştür. Çalışma öncelikle metal durumların ve anormal davranışın tanımlanması, değerlendirilmesi ve ele alınmasına yönelik tarihi bir gözden geçirme ortaya koymuş, ardından obsesyon nevrozuna ilişkin bir teorik inceleme sunmuştur. Çalışma bulguları, obsesyon nevrozunun, kişiler aynı tanıyı almış olsalar da, klinikte özgün yapılanması içerisinde değerlendirilmesinin önemini ortaya koymuştur. Kişiler aynı tanıyı almış olsalar dahi, semptomlarının, konumlanmalarının ve ilişkilenmelerinin oldukça farklı oldukları görülmüştür. Obsesif semptomlarla görünen bir kişinin histerik bir yapılanma içinde, talepte ve Başka ile ilişkilenmede farklı konumlanmada olması söz konusu olabilir.

Dolayısıyla yüzeyde görünen semptomların yapı içinde anlamı incelenmelidir. Ayrıca bu çalışma klinik uygulama için ayrı bir vurgu ortaya çıkarmıştır. Eğer klinikte amaç semptomları azaltmak ise, başarılı bir tedavi semptomun rahatlatılması/azaltılması olarak tanımlanabilir. Ancak kişinin yapılanışına ve semptomun işlevine odaklanan bir analist, semptomun yapıdaki ilişkisini, kişinin nereden ve kime konuştuğunu inceleyerek çalışacaktır. Söylemin farkında olan terapist/analist basitçe ileten iletilen biçimindeki bir konuşma diyaloğundan daha öte olan, kompleks bir ilişkilenmeyi dinleyecek ve semptomun düşmesinden ziyade işlevine odaklanacaktır. Lacanyen psikanalizde amaç, egoyu güçlendirmek veya semptomu hafifletmek yerine, Özne'nin kendi gerçekliğinde kurulumunun izini sürmesine aracılık etmektir. Klinik deneyimlerimden de yola çıkarak obsesyon nevrozunda bir yapılanma ile çalışacak kişinin öncelikle kişinin histerik bir konuma, yani talepten konuşmasına çekilmesini başlatmak üzerine çalışılması gerekiğinin önemli olduğunu belirtebilirim. Fink bu konuda obsesif kişilerin Başka'yı reddeden bir yapılanmada olmaları nedeniyle terapiye çok az başvurduklarını dile getirmektedir. Çünkü terapi bir nevi yardımın Başka'dan talep edilmesi olarak görülebilir. Ancak obsesif kişi bu konumu reddetme eğilimindedir. Eğer bir obsesif terapiye başvurmuşsa, Fink onun düzeninde bir sarsılma olduğundan söz eder. Böyle bir biçimde gelen kişi, genelde kendi sisteminden konuşarak, terapisti ölü pozisyonuna itme çabalarında olacaktır. Dolayısıyla obsesif bir kişi ile terapinin sürecinin histerik yapılanmadaki bir kişinin taleple ve suçlamayla gelen konumlanışından dolayı farklı olacağı bilinmelidir. Obsesif kişide bu nedenle öncelikle talebin oluşturulması, konuşmanın ve kendine dair sorgulamanın başlatılması meselesi önemlidir. İleriki çalışmalarda erkeksi yapılanmadaki bir kişi ile yürütülen sürecin analizi, devam etme durma noktaları, terapiden düşme sıklıkları gibi konular üzerinde çalışılması önemli olacaktır.

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