

THE PERSPECTIVES OF PSYCHOTIC INDIVIDUALS ON
RELATIONSHIPS WITH THEIR PARENTS: A QUALITATIVE STUDY

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
THE DEPARTMENT OF PSYCHOLOGY

AUGUST 2023

Approval of the thesis:

**THE PERSPECTIVES OF PSYCHOTIC INDIVIDUALS ON
RELATIONSHIPS WITH THEIR PARENTS: A QUALITATIVE STUDY**

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ABSTRACT

THE PERSPECTIVES OF PSYCHOTIC INDIVIDUALS ON RELATIONSHIPS WITH THEIR PARENTS: A QUALITATIVE STUDY

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August 2023, 119 pages

The current study aims to explore the perspectives of psychotic individuals on their relationship with their parents, with a particular focus on their subjective comments. In line with the aim of the study, data were gathered through semi-structured interviews conducted with seven male participants who had received a diagnosis of schizophrenia. Thematic analysis was employed to analyze data collected from in-depth interviews. As a result of the thematic analysis conducted, five main themes have been revealed; (1) “It is like I don't have a relationship with my father.”, (2) emotionally overwhelming relationship with the mother, (3) claiming an identity, (4) a quarrelsome family environment, and (5) conflict around the romantic relationships. The results have been discussed within the framework of psychoanalytic theory, with a particular focus on the Lacanian perspective.

Keywords: Psychosis, Subjectivity, Identification, Lacanian Perspective

ÖZ

PSİKOTİK BİREYLERİN PERSPEKTİFİNDEN EBEVEYNLERİYLE OLAN İLİŞKİLERİ: NİTEL BİR ÇALIŞMA

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Ağustos 2023, 119 sayfa

Bu çalışma psikotik bireylerin ebeveynleriyle olan ilişkilerine dair bakış açılarını, bireylerin öznel yorumlarına odaklanarak incelemeyi amaçlamaktadır. Bu hedef doğrultusunda, çalışmanın verileri, şizofreni tanısı almış yedi erkek katılımcı ile yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Görüşmelerden elde edilen verilerin analizi için tematik analiz yöntemi kullanılmıştır. Yürütülen tematik analiz sonucunda beş ana tema belirlenmiştir: (1) “Babamla ilişkim yok gibi”, (2) anneye duygusal olarak bunaltıcı ilişki, (3) kimlik iddia etmek, (4) kavgacı bir aile ortamı ve (5) romantik ilişkiler etrafında dönen çatışmalar. Sonuçlar, psikanalitik teori çerçevesinde ve Lacanyen perspektife odaklanılarak tartışılmıştır.

Anahtar Kelimeler: Psikoz, Öznellik, Özdeşleşme, Lacanyen Perspektif

To madness

ACKNOWLEDGMENTS

First and foremost, I would like to express my gratitude to Prof. Dr. Tülin GENÇÖZ, who introduced me to Lacanian Psychoanalysis and enabled me to be on this journey. Without her lectures and support, it would not have been possible for me to chart such an academic path for myself. I am grateful to you for providing me with guidance during the thesis process and for providing me with the opportunity to study this subject. I would also like to extend a special thank you to Assist. Prof. Dr. Ayşen MARAŞ. I sincerely appreciate your guidance, support, and informative contributions throughout the thesis process. Without your guiding suggestions, informative directions, and motivating words, I would not have been able to accomplish this work. I am deeply grateful for your efforts and support.

Specially, I need to express my appreciation to Prof. Dr. Faruk GENÇÖZ. Thanks to his questions and comments, I could truly understand the significance of active listening. Being your student since my undergraduate years has been a valuable experience and opportunity for me. Your comments and critiques along the path towards becoming a therapist will always be with me.

I would also like to extend my gratitude to Assoc. Prof. Dr. Bahar ÖZ and Assist. Prof. Dr. Burcu Pınar BULUT for being part of my thesis committee and providing valuable insights. Your comments and feedback were a source of proud for me.

I would like to express my gratitude to the Ministry of Health and the Psychiatry Team at Ankara City Hospital for their support during the data collection process. Additionally, being a part of such a team as a psychologist during five years was a privilege for me. In particular, what I have learned from Prof. Dr. Erol GÖKA and Psychologist Dilek GIRBALAR significantly advanced me professionally and academically. Lastly, I would also like to extend a special thank you to Psychologist Gizem LORAZ. Working alongside you has been truly enjoyable for me.

I believe my groupmates have been a great blessing for me. Sezgi KURŞUN and Edacan KARAKAŞ, I cannot imagine how this journey would have progressed without your support. I am grateful you for being with me. The intersection of our paths through this program was luck for me. I would also like to extend my gratitude to Meltem YILMAZ. Having conversations with you about our anxieties was a pleasure for me. As the unique member of the “Merveler”, Merve TURAN deserves huge thanks. Knowing your presence is made me feel good. And of course, Demet İSLAMBAY YAPALI, as always, you were by my side whenever I needed. I cannot imagine an academic journey without you. Furthermore, I would like to thank all my supervisors and peers.

One of the most special thanks goes to my family. Thank you so much for your support. My greatest gratitude goes to my dear spouse Murat. Thank you very much for embracing all my anxieties. You were the one who encouraged me the most on this journey. You cannot even imagine the importance of your presence and support in my life.

Last but not the least, I extend my heartfelt thanks to all the participants for answering my questions and sharing their subjective feelings and experiences with me. Thank you very much for showing us that such a topic can also be studied.

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CHAPTER I

INTRODUCTION

“I wouldn’t exactly have chosen madness if there had been a choice, but once one has something like that one can’t catch it anymore”

Vincent van Gogh, 1889

*“His vision, from the constantly passing bars,
has grown so weary that it cannot hold
anything else. It seems to him there are
a thousand bars; and behind the bars, no world.”*

Rainer Maria Rilke, 1903

The aim of this thesis is to examine the perspectives of psychotic individuals regarding their relationship with their parents by focusing on their own subjective comments. In accordance with this purpose, this chapter presents a historical overview of psychosis and schizophrenia, followed by an explanation of the diagnostic and classification approach to psychosis and schizophrenia. After that, the psychoanalytic literature on psychosis and schizophrenia is reviewed. It is followed by a discussion of studies regarding the relationships between psychotic individuals and their families. The study’s purpose and research question are presented at the end of this section.

1.1. A Historical Overview of Psychosis

Throughout the history of humanity, psychosis has been the subject of fascination, curiosity, and even fear within the concept of madness and mental health. As a Greek word, psychosis means primarily “animation or principle of life” (Oxford Eng. Dic., 1989). According to etymological dictionaries, the roots of the term “psyche” go back to Psyche, the goddess of the soul in Greek mythology (Sommer, 2011). On the other hand, in modern terminology, the concept of psyche is translated as the mind (Beer, 1996). Due to the Greek suffix “-osis”, psychosis takes on the meaning of illness since

this suffix means “any illness of” (Beer, 1996; Sommer, 2011). As an example, the suffix “-osis” can also be found at the end of terms such as cirrhosis, nephrosis, silicosis, and tuberculosis, all of which indicate a medical condition (Farrell, 2018).

Mental illness was affected by the negative aspects of the Middle Ages, referred to as the Dark Ages in Europe. In medieval history, psychotic patients were viewed as murderers and seen as sorcerers under the influence of the devil (Kyziridis, 2005). Besides, psychotic individuals were isolated and exposed to torture and even burned alive (Gençtan, 1997; Kyziridis, 2005). While patients were treated humanely at the beginning of the era, mental illnesses gradually became associated with the devil, and exorcism methods were widely used (Öztürk & Uluşahin, 2011). It is thought that the majority of these patients who were said to be afflicted by the devil suffer from schizophrenia or other psychotic disorders (Öztürk & Uluşahin, 2011).

Psychosis became known around 1845 as a term in the literature and at the beginning, it represented a disease state that affected the person’s body and mind (Bürgy, 2008). The first person to bring the term psychosis to the literature was a German physician named Karl Friedrich Canstatt (Dattilo, 2017). In 1841, Canstatt used this term instead of the phrase “psychic neurosis” that was used for diseases originating from the nervous system in his book, *Handbuch der medicinischen Klinik* (Farrell, 2018). Besides, Canstatt also emphasized that psychosis is the mental complexion of brain disease (Farrell, 2018). In 1845, Ernst Von Feuchtersleben used psychosis as a synonym for psychopathy, which encompasses mental disorders that involved not only the mind but also the body (Beer, 1996; Dattilo, 2017). According to Von Feuchtersleben, psychosis involves a change in the entire personality and the interaction between physical and mental processes (Farrell, 2018). The etiology of psychosis was attributed by Von Feuchtersleben to a physical weakness in the brain and a state of mental sensitivity (Bürgy, 2008). While psychosis was defined at that time in a broad framework and on a neurological basis, it began to take on a more specific meaning at the end of the 19th century (Bürgy, 2008). Afterward, different subtypes and symptoms were defined by classification systems such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Statistical*

Classification of Diseases (ICD). At the same time, psychoanalytic theories have provided new perspectives on psychosis.

1.2. An Overview of Schizophrenia

As a specific type of psychosis, schizophrenia is characterized by the individual living in an idiosyncratic, self-enclosed world and moving away from interpersonal relationships and reality (Öztürk & Uluşahin, 2011). It is characterized by significant impairments in perception, thinking, and behavior (Öztürk & Uluşahin, 2011). It should be noted that the participants in this research are people diagnosed with schizophrenia, which includes a number of symptoms associated with psychosis. Therefore, the concept of schizophrenia is explained in more detail separately.

In the 1400s BC, some of the symptoms which are encountered today were described in detail in *the Atharva Veda*, the one of Indian Veda texts (Bhugra, 1992; Kyziridis, 2005). These texts describe people who walked around naked, lacked self-care and self-control, were confused, or were too busy with religion, thought that they were Gods, and feared being poisoned (Bhugra, 1992). In the 1000s BC, *The Yellow Emperor's Classic of Internal Medicine*, a Chinese text, explained some symptoms such as dementia, seizures, and insanity (Kyziridis, 2005). In this text, it was stated that psychotic behavior was caused by supernatural or demonic possession (Kyziridis, 2005). In the 400s BC, as an alternative to delirium, Hippocrates introduced the term *phrenitis* to describe mental abnormalities that were accompanied by poisoning, head trauma, or fever (Adamis et al., 2007; Soygür & Erkoç, 2021). By the way, mental illness was addressed as a medical condition with the term *phrenitis* (Adamis et al., 2007). As a matter of fact, behavioral symptoms were also mentioned in Greek mythology, and it can be said that the majority of the ancient Greek population was certainly aware of psychotic disorders (Adityanjee et al., 1999). Areteus, who lived in the Cappadocia region in the first century AD, and Soranus in the second century AD, described some schizophrenic reactions, in particular, paranoid reactions (Gençtan, 1997). A mental illness was first referred to as “delirium” in Roman times, with Cornelius Celsus using this term in his writings (Adamis et al., 2007).

The concept of psychosis and schizophrenia were recognized by Thomas Willis in the 17th century, and by Philippe Pinel in the 18th century, although classifications of the concepts occurred at the end of the 19th century (Gençtan, 1997). As knowledge about central nervous system diseases increased during the 17th century, some unexplained symptoms became associated with the brain (Eadie, 2003). Willis contributed to the concept of delirium and attributed mental disorders to neurological changes (Eadie, 2003; Adamis et al., 2007). As a separate disorder from melancholy, mania, and stupidity, destructive psychological dementia, which refers to the loss or deterioration of thinking abilities, was classified by Pinel (Kyzidiris, 2005; Kendler, 2020). Pinel (2008, as cited in Kendler, 2020) also claimed that “*mental illness can show countless varieties but many of these have particular similarities that seem to bring them together. This gives rise to special abstract terms embraced in the broader concept of mental illness of which they constitute distinct species*”. As well, at the beginning of the 18th century, John Haslam and George Man noticed, but could not classify, a condition characterized by endogenous nature, withdrawal, and a disorder of thought (Öztürk & Uluşahin, 2011). According to some, the condition may be referred to as schizophrenia (Öztürk & Uluşahin, 2011)

The study of schizophrenia began to focus primarily on language quirks during the mid-19th century, and clinical manifestations began to be identified (Buchanan & Carpenter, 2007). Schizophrenia was first named “démence précoce” in the text of *Études cliniques* by Benedict A. Morel in 1852 (Berrios, Luque, & Villagrán, 2003). Later, Morel described the cognitive impairment in a 14-year-old male patient in detail in his book *Traité des maladies mentales* and defined this condition with the term “démence Précoce” (Katzenelbogen, 1942 & Berrios, Luque & Villagrán, 2003). Although Hecker described hebephrenia in 1871 and Kahlbaum described catatonia in 1874, general approaches to incorporating the various symptoms did not emerge until the latter part of the 19th century (Katzenelbogen, 1942; Buchanan & Carpenter, 2007). Later, Emil Kraepelin, a German psychiatrist, gathered many psychotic conditions, including hebephrenia (disorganized state), paranoia, and catatonia, which had previously been diagnosed under different names, under the definition of “dementia praecox” (Berrios, Luque & Villagrán, 2003; Buchanan & Carpenter, 2007). Kraepelin drew attention to the “derailments” of speech and thought in these

patients (Beer, 1996). Kraepelin argues that this disorder is characterized by a complete destruction of consciousness, affect, and will, as well as showing a chronic course (Beer, 1996).

Schizophrenia was first introduced to the literature by Eugen Bleuler (Torous & Keshavan, 2014). In a 1908 conference to the German Psychiatric Association in Berlin, Bleuler emphasized that the disorder Kraepelin called “dementia praecox” was neither an early-onset disease nor dementia (Kuhn & Cahn, 2004). In place of the term dementia praecox, Bleuler suggested the term schizophrenia, a combination of the words “phren” meaning soul and mind, with the prefix “schizo-” meaning splitting or division in Latin (Kuhn & Cahn, 2004; Moskowitz & Heim, 2011). In 1911, he suggested that schizophrenia was not a single condition, but rather a group of syndromes, and he suggested renaming it “group of schizophrenias” (Katzenelbogen, 1942; Soygür & Erkoç, 2021). Bleuler stated that despite the differences in the nosology of schizophrenic syndromes, the four main characteristics of patients with schizophrenia are autism, ambivalence, dissolved association, and abnormal affectivity (Soygür & Erkoç, 2021). He also added that disorganized thought processes and split psychic functions were the most prominent symptom of this group (Kuhn & Cahn, 2004; Soygür & Erkoç, 2021).

Kraepelin was the first to classify psychiatric diseases into two major categories, namely dementia praecox and manic-depressive psychosis, based on their prognosis (Torous & Keshavan, 2014). Thus, the foundations of psychiatric classification were laid, as well as the classification of mental diseases (Torous & Keshavan, 2014). Afterward, schizophrenia became a recognized diagnosis in the literature and clinical practice, and in 1952, the DSM-I included “schizophrenic reactions” under the heading “disorders of the psychogenic origin or without clearly defined physical cause or structural changes in the brain” (Morrison, 1974). Later, Schneider (1959) introduced the *First Rank Symptoms* to diagnose schizophrenia, which includes *auditory hallucinations, thought broadcast, thought insertion, thought withdrawal, and delusional perception*. Therefore, by examining the historical definitions of psychosis and schizophrenia, it can be seen how today’s classifications such as DSM and ICD are derived.

1.3. Diagnosis and Classification Consideration of Psychosis

The biological approach characterizes psychosis by dysregulation of serotonin and dopamine, the neurotransmitters (McCutcheon, Reis-Marques & Howes, 2020). Also, psychosis is defined as abnormal functioning of the mesostriatal, frontal, and temporal brain regions (McCutcheon et al., 2020). A neurobiological model suggests that schizophrenia is a brain disorder characterized by delusions, hallucinations, disorganized behavior, negative symptoms, and impairments in social and occupational functioning (Ulaş, Taşlıca, & Alptekin, 2008). Since the second half of the 20th century, it has increasingly been accepted that schizophrenia is a brain disease similar to epilepsy (Ulaş et al., 2008). As of now, no single gene has been identified as causing psychosis and schizophrenia as diseases or disorders, but gene studies are still ongoing (Polat, 2010; McCutcheon et al., 2020). As psychosis and schizophrenia have been recognized as diseases or disorders, many diagnostic criteria have been developed to diagnose them. *Diagnostic and Statistical Manual of Mental Disorders-5* [DSM-5] and *International Statistical Classification of Diseases and Related Health Problems-10* [ICD-10] are widely used diagnostic systems in clinical practice today. according to DSM-5 (American Psychiatric Association [APA], 2013), schizophrenia is considered *the prototypical psychotic disorder* and is classified under the disorder class “Schizophrenia Spectrum and Other Psychotic Disorders”. In addition to being the most common psychotic disorder, schizophrenia includes the five main symptoms associated with psychosis (APA, 2013). A number of these symptoms are classified as “*hallucinations, delusions, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms*” (APA, 2013). There are also five additional diagnostic criteria for schizophrenia recommended by the DSM-5 classification system. One of the diagnostic criteria is the degradation of critical functional areas such as self-care or interpersonal relationships. The DSM-5 diagnostic system requires the presence of one or more of these symptoms for a certain period of time to diagnose schizophrenia. In addition, the person’s mental state should not be caused by factors such as substance effects or drug abuse. The individual may have a history of autism spectrum disorder or similar disorders that began in childhood. In this case, if the patient has been experiencing delusions or

hallucinations for at least one month, schizophrenia can become an additional diagnosis (APA, 2013).

In the ICD-10 classification (World Health Organization [WHO], 2016) schizophrenia is classified as “Schizophrenia, schizotypal and delusional disorders” under the heading “Mental and behavioral disorders”. In this cluster, there are diagnoses such as “*Paranoid schizophrenia, Hebephrenic schizophrenia, Catatonic schizophrenia, Undifferentiated schizophrenia, Post-schizophrenic depression, Residual schizophrenia, Simple schizophrenia, Other schizophrenia, and Schizophrenia, unspecified*” (WHO, 2016). In general, the diagnostic criteria of ICD-10 are similar to those of DSM-5. Schizophrenia is described as a mental condition that is characterized by disturbances of thought, perception, and blunted affect, as well as cognitive impairments, according to the ICD-10. A key element of the ICD-10 diagnosis is the idea that a person’s inner thoughts, feelings, and behaviors are known or shared by others. As well, delusions may develop, and nature or supernatural forces may be perceived as interfering with the patient's thoughts and actions (WHO, 2016). In the individual’s view, everything revolves around him. It has been reported that schizophrenia is characterized by a high incidence of auditory hallucinations, which may contain content that interprets the patient’s thoughts and behavior (WHO, 2016).

Considering the historical development of psychosis and schizophrenia, it is seen that the use of language and the quality of a person’s relationship with reality are significant characteristics. In addition, diagnostic manuals suggest that disorganized speech and disconnection from reality are diagnostic parameters for schizophrenia and psychosis. As these developments were taking place and diagnostic systems were being created, Freud also began his psychoanalytic studies. Freud introduced us to neurosis and psychosis in his studies and explained psychosis primarily in terms of its difference from neurosis in his writings. Furthermore, the psychoanalytic framework provided by Lacan provides very valuable information concerning the mechanism of psychotic formation, together with the movement of *Return to Freud*. Actually, in both Freudian and Lacanian understandings of psychosis, as well as symptom-oriented understandings, there are many points in common, such as delusions, hallucinations, and disorganized speech. However, psychoanalytic understandings of psychosis differ

from other approaches in that they view psychosis as a structure rather than a disease or disorder. Since the study is based on the ideas of Freud and Lacan, Freud's and Lacan's views on psychosis will be detailed in the following sections.

1.4. Psychoanalytical Perspective to Psychosis

In 1883, Freud encountered psychosis while working at the psychiatry clinic of psychiatrist Theodor Meynert in Vienna. This period is also when the study of anatomy and pathology increased, and psychosis did not attract Freud's attention yet (Roudinesco, 2016). Psychosis, however, was defined as “the unconscious reconstruction of a delirious reality” by Freud after he discovered *the psychoanalytic way of thinking* (Roudinesco, 2016). Later, in the course of his psychoanalysis studies, Lacan, who evaluated his psychoanalysis studies as the *Return to Freud* movement, worked on Freud's theory and defined three psychological structures, psychosis, perversity and neurosis, through the subject's relationship with the *Other*, who is the representative of language and law (Evans, 2006; Dor, 1999). As opposed to the conventional understanding of psychiatry which treats psychosis as a disorder, Lacan has positioned psychosis as a matter of language and meaning (Abrevaya, 2004). During the Psychosis seminar he conducted in 1955-1956, he stated that the delusion of the psychotic could be handled with a meaningful dimension in itself.

1.4.1. Freud's View on Psychosis

Freud made his most comprehensive comments on psychosis in the text *Psychoanalytische Bemerkungen über einen Autobiographisch Beschriebenen Fall von Paranoia (Dementia Paranoides) [Präsident Schreber]* (in English, ‘*Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides) [President Schreber]*’) even though he had written about psychotic states in his previous writings. Before writing this text, Freud (1907/1959) wrote the article, titled “Der Wahn und die Träume in W. Jensens ‘Gradiva’” (in English, ‘Delusion and Dream in Jensen's Gradiva’), which is also the first text he wrote in the field of psychoanalytic practice and is about Jensen's short novel *Gradiva* written in 1903. Jensen expressed the view that unconscious memories appear in the conscious as delusions and hallucinations and that these can be treated through dreams with a

foresight unique to artists (Güles-Kökek, 2022). As Freud read the book, he was influenced by the author's foresight and began working on it (Güles-Kökek, 2022). As a result of his investigations, Freud (1907/1959) describes many psychopathological phenomena such as delusions, denial of reality, and splitting of the self through Hanold, the main character in the book (Hurvich, 1970; Quinodoz, 2016). Although Freud identified Hanold's use of defenses such as denial of reality and fragmentation of the self, he identified them as psychotic defense mechanisms in 1924 and distinguished them from neurotic repression (Quinodoz, 2016; Tanık-Sivri, 2020).

In *The Interpretation of Dreams*, Freud (1900) articulates the primary and secondary processes that contribute to the understanding of the operation of both consciousness and unconsciousness. Freud believes that the child's censorship mechanism develops parallel to repression. He states that this censorship mechanism becomes blurred during sleep and the repressed one may appear as a dream. Nevertheless, since censorship has not entirely disappeared, suppressed things manifest themselves through mechanisms such as condensation and displacement (Quinodoz, 2016). A dream was not a thought experience for the individual, but rather a delusional means of satisfaction (Robbins, 2018). Freud (1900) described this phenomenon as “*a complete hallucinatory cathexis of the perceptual systems*”. This thinking process is referred to by Freud (1900) as the “*primary process*”. According to Freud, this thought system may be predominant in dreams, children's thoughts and plays, or psychotic symptoms. In his writings, Freud draws attention to the similarity between psychosis and dreams (Keser, 2005; Robbins, 2018). A state of withdrawal from the outside world is similar to a state of sleep. The psychic apparatus withdraws its connection from the outside world during sleep, turns inward, and creates an imaginary world by dreaming (Keser, 2005; Robbins, 2018). In a way, it is similar to a psychotic creating a new world with his hallucinations. Further, as long as conscious manifestations are dominant, there is resistance, or a filter, that prevents unpleasurable desires from becoming conscious. This filter is the “*secondary process*” (Freud, 1900). However, in psychosis, this process, which is based on the reality principle, is interrupted (Robbins, 2018).

1.4.1.1 President Schreber

Freud used Schreber's own writing *Denkwürdigkeiten eines Nervenkranken* (in English, 'Memories of My Nervous Illness') published in 1903 to analyze Schreber while handling the Schreber case. As a result of its rich content regarding the nature of paranoia, this book attracted the attention of many psychiatrists and Freud (Bilik, 2021). In 1911, Freud (1911/1959) first examined the phenomenon and its symptoms by focusing on their meaning, similar to neurotic phenomena, by using the text of a psychotic's memoirs, but he did not mention the concept of psychosis.

There have been three known episodes in the life of Schreber. A detailed analysis of the first two episodes can be found in Schreber's book as well as Freud's case history. His first episode occurred in the fall of 1884 and by the end of 1885, he had completely recovered. During this period, Schreber was discharged from Flechsig's clinic after spending six months there (Niederland, 2013). At a later date, Flechsig described Schreber's illness as an attack of hypochondria and assured us that his illness had ended without supernatural intervention (Niederland, 2013).

After eight episode-stable years, in June 1893, Schreber was appointed to the position of *Senatspräsident*, the highest rank as a judge, and began working in that position in October. In the period between June and October, he had various dreams, in which he appeared as God's wife and sexually subordinate to God, and at the end of October 1893, the second period of the disorder began with an attack of insomnia, which resembled torture (Weber, 1899; Niederland, 2013). During this attack, he was forced to return to the Flechsig clinic, but his condition rapidly deteriorated there as well. Later, he was transferred to Sonnenstein Public Asylum, where he began treatment with Dr. Weber. When he was hospitalized there, in addition to his hypochondriac thoughts, he complained that his brain was *melting* and that he was going to die. Further, persecutory thoughts had already permeated his clinical profile (Weber, 1899). Weber (1899, p. 321) described Schreber's medical condition in his report to the court as follows:

Without going further into all the details of the course of his illness, attention is drawn to the way in which from the early more acute psychosis which influenced all psychic processes and which could be called hallucinatory

insanity, the paranoid form of illness became more and more marked, crystallized out so to speak, into its present picture.

Schreber's delusional thoughts gradually took on a mystical and religious character, and he claimed to be in direct contact with God. He claimed that he would become a woman and that a new race of humans would be created as a result of being directly impregnated by God. Moreover, he was also the devil's toy, hearing "holy music" and seeing "miraculous apparitions" (Freud, 1911/1959). He had the persecutory belief that some people wanted to harm him, the foremost of whom was his physician Felchsig, whom he referred to as a *soul killer* (Freud, 1911/1959). In the last instance, he began to believe that he lived in another world. When Schreber was receiving treatment at this clinic, he did not attempt to deny his delusions in his many applications to the courts to gain his freedom, but his arguments were so convincing that his efforts were ultimately successful although he was known to be paranoid (Freud, 1911/1959). In July 1902, Schreber's civil rights were restored, and he was discharged. A third episode, not included in the book and not analyzed by Freud, began in 1907 following the death of his mother (Niederland, 2013). Due to this episode, Schreber was hospitalized again and died there in 1911 (Niederland, 2013).

The Schreber case enables Freud (1911/1958) to reach two important conclusions; (i) the delusions considered pathological are actually attempts to reconstruct reality; and (ii) paranoia is a defense against repressed homosexual desires. The content of Schreber's delusions is stated by Freud (1911/1959) to revolve around two themes: becoming a woman and assuming the role of a savior. A delusion of becoming a woman, i.e., the destruction of masculinity, was described by Schreber as being persecuted at first (Niederland, 2013) and this also encompassed castration anxiety (Quinodoz, 2016). According to Freud, Schreber experienced feelings of hatred and fear within himself as if Flechsig felt them towards him, and the distorted feelings by the projection mechanism returned as a severe psychotic delusion of persecution (Freud, 1911/1959). At first, Professor Flechsig was assigned the role of tyrant, who was later replaced by God himself, but in reality, it was his father's role, who was in the position of omnipotence and whose role was primarily educational (Freud, 1911/1959; Bilik, 2021). His role as a savior included high ambitions. As part of his rescue mission, Schreber would first transform into a woman, and then be fertilized by

the god's rays, creating a new race and restoring the people's happiness. By doing so, he transformed his delusion of sexual persecution into a grandiose religious delusion in his mind. In this way, Schreber re-established or at least made viable the paranoid world, although it was not perfect. These delusions that we define as pathological are his attempts to heal, a process of restructuring.

According to Freud, Schreber's psychosis arose from an explosion of homosexual libido, and he framed his view of psychosis within the libido theory (Baumeyer, 1956). Initially, Freud believed that Flechsig was probably the object of this libido, but the erotic feeling Schreber transferred to him was rooted in his feelings for his father and brother (Baumeyer, 1956; Crockatt, 2006). As Schreber's fantasy of femininity was an erotic clarity of his longing for the men in his family, his struggle against this libidinal drive created the conflict that caused his symptoms (Freud, 1911/1959; Baumeyer, 1956).

The person that Schreber had desired had now become the person who would harm him, and the content of wish-fulfilling phantasy had now become the delusion of persecution. The conflict is resolved when this anger directed at Flechsig was carried back to his father through delusions of god. According to Freud (1911/1959), failure of repression can also be defined as an explosion, which originates at the fixation point and results in the regression of the libidinal development to the fixation point. Alternatively, in psychosis, the libido draws life energy from the outside world, including sexual impulses, into itself (Freud 1911/1959; Crockatt, 2006). Self-direction here can be explained by autoeroticism which means that the person carries the love for his own sexual organ to other people with the same sexual organ (Bilik, 2021). Freud said that the libidinal investment being only in himself causes him to perceive even an outsider as himself, the distinction between inside and outside disappears, and this indicates narcissistic regression (Crockatt, 2006). Although Freud handled Schreber's feelings for his father in this manner, it can be said that what he did not address here was the parental metaphor.

Freud published *Zur Einführung des Narzißmus* (in English, 'On narcissism: An introduction') in 1914. In this text, Freud describes primary narcissism in which the

libido takes itself as the object of love and the center of the world. According to Freud (1914), the development of the self requires detachment from primary narcissism. A newborn devotes all of its libidinal energy to itself, but gradually adapts it to reality in accordance with society's rules. As a result of his father intervening in the relationship between the child and his mother, the child understands the prohibition of incest and adapts to society. Consequently, a child can move from primitive binary relationships to new ones and become socialized. This transition enables him to adjust to reality as a result. Based on his own theory, Freud (1914) suggests that schizophrenia is associated with the withdrawal of libido from the external world and its transfer to the self. In schizophrenia, the individual regresses back to primary narcissism. In this regard, Freud likens childhood omnipotence and megalomania to delusions of grandiosity in schizophrenia.

1.4.1.2 The Dichotomies: Psychosis and Neurosis

In the article titled “Aus der Geschichte einer infantilen Neurose, Der Wolfsmann” (in English, ‘From the History of an Infantile Neurosis, Wolf Man’) published in 1918, Freud used the concepts of *verwerfung* (*rejection*) for the first time in the context of analysis, and this concept later became specific to psychosis (Gürsel & Gençöz, 2019). Additionally, *verwerfung* indicates an absence of a sense of reasoning (Gürsel & Gençöz, 2019). On the other hand, the concept of *verdrangung* (*repression*) is used to describe the mechanism that causes neurosis (Gürsel & Gençöz, 2019). In regards to repression in neurosis, Freud states, “A *repression* is something very different from a *rejection*” (1918 [1914]).

In this context, repression can be defined as the process of pushing thoughts, images, and memories into the unconscious and keeping them there (İkiz, 2017). In Freud's view, repression has the primary function of preventing undesirable elements from reaching consciousness (Erdelyi, 2006). It can be assumed that the neurotic subject represses his irritating and unpleasant desires. Following the concepts of *verdrangung* and *verwerfung*, Freud develops the concept of *verleugnung*. The term, which can also be translated as denial or disavowal, refers to disowning reality (Drawin & Moreira, 2018; Gürsel & Gençöz, 2019). In his articles on fetishism, Freud develops the concept

of “splitting of the self/ego” by relating it to *verleugnung* (Gürsel & Gençöz, 2019; Tanık-Sivri, 2020).

By 1924, Freud began addressing the concept of psychosis, although he had made numerous references to psychotic states previously (Keser, 2005). In 1924, Freud published 2 articles, “*Neurose und Psychose*” (in English, ‘Neurosis and Psychosis’) and “*Der Realitätsverlust bei Neurose und Psychose*” (in English, ‘The Loss of Reality in Neurosis and Psychosis’). These writings focus on the points in which psychosis differs from neurosis. Neurosis is defined by Freud (1924/1974a) as the conflict between the ego and the id, whereas psychosis is defined as a disorder in the relationship between the ego and the outside world. In neurosis, the reality-dependent ego represses a part of the id, while in psychosis the same ego withdraws a part from reality (Freud, 1924/1974b). In fact, the starting point of both neurosis and psychosis is the feeling of frustration and inhibition created by external reality (Freud, 1924/1974a). There is an acceptance of external reality in neurosis and a supreme power of the effect of reality is dominant (Freud, 1924/1974a). In psychosis, the ego, which is under the dominance of the id, withdraws its investment from the external reality and the reality of the id becomes determinant (Freud, 1924/1974a). In other words, according to Freud, psychosis is characterized by the loss of reality, while neurosis is characterized by the avoidance of this situation. Later, Freud (1924/1974b) softened this distinction by stating that the perception of external reality is distorted in both psychosis and neurosis and that what defines psychosis is the nature of the distortion. In order to cope with the frustration of external reality, neurosis resorts to repression; in psychosis, it resorts to rejection. Since repression occurs between the ego and the id, whereas the mechanism of psychosis is between the ego and the outside world, the repression mechanism is not working in psychosis (Sedlak, 1989).

Freud, also, explained how hallucinations and delusions occur in psychosis while making this distinction. In psychosis, the reality is reconstructed based on remnants of previous relationships (Freud, 1924/1974a). While attempting to create perceptions that are in accordance with the new reality, the psychotic creates delusions in order to achieve this goal. In this regard, it is important to understand that memories illusions, delusions, and hallucinations are actually reconstructions of reality in various cases of

psychosis. In psychosis, the rejected reality pushes to find an opening in the psychic life. Specifically referring to schizophrenia, Freud (1924/1974b) argues that schizophrenia is characterized by a loss of contact with the outside world. Delusions act as glue to repair the rift between the self and the outside world.

As a final comment, Freud provides an interpretation of psychosis in his book *Abriß der Psychoanalyse* (in English, 'An Outline of Psychoanalysis'):

The problem of psychoses would be simple and perspicuous if the ego's detachment from reality could be carried through completely. But that seems to happen only rarely or perhaps never. Even in a state so far removed from the reality of the external world as one of hallucinatory confusion, one learns from patients after their recovery that at the time in some corner of their mind (as they put it) there was a normal person hidden, who, like a detached spectator, watched the hubbub of illness go past him. (p.201-202, 1938/1964).

It is possible to conclude from this that the break from external reality in psychosis is not an absolute break and that even in the most severe situations a non-psychotic part of the mind persists.

1.4.2. Lacan's Theory of Psychosis

Freud focused his attention during the early years of psychoanalysis on neuroses, and with the development of his theory of neurosis, he began focusing his attention on psychosis (Keser, 2005). Freud (1914) stated that patients with psychosis were not suitable for psychoanalysis as they were unable to form transference due to the narcissistic regression in their psyche. On the other hand, *the case of Aimee*, a female patient with psychosis, caused Lacan to deviate from traditional psychiatric and analytical discourse as he engaged in conversation with her and actively listened to her (Benvenuto & Kennedy, 1986). In this way, he has departed from a traditional approach in an environment in which the word of the patient is not taken into account (Abrevaya, 2005). During the writing of his doctoral thesis on the Aimee case, *Paranoid Psychosis and its Relation to the Personality* (1932), Lacan began studying psychosis and later defined three clinical structures: neurosis, perversion, and psychosis (Fink, 1997; Abrevaya, 2005). Starting from the year 1932, Lacan introduced concepts such as *the Borromean Knot*, *the Mirror Stage*, *the Name of the*

Father, Paternal Function, and Forclusion (in English, 'foreclosure') and incorporated them into his theory (Gürsel & Gençöz, 2019). Lacan first defined the mirror stage in 1936, then, in his third seminar on psychosis, *Les Structures Freudiennes des Psychoses* (1955-56), he explained the role of the Name of the Father and paternal function in the psychotic formation and declared that foreclosure is a psychosis-specific defense mechanism (Ragland-Sullivan, 1992; Fink, 1997). Besides, the “*point de capiton*” which means “*signified and signifier are knotted together*” (Lacan, 1955-56) was introduced in this seminar (Evans, 2006). In 1959, Lacan writes the article “On a Question Prior to Any Possible Treatment of Psychosis”, and he interprets Schreber’s way. The concepts underlying Lacan's theory on psychosis must be understood in order to comprehend the theory. Accordingly, these concepts will be explained within the context of psychotic structure.

1.4.2.1 The Borromean Knot

Lacan explains the subject formation topologically through the Borromean knot (see Figure 1.) formed by three orders; *the Imaginary (I)*, *the Symbolic (S)*, and *the Real (R)* (Fink, 1997; Lacan, 1949/2001). The symbolic order holds the real and the imaginary together and serves as a mediator between the subject’s relationship with the Real (Dor, 1998). Nevertheless, if any ring is broken, the knot linking them will also be untied.

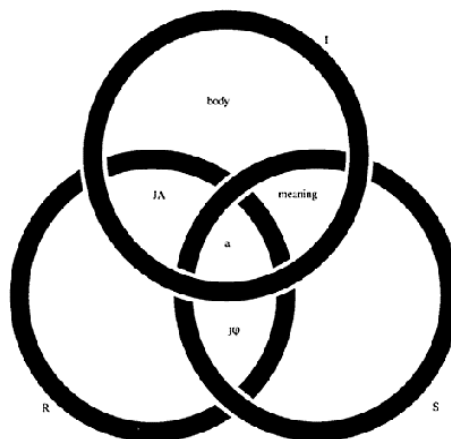


Figure 1. The Borromean Knot (Evans, 2006)

Comprehending the real is difficult because it is not a physical or material *thing* and is not even a reality (Homer, 2004). In his second seminar, Lacan (1954-55/1988) defines the real as *the impossible* since it is impossible to define this order into the symbolic order, or even to imagine it. The imaginary order consists of identification between the ego and the *specular image*, which is the image on the mirror, as well as dual relationships between the subject and others (Homer, 2004; Evans, 2006). As a representation of law, the symbolic order is related to language, as well as to culture, social life, and social norms (Evans, 2006). It also possesses a meaning that goes beyond language.

Figure 1 shows that the *Other's jouissance* (JA) is illustrated as the point where the real and the imaginary intersect, while, the *phallic jouissance* ($J\phi$) is located at the intersection of the real and the symbolic (Lacan, 1974). Additionally, meaning is depicted at the point where the symbolic and the imaginary intersect (Lacan, 1974). The *objet petit a* is indicated by “a” at the intersection of the three orders (Lacan, 1974). The term “jouissance” comes from a legal phrase meaning to own and use something (Verheage, 2001). A subject experiences both pleasure and pain when he goes beyond the law referring to the pleasure principle in psychoanalysis (Verheage, 2001; Evans, 2006). The subject is only able to bear a limited amount of pleasure. When pleasure exceeds this limit, it becomes pain, and this ‘painful pleasure’ is referred to as “jouissance” by Lacan (Evans, 2006). In addition to being the cause of the desire, the *objet petit a* is also the representation of “plus-de-jouir” (in English, ‘surplus jouissance’) which is the remaining jouissance that has not been signified (Dimitriadis, 2017; Gençöz & Özbek-Şimşek, 2020).

The Borromean knot is important for understanding psychosis. According to Lacan (1975–76, as cited in Evans, 2006), psychosis is the unraveling of this knot. Psychosis is characterized by the absence or disintegration of the knot because of the inability of the symbolic ring to hold three orders together (Gürsel & Gençöz, 2019). Besides, Lacan presents a fourth ring, *the sinthome* which holds the other three rings in place to prevent psychosis in some cases and protects the subject from psychotic breakdown and the emergence of psychotic symptoms (Evans, 2006; Gürsel & Gençöz, 2019).

1.4.2.2 Mirror Stage

At the time Lacan (1936) presented the mirror phase for the first time, it was a previously unknown concept in psychoanalytic theory (Ragland-Sullivan, 1992; Evans, 2006). The mirror stage is emphasized by Lacan (1949/2001) “*as formative of the function of the I as revealed in psychoanalytic experience*”. This process involves the subject's identification, that is, assuming an *imago* (Lacan, 1949/2001). According to Lacan (1949/2001), a central function of *imago* is to establish a connection between the organism and its reality, *the Innenwelt* and *the Umwelt*.

As part of subject formation, the mirror stage has a critical role since it organizes the child's experience of basic identification and mastery of their bodies (Evans, 2006; Dor, 1998). During the first six months of life, a newborn experiences his body as fragmented and uncoordinated (Evans, 2006). During this period, the newborn's needs are met by the mother or any person representing the mother and the child lives in unity with the mother. The infant has the illusion of being one with the mother during this pre-linguistic period of his life and experiences *a real specific prematurity of birth in man* (Lacan, 1949/2001; Lacan, 1956-57/2020). This period prior to the mirror stage is thought to be the origin of psychosis. It is because the psychotic subject cannot escape the threat of disintegration that he experienced prior to the mirror stage (Evans, 2006). As a result of the mirror phase, the child experiences a sense of unity about his body (Gürsel & Gençöz, 2019).

At approximately 6 to 18 months of age, when a baby sees his own reflection for the first time in a mirror, the mirror stage begins. The baby who sees his own image in the mirror understands that it is his own image, unlike other living creatures such as chimpanzees (Lacan, 1949/2001). In this stage, the mother's statement “that's you” to the child and the mother's approval of this image with her gaze enables the child to perceive his body as a whole in the mirror (Lacan, 1960-61; Fink, 1997). In addition, the child views himself and his body as separate from his mother (Özmen, 2002). Consequently, through the Other's approval and denomination, that is, through the Other's intermediary role, the child identifies with his specular images and a first identification is established (Lacan, 1949/2001; Lacan, 1960-61). In this way, the first Other for the subject is also installed, since the image is created by the mother (Lacan,

1960-61). For a baby who recognizes his own image in the mirror and identifies with it, the process of ego formation has begun (Özmen, 2002). In response to the ego's identification with the *specular image*, the *ideal ego*, which also represents the *imaginary order*, is formed by depending on the Other's gaze (Evans, 2006). At that time, subjectivity is being constructed within the pluralism of different levels of identification, *the Ego-Ideal*, *the Ideal Ego*, and also *the desiring Ego* (Lacan, 1960-61). According to Lacan (1955-56/1993), alienation is an essential component of subjectification and has a constitutive function for the imaginary order. There is no escape from alienation in order to become a subject, and alienation destroys the sense of wholeness (Fink, 1996). It is through alienation that the unconscious begins to be organized because the child now understands that he needs to express his wishes, needs, and desires through language (Fink, 1996, 1997; Dor, 1998). It is no longer possible for an alienated child to view himself as an extension of his mother. By the way, the child becomes a subject "in language" or "of language" (Fink, 1996). Psychosis, however, does not experience alienation in this way, thus the individual remains fully immersed in the imaginary world as if that sense of wholeness with his mother persists (Evans, 2006). The psychotic is not indicated who he is, the person could not integrate his fragmented body and maintains the imaginary integrity with the mother (Thibierge & Morin, 2010). The relations of the psychotic subject are also represented by the axis of a-a' in *Schema L* (Gürsel & Gençöz, 2019). These relationships are dual in nature like the relationship between a mother and her baby. In psychosis, the absence of *a master signifier*, *the Name of the Father*, accounts for the absence of alienation. The involvement of a father in this dual relationship has considerable value in enabling the child to enter the symbolic order that is represented by language and law (Thibierge & Morin, 2010). There is, however, a lack of or insufficiency of this intervention in psychotic structures. Therefore, in the psychotic structure, the mirror phase cannot be completed with identification and alienation (Evans, 2006; Gençöz & Özbek-Şimşek, 2020).

1.2.2.3 The Name of the Father & Forclusion

The key relationship for subject formation is the relationship with the Other because each structure indicates the different position taken by the subject to the Other's lack

(Lacan, 1962-63/2014; Feher-Gurewich, 2003). In this context, lack refers to the experience of incompleteness, not an object (Feher-Gurewich, 2003). Relationship with the Other leads the subject to seek out a way to bring the Other into existence and is the basis for relations with symbolic order (Lacan, 1962-63/2014; Evans, 2006). Entering the symbolic order requires the interiorization of the *Name of the Father*, which is not the original name of the father or does not necessarily refer to the biological father, but rather represents the cultural and social authority (Fink, 1996). The *Name of the Father* is a signifier, a metaphor for a constructive function, replacing the phallic meaning in the mother's desire (Gürsel & Gençöz, 2019). Additionally, it is a law that governs the operation of metaphor and metonymy that weaves the unconscious of the subject (Gürsel & Gençöz, 2019).

The Name of the Father, which refers to the parental function that introduces rules to the child, is a necessary concept for both alienation and separation. The paternal function, which has a symbolic and prohibitive function, is also defined as *the 'No' of the Father* (Evans, 2006). As a symbolic function, the paternal function is independent of the physical presence or absence of the father (Fink, 1997). The first function of the father is to say *no* to the pleasure associated with the mother, thereby introducing the prohibition against incest (Fink, 1996). This “no” also brings about alienation and triangularization of the relationship (Fink, 1996; 1997). However, as mentioned earlier, in psychosis, the father's function is weak or lacking. The individual who becomes alienated gives up his pleasure in order to be a subject, and this renunciation is what puts the person into the symbolic order (Fink, 1996). What validates the father is the presence of any third party in the mother's discourse, that is, seen by the child that the mother desires someone else (Tura, 2007; Gençöz & Özbek-Şimşek, 2020). This moment creates disappointment for the child regardless of gender because the child realizes that their dual relationship with the mother will no longer continue and that he cannot fill the mother's lack (Gençöz & Özbek-Şimşek, 2020). This third party who enters into the dual world of the mother and child also has a castrating function (Tura, 2007). At this point of encountering the threat of castration, the child represses his desire for the mother and pushes it into the unconscious, in other words, the child remains in a symbolic state subject to the Law of the Father (Tura, 2007; Gençöz & Özbek-Şimşek, 2020). However, in psychotic structuring, repression does not work in

this way. At this point, Lacan characterizes psychosis with the mechanism of foreclosure (Swales, 2012).

Psychosis was first characterized by Freud with the concept of *Verwerfung* (Gürsel & Gençöz, 2019). For *Verwerfung*, Lacan (1955-56/1993) says “*This mechanism is distinct from everything that in other ways we know from our experience, concerning the relationships between the imaginary, the symbolic, and the real*”. A variety of translations for *Verwerfung* were proposed by Lacan, such as *rejet*, *refus*, or *retranchement* (Evans, 2006). After proposing these translations, Lacan uses the term *forclusion* (in English, 'foreclosure') as *the best translation* of Freud's *Verwerfung* (Lacan, 1955-56/1993; Grigg, 2008). Forclusion, a French legal term, refers to the dismissal of the case due to the statute of limitations (Grigg, 2008). *Forclusion* is identified by Lacan as a specific psychosis mechanism associated with the rejection of an element outside the symbolic order as if it never existed (Evans, 2006). The metaphorical effect becomes insufficient in psychosis because the master signifier, that is, the *Name of the Father* which also corresponds to the Other, is foreclosed (Lacan, 1959/2001). Later on, this inadequacy will result in a mere hole corresponding to the phallic signification (Lacan, 1959/2001). Thus, it may be noted that when a psychotic encounters reality, he finds himself in a hole, which is filled with a phantasmatic provided by the imaginary (Gürsel & Gençöz, 2019). Besides, in his III. Seminar, Lacan (1955-56/1993) says that “*Only it also happens that whatever is refused in the symbolic order, in the sense of Verwerfung, reappears in the Real*”. In psychosis, on the other hand, because the repression mechanism does not work, the world of psychotic is situated in the Real, which is inexplicable and indefinable, where there is no separation from the mother's desire. Consequently, in psychosis, there is no separation between the subject and the other, and the threat of fragmentation permeates constantly. In addition, the *imaginarized symbolic* prevents the development of the ego-ideal in psychosis (Fink, 1997). In this situation, the sense of self of the individual is not anchored in the recognition or approval of the Other (Fink, 1997). In psychosis, there can be mention of the existence of others that belong to the imaginary because the person can perceive himself only in the imaginary order (Lacan, 1959/2001). The paternal function falls into only imaginary when it is inadequate or absent (Lacan, 1959/2001). Psychotic attempts to construct imaginary identifications in order to

compensate for the absence of a paternal function and may not develop delusions until encounters with paternal function in the Real (Grigg, 2008; Vanheule, 2011). These identifications can also provide stabilization to the individual.

The paternal function is also defined as *e nom du père* (in English, ‘the ‘name’ of the father’) (Evans, 2006). The paternal function here is to separate the child from being a source of pleasure for the mother in the Other position, by naming the mother's lack (Swales, 2012). Separation begins when the child realizes that the mother's phallus is *lack*. Separation symbolizes the lack (Swales, 2012). With the triangulation of the relationship, the child realizes the lack of the mother. However, upon the intervention of the paternal metaphor, the child sees that he is not capable of completing this lack, that he is not the mother's imaginary phallus, and represses the desire to integrate with the mother (Fink, 1996). By the way, the Name of the Father signifies the mother's lack, *phallus*. It is also an articulation process. On the other hand, the non-articulating subject is confronted with *a strange jouissance* that emanates from the body and the Other (Lacan, 1969-70). In other words, the subject who is not symbolized remains alone with the Real and remains in *jouissance* (Vanheule, 2011). This is exactly what psychosis is like. It is impossible for a psychotic who is not able to experience alienation to achieve separation.

The Oedipus Complex, which is a process completed by separation from the mother, creates an irreplaceable fundamental lack for the subject (Nasio, 1998/2007). However, this is also a life-long lack that will be tried to be filled, and the subject's effort to make up will reveal desire (Nasio, 1998/2007). In other words, separation creates a symbolic space for the child to produce his own desires (Swales, 2012). Nonetheless, for a psychotic who cannot make a separation between the self and the other, a lack is also not possible (Fink, 1997). For this reason, the psychotic lives in an imaginary world as if there is no law and no lack and maintains his dual relationship with his mother. The newborn is in a fusion with the mother and sees himself as the only object of the mother's desire, the phallus that completes and forms a whole (Westphal & Lamote, 2018). This fusion state continues for the psychotic as well (Westphal & Lamote, 2018). In a sense, it is a kind of *jouissance*. The Name of the Father limits the *jouissance* (Lacan, 1959/2001). However, in psychosis, the person

cannot say no to being an instrument of the mother's jouissance, and as a result, the person is captivated and oppressed by this state (Lacan, 1959/2001).

1.4.2.4 Point de Capiton

Lacan (1959/2001) presents the “*point de capiton*” (in English, ‘quilting point’) to explain how meaning is captured on slippery ground. The point de caption can also be defined as tacks that attach the signifier and signified. According to Lacan, *S1* is accepted as the beginning of the chain of signifiers and is also called the master signifier (Evans, 2006). This master signifier is a mother-bound signifier and is repressed by language (Uçar & Gençöz, 2019). As a result of this repression, other signifiers such as *S2*, *S3*, *Sn* are produced within the signifier chain (Uçar & Gençöz, 2019). Besides, it is a sexual signifier representing the subject's incestuous desires because the child has repressed his desire for his mother after the castration (Fink, 1997; Uçar & Gençöz, 2019). As mentioned previously, the metaphor of the Name of the Father enables repression. The father is in the language of the mother as a signifier and represents the mother's desire (Fink, 1997). In psychosis, this master signifier, that is, the *Name of the Father*, is foreclosed (Lacan, 1959/2001). Foreclosure affects the signifier chain and makes it impossible for the psychotic to enter the symbolic, domain of language (Lacan, 1959/2001). In psychosis, something perceived imaginatively in the outside world is as if it has not been recorded or attributed meaning by a judicial process (Keser, 2005). Neither the signifier nor the signified are fixed and they are thrown away in the imaginary. At this point, Lacan also considers the foreclosure mechanism logically (Vanheule, 2011). He states that the process of subjectivation and its logic includes social bonds with others (Vanheule, 2011). On the other hand, psychosis is a kind of deprivation of discourse (Keser, 2005). Therefore, the psychotic stays out of social bonds.

Lacan (1955-56) explains the formation of hallucinations, which are characterized by psychosis, with the phenomenon of language. In psychosis, the subject is excluded from the scope of the symbolization process because of foreclosure (Lacan, 1955-56/1993). Lacan (1959/2001) says that a broken chain between the psychotic subject and his hallucination is actually the return of an unprocessed signifier that cannot find meaning in the symbolic order. The foreclosed content returns in the *Real* as

hallucinations or delusions which are associated with the *Other jouissance* (Lacan, 1955-56/1993). Here, Lacan (1955-56/1993, p. 14) also discusses identification and states:

In the psychotic subject on the other hand certain elementary phenomena, and in particular hallucinations, which are their most characteristic form, show us the subject completely identified either with his ego, with which he speaks or with the ego assumed entirely along instrumental lines.

Foreclosure creates an irreparable hole in the symbolic (Vanheule, 2011). Due to this hole, it is possible for the psychotic to develop a unique way of using language (Vanheule, 2011). Therefore, for the psychotic, the structure of the delusion is formed by keywords that are incomprehensible and meaningless, and by the same sentences and words that are repeated over and over (Gürsel & Gençöz, 2019). On the other hand, delusions are a way for the psychotic to stabilize his situation, in other words, they are the psychotic's means of defense (Gürsel & Gençöz, 2019).

1.4.2.5 Schreber's Way

In the analysis of the Schreber case, Lacan (1959/2001) emphasizes that the formation of the subject occurs through the solution of the Oedipus complex and the acquisition of the Name of the Father. Besides, in psychosis, there are some disruptions in the formation of the symbolic and the Name of the Father is foreclosed. A situation such as this prevents the subject from separating from his or her narcissistic and imaginary bond with the mother, thus opening the door to the development of psychosis (Nasio, 1998/2007). As is well known, the imaginary is easily dispersed and friable. Lacan (1955-56/1993) states that for Schreber, the paternal function cannot pass to the symbolic and remains in the imaginary. As Lacan deals with the Schreber case, he emphasizes the paternal function beginning with Schreber's early years. Moritz Schreber, Schreber's father, was a religious doctor who had an important role in German society, especially with his practices in childhood pedagogy (Lucas, 2003). A number of tools were developed by Moritz Schreber for the education of children, and he tried them out on his own children (Lucas, 2003). The educative role of the father could not provide the paternal function for Schreber despite the fact that he seemed to be an authority figure to him (Melman, 2009). The result of this situation was the reduction of paternal function to an image and symbolic identification with the father

could not be achieved (Melman, 2009). In addition, this implies that the Name of the Father has been foreclosed, and the quilting of the master signifier has not been realized.

Schreber had a *normal* 8-year period between his first and second crisis, but he could not become a father during this period (Lacan, 1955-56/1993). That is, there was no need for him to assume any paternal role. Later, at the age of 51, he was promoted to the position of President of the Leipzig Court. According to Lacan (1955-56/1993), this promotion was made at a young age and brought Schreber into an authority position in which he would have to perform the paternal function. The presidency, a privileged position by nature, has placed Schreber in a position of authority and responsibility far beyond what he had hoped (Lacan, 1955-56/1993). For this reason, there is the impression that this promotion has a relationship with the onset of the second crisis (Lacan, 1955-56/1993). Essentially, Schreber experienced psychotic breakdowns as a result of being in a legislator and decision-maker position in which he was in a similar position to paternity. That is, encountering the paternal function was reviving Schreber's delusions. For Schreber, the foreclosure of the symbolic father function returns in the Real under the guise of a paranoid delusion (Quinodoz, 2016). For Lacan, Schreber's delusions about being transformed into a woman are the consequence of not being castrated symbolically (Quinodoz, 2016). With this sudden promotion, Schreber was placed in the company of men who were more experienced and better accustomed to dealing with such issues. This position also confronted Schreber with castration anxiety (Lacan, 1955-56/1993). He stated that after working in this group for a month, his symptoms started again. While Lacan (1955-56/1993, p. 30) summarizes Schreber's triggering, he says,

These two events are given the same value as trigger. It's carefully noted that the President had no children, so as to assign a prime role to the notion of paternity. But at the same time it's claimed that because he finally accedes to the position of father, the fear of castration thus comes to life in him again, with a corresponding homosexual craving. This is what is supposed to be directly at issue in the onset of the crisis and to entail all the distortions, pathological deformations, and mirages that progressively evolve into a delusion.

According to Lacan (1959/2001), Schreber's symptoms cannot simply be attributed to homosexual sentiments towards Flechsig. For Schreber, the castrating function did not

have a symbolic meaning. He was unable to find an answer to the question of whether he would be able to become a father in the symbolic. He also becomes distracted from his paternal function by the imaginary transformation from a man to a woman (Lacan, 1955-56/1993). A neurotic subject may also have phantasies of identifying with another sex or transforming into that sex, but they were repressed (Lacan, 1959/2001). At the same time, the psychotic is not suspicious like a neurotic, everything is certain for psychosis (Fink, 1997). As a result, Schreber was certain that Dr. Flachsigg would torture him, and that he was the wife of God.

The lack of the master signifier also prevents the anchoring of meaning. For the psychotic who lacks the ability to articulate, experiences are directly transported into the imaginary order and are lived as if they are real (Lacan, 1959/2001). In Schreber's case, he saw himself as the woman of God as if he was a real woman (Lacan, 1959/2001). In other words, Schreber has imaginatively filled the hole created by the foreclosure of the Name of the Father (Lacan, 1959/2001). It is an effort to make up for the lack of a master signifier with imaginary identification. Therefore, his psychotic delusions can be accepted as an attempt at meaning-making and reworking the paternal metaphor.

For the psychotic who is unable to complete his image in the mirror, the body can truly fragment, or become something else (Lacan, 1959/2001). Additionally, because of the lack of a master signifier, there is no symbolic system in place to limit the jouissance experienced by the psychotic (Vanheule, 2011). That is, jouissance is experienced in the body and causes pain to the person. In his book, Schreber describes a number of experiences with his body, and his delusions that he has transformed into a body of another sex demonstrate that he is experiencing a jouissance invasion.

1.5. An Overview of Approaches to Psychotics and Their Parents

A person's early experiences and relationships have an important role in the psychoanalytic practice. The effect of experiences in infancy and childhood on adult life has begun to be explored with the memories of childhood revealed by Sigmund Freud during the psychoanalysis of adults. Other psychoanalytic theorists have also stressed the importance of the relationship with the first caregiver, specifically with

the mother, regarding subject structuring and the development of psychosis, in addition to Freud and Lacan, whose ideas have been previously shared in detail. In 1946, Melanie Klein, one of the founders of object relations theory, published an article entitled “Notes on some schizoid mechanisms” and this writing has become a compass for analyses of psychosis (Abrevaya, 2015). In this article, Klein asserts that “*in early infancy, anxieties characteristic of psychosis arise which drive the ego to develop specific defense mechanisms. In this period the fixation points for all psychotic disorders are to be found*”. Klein refers to the early period as the paranoid-schizoid phase, which corresponds to the first months of life. Klein (1946) uses the term *schizoid* here to describe the mental state in which the ego divides objects into *good* and *bad* in order to keep the bad object away. There is a great deal of concern about destruction during this period and the survival of the child depends on the mother, the caregiver. A baby's destructive impulses are projected into its mother's body, along with anxieties about destruction. During this stage, if the baby's destructive impulses cannot be contained by the breast, the object is perceived as a source of pain and objectified as a “bad breast”. If the object gives the child a sense of pleasure and can reduce the pain, this will be perceived as a “good breast”. By introjecting both the good and the bad breasts, the baby creates his own inner world. These processes result in the breast being divided into two categories: “ideal object” and “persecutory object” (Klein, 1946). When the baby cannot be covered, however, an imbalance occurs between good and bad, and the threat of destruction and the anxiety caused by persecution become very difficult to handle (Klein, 1946). If the persecution fears are very strong, the baby cannot progress into the paranoid-schizoid position and enter the depressive position. According to Klein (1946), a situation such as this lays the foundation for schizophrenia. At the same time, the symbolic formation of language is closely related to the depressive position. Using the example of an autistic boy named Dick, Klein (1930) argues that there is no clear and direct framework for objections of a 4-year-old boy with a psychotic structure and discusses the importance of symbolization. Conversely, she claims that the neurotic child makes his objections in relation to a specific person or thing within the framework of a rebellion and a certain meaning (Klein, 1930).

The study of *Child Psychoanalysis* by Klein (1932) and the article “Notes on Some Schizoid Mechanisms” by Klein (1946) were influential for many psychoanalysts who came after her (Weiss, 2020). Wilfred Bion is one of these psychoanalysts, who psychoanalyzes psychotic patients and developed his theory on the basis of these analyses (Weiss, 2020). In 1954, Bion published his article “On the Theory of Schizophrenia”, in which he described his work with schizophrenic patients, but in 1959, he discussed his views on psychosis in a text titled “Attacks on Linking”. Bion approaches the mother-child relationship with a conceptual model and calls this relationship the *Container-Contained* (Abrevaya, 2015). According to Bion (1959), there are moments when the mother cannot meet, that is unable to contain, the infant's destructive impulses. On the other hand, due to excessive hatred and envy, the infant may also attack the mother's containing function. At the same time, every baby has a tendency to attack the breast, which Bion (1959) terms “*primary aggression and envy*”. This aggression and hostility are not eliminated by the mother's containment but are reduced in severity (Bion, 1959). In contrast, if the mother is unable to contain these impulses, the attacks will be more severe since the bond between mother and child has been disrupted. By the way, the process of symbolizing and establishing a bond with external objects becomes impossible. Because it is not only the breast itself that is attacked but also the child's own mental capacities that attach it to the breast (Bion, 1959). The failure to be contained, as well as subsequent attacks on mental functions, result in psychosis (Bion, 1959). Bion suggests that people with psychotic construction are sensitive to frustration, have destructive impulses, and are constantly afraid of annihilation (Parman, 2015). Meanwhile, the conflict between the desire to maintain a relationship and the weakening of the relationship bond is also evident in these people's object relations (Parman, 2015).

As a pediatrician, Donald Winnicott observed infants and mothers and came up with ideas regarding types of motherhood that facilitated healthy development or contributed to developmental deviations. Winnicott (1961) reports that psychosis also occurs in a deprivation during the early period of the mother-infant relationship, that is, during the period when the baby has a great dependence on his mother. According to Winnicott (1964/1987), a newborn is constantly confronted with unimaginable anxiety, and each new situation may be traumatic for the newborn. In situations like

these, the baby is only able to cope with them through the holding function of his mother (Winnicott, 1964/1987). However, if the mother is also anxious, she will not be able to hold the baby psychologically, and when a good enough holding environment is not provided, or a long-term and serious failure occurs, the baby can be pushed into chaos (Winnicott, 1961). Therefore, the core of childhood psychosis or adult psychotic or borderline states may develop as a result (Winnicott, 1961; Abram, 2021). According to Winnicott (1952/1975), schizophrenia is defined as “an environmental deficiency disease” and might be caused by inescapable abnormal environmental circumstances.

While schizophrenia is recognized by the medical literature as an organic brain disorder, it is known that environmental factors, such as family relationships, play an important role in the development and emergence of the disorder (Berksun, 1997). A number of theories in the literature demonstrate the role of family relationships in developing, progressing, and regenerating psychosis. For example, Sullivan has sought to shift the focus of psychoanalysis from intrapsychic to interpersonal, relational, and interactional. It was Sullivan's contention that interpersonal relations are essential and it is not possible to separate the personality from the interpersonal relationships environment in which the individual is situated (Topçuolu, 2003). According to Sullivan (1953), schizophrenia occurs as a result of unhealthy relationships between parents and children. Sullivan (1953) asserts that such relationships cannot develop mechanisms to deal with anxiety and that *normal* development of the self is prevented. Therefore, the individual misperceives and misinterprets his relationships with others (Sullivan, 1953). In the years following Sullivan's theory, theorists focused on the role of the family in schizophrenia, particularly the role of the “mother”. As a result, some definitions such as “schizophrenic mother” (Fromm-Reichmann, 1948), “marital schism and marital skew” (Lidz et al., 1957), “double-bind” (Bateson et al., 1956), or “pseudo-mutuality and rubber fence” (Wynne et al., 1958) have been used to highlight the negative role played by parents in the formation of schizophrenia. Throughout the following years, theories putting the family factor in the etiology of schizophrenia gradually lost their impact, and studies investigating the relationship between the family factor and the prognosis of schizophrenia were increasingly conducted (Arslantaş & Adana, 2011).

1.6. Research on Psychotic Individuals and Their Parents

In light of the relevant literature, a limited number of studies have focused on the perspective of psychotic individuals on their relationships with their families. Moreover, it is clear that the research conducted on the subject usually is based on quantitative methods. For example, in a quantitative study by Tüzer et al. (2003), 32 people diagnosed with schizophrenia were included and it was shown that psychotic individuals tended to perceive relationships in the family environment as *conflicting*. Another finding was that as the severity of positive symptoms increased, feelings of criticism and hostility from the person's relatives perceived by the person also increased (Tüzer et al., 2003). A study conducted by Warner and Atkinson in 1988 examined the relationship between the course of schizophrenia and the perceptions of patients regarding their parents. In the study, it has been shown that the course of schizophrenia is affected by an individual's perception of his parents. If an individual has a positive perception of their parents and frequently interacts with them, he may display a milder course of illness (Warner & Atkinson, 1988). In the study conducted by Abbaspour and his colleagues (2021), most of the people diagnosed with schizophrenia and similar disorders described their connection with their fathers as inadequate. Based on the data collected from the participants, it was determined that the general characteristic of the fathers was an inability to provide adequate care and control (Abbaspour et al., 2021). It was also shared that many of the participants felt that they were being neglected (Abbaspour et al., 2021).

In reviewing the literature, one can see that Reichard and Tillman's 1950 study was one of the earliest to address the relationship between people with schizophrenia and their families. In order to determine the pattern of the relationship between the schizophrenic child and his parent, Reichard and Tillman (1950) prepared a data set that included both quotes from cases in the literature and stories from their own experiences. The results showed that individuals diagnosed with schizophrenia see mothers as more dominant and describe their mothers as overprotective (Reichard & Tillman, 1950). A qualitative study conducted by Tabakoğlu (2010) can be cited as an example regarding investigating the thoughts of schizophrenics on their families. The study was conducted with a total of 12 male schizophrenic patients who killed or

attempted to kill their father and did not have criminal responsibility for their crimes (Tabakoğlu, 2010). In the preliminary interview findings of the study, how the mother was described as good but superficial and deprived of affection is remarkable (Tabakoğlu, 2010). While mothers are generally described as being subjected to violence, humiliated, and devalued by their husbands, fathers are perceived as inadequate in showing love and affection (Tabakoğlu, 2010).

When the studies on the psychotic individual and other family members are examined, cases of shared psychosis are frequently seen in the literature (Erol et al., 2008; Korkmaz et al., 2010; Özdemir et al., 2013; Tsarkov, Patrick, & Petlovanyi, 2022). Shared psychotic disorder is a rare psychotic disorder that occurs in people with close emotional and physical ties to each other (Doğanavşargil et al., 2009). These studies focused more on the person showing the first symptom and the family members affected by that person. However, it has been observed that people's perspectives on these relationships are not taken into consideration.

Other qualitative studies conducted with psychoses, although they did not directly focus on family relations, revealed some characteristics of family relations among psychotic patients. In the study conducted by Gajwani, Larkin, and Jackson (2016), interviews were conducted with 7 participants who attempted suicide and showed symptoms of psychosis. One of the themes obtained from these interviews was reported as “fathers as critical, distant or absent”. Participants were asked to describe their interpersonal relationships with their fathers and all of them described their fathers as *absent*, *distant*, or *both*; additionally, some participants reported that they did not have a strong and positive relationship with their fathers (Gajwani, Larkin & Jackson, 2016). Moernaut, Vanheule, and Feyaerts (2018) conducted interviews with 10 schizophrenic individuals and they tried to analyze the content of verbal hallucinations of the individuals. One of the themes obtained as a result of the thematic analysis was the one titled “parenthood and authority”. From the content of this theme, it can be seen that people perceive their auditory hallucinations as messages from authority figures, usually their fathers.

There are qualitative studies conducted with psychotic individuals and focusing on psychotic experiences in the literature. For example, in the study of Moernaut et al.

(2018), the thematic analysis method was used and the findings were discussed according to the Lacanian theory. Findings demonstrated that the content of hallucinations revolved around the themes of “parenthood and authority”, “sexuality and relationships”, “gender identity”, “life in the light of death”, and “what does the other want?” (Moernaut et al., 2018). In the study conducted by Brew et al. (2017), interviews with individuals at the onset of psychosis were analyzed using the interpretative phenomenological analysis method. According to the findings of this study, which included five participants, the onset of psychosis was characterized by three themes: “disturbed world/disturbed self”, “disconnection with the world”, and “thunderstruck”. How people make sense of the onset of psychosis in the study was also examined, and it was stated that people's understanding of this process included the themes of “absence of understanding”, “use of others”, “identity”, “forming links”, and “fragmented understanding”.

1.7. Purpose of the Study and Research Question

Considering the perspectives brought by the psychoanalytic view to psychosis and the studies on psychosis in the literature, it is clear that the viewpoint of psychotic individuals regarding their parents and the nature of their relationships with their parents holds crucial importance. On the other hand, in the literature, most of the studies on psychotic individuals and their families are handled through the current symptom-oriented approach and consist of quantitative studies that do not include the subjectivity of individuals. In other respects, many psychoanalytic and Lacanian theories emphasize the subjectivity of individuals. As a result, it is essential to explore the subjective perspectives of individuals with psychosis regarding the relationship they have with their parents. For that reason, the aim of the study is to examine the perspectives of these individuals on their relationships with their parents by using the thematic analysis method. Based on the available literature and the purpose of the study, the study will attempt to answer the following research question:

“What are the perspectives of psychotic individuals on their relationship with their parents? ”

As Braun and Clarke (2006) point out, although thematic analysis provides flexibility epistemologically, the researcher should clearly specify his or her background theoretical stance. Hence, the results derived from the analysis of the data acquired in accordance with the purpose and question of the study will be interpreted with the help of psychoanalytic theory. The findings will be discussed in the framework of Lacanian theory and in light of psychoanalytic literature.

CHAPTER II

METHODOLOGY

This section provides a detailed description of the methodology used in the current study. The study aimed to investigate the subjective perspectives of psychotic individuals regarding their relationships with their parents. It was thought that adopting a qualitative research approach and using thematic analysis would provide a more profound comprehension of the issue. Therefore, firstly, the qualitative research approach and thematic analysis will be explained. Then, the participant and sampling methods, the study procedure, the phases of data analysis, and the trustworthiness of the study will be mentioned.

2.1. Qualitative Research Approach

Qualitative research is a methodology utilized in research that aims to depict a phenomenon, process, case, or experience by employing words as data rather than numerical values (Braun & Clarke, 2013; Cruz & Tantia, 2017). According to Creswell (2013), qualitative research is the process of comprehending and interpreting data to gain an in-depth understanding and exploration of the researched phenomenon. Qualitative research methods follow a different philosophical perspective that centers on comprehending a process or experience (Cruz & Tantia, 2017). Its purpose is to make sense of facts or experiences by paying close attention to emerging data (Cruz & Tantia, 2017). Furthermore, qualitative research enables researchers to develop interpersonal and subjective skills that can be applied to the discovery process of the research (Creswell, 2013).

There are several significant distinctions between qualitative and quantitative studies. Firstly, quantitative research focuses on numerical data and expresses the outcomes in numerical values, while qualitative research centers on human experiences and perceptions of phenomena (Polit & Beck, 2012). Quantitative research employs

standardized questionnaires or experiments to measure events and phenomena, while qualitative research involves data collection methods such as observation, structured or semi-structured interviews, focus group interviews, as well as speech and text analysis. It is worth noting that one of the major differences between qualitative and quantitative research lies in the data analysis process. Statistical methods are employed in quantitative research in order to analyze data. On the other hand, qualitative research involves arranging, synthesizing, and dividing data into units of analysis. This is to identify and classify facts and explain how concepts relate to one another (Bogdan & Biklen, 1992; Polit & Beck, 2012). This process allows the researcher to uncover and reveal the information hidden within the data collected from the field (Bogdan & Biklen, 1992). Besides, to generalize findings, quantitative research employs statistical methods such as correlation and experimental comparison. Qualitative research aims to interpret subjective experiences using inductive and deductive reasoning processes. The researcher continually shifts between the concrete data set and abstract concepts, as well as between definitions and interpretations, to comprehend the data (Tolich & Davidson, 1999; Corbin & Strauss, 2008).

2.2. Thematic Analysis

According to Braun and Clarke (2006), thematic analysis is one of the most fundamental methods of qualitative analysis. It involves the specification, analysis, and reporting of meaningful patterns in a data set. This method allows researchers to organize data into smaller units, describe it in detail, and interpret patterns emerging from the data (Boyatzis, 1998; Braun & Clarke, 2006). A theme represents a pattern that revolves around a common meaning and fundamental concept of the subject concerning the research question (Braun & Clarke, 2006; Braun et al., 2019). Boyatzis (1998) claims that “*thematic analysis allows the interpretive social scientist’s social construction of meaning to be articulated or packaged in such a way, with reliability as consistency of judgment, that description of social ‘facts’ or observations seems to emerge*”.

Braun and Clarke (2013) assert that thematic analysis should not be considered a methodology, but rather an umbrella term that encompasses a range of approaches that share similar assumptions (Braun & Clarke, 2013; Clarke & Braun, 2018). Thematic

analysis can be applied to a variety of approaches. Likewise, various versions of thematic analysis may differ in their procedures, based on different philosophies and concepts (Clarke & Braun, 2018; Braun et al., 2019). In this study, the 6-stage approach presented by Braun and Clarke (2006) was adopted.

According to Clarke and Braun (2013), thematic analysis has a wide range of theoretical flexibility, since patterns sought in data obtained through a language need not adhere to any particular linguistic theory or description framework of meaning. However, despite its flexibility, thematic analysis cannot be conducted or considered in a theoretical vacuum, it requires a theoretical background (Braun & Clarke, 2018). Braun and Clarke (2013) pointed out that thematic analysis, as a qualitative research method, can be conducted within various philosophical frameworks, ranging from constructivist to essentialist. The researcher determines the epistemological perspective guiding the data analysis. It is recommended that the researcher transparently states which theoretical orientation they have adopted (Braun & Clarke, 2006). For example, a realist approach may report the truth of the participants or a social constructivist approach examines how social discourse shapes events or experiences (Ünal, 2022).

As well as being applicable to a variety of theoretical and epistemological frameworks, thematic analysis has the advantage of flexibility in terms of its application to different research questions, designs, and sample sizes (Kiger & Varpio, 2020). The researcher has the autonomy to decide what type of research question to ask and how data will be collected. Moreover, thematic analysis is a versatile method that can be used to investigate various subjects such as people's experiences, perspectives, and thoughts (Kiger & Varpio, 2020). In addition, two ways to construct themes can be employed in thematic analysis: inductive and deductive or theoretical (Boyatzis, 1998; Braun & Clarke, 2006). Inductive coding involves deriving themes directly from the data, without a pre-existing coding framework. (Braun & Clarke, 2006). Coding is conducted without attempting to fit the researcher's analytical biases into the data. Nevertheless, it is worth mentioning that researchers cannot completely eliminate their theoretical and epistemological commitments, and the data will not be coded in an epistemological vacuum (Braun & Clarke, 2006). In the deductive, or theoretical, approach of thematic analysis, the analysis process starts with a pre-existing theoretical

framework (Ünal, 2022). In this approach, the researcher's theoretical or analytical interest is evident in the creation of themes (Braun & Clarke, 2006). This method aims to provide a more in-depth analysis of the theoretical aspects of the data, rather than offering a condensed description of the entire data set (Braun & Clarke, 2006).

2.3. Reasons for Choosing Qualitative Research and Thematic Analysis

According to Sandelowski (1986), qualitative research offers a more profound comprehension of events and phenomena that cannot be quantitatively measured. Kitzinger (1995) adds that it includes a wide range of perspectives to capture the multifaceted and intricate nature of the phenomenon under scrutiny. The primary objective of qualitative research is to examine the phenomenon of interest in its natural state without any alterations, as stated by Maxwell (2008). Further, qualitative research allows subjectivity to be explored by focusing on the individual's own reality rather than a single objective reality (Kisely & Kendal, 2011). Therefore, considering the research question and purpose, it was inevitable to conduct a qualitative study.

The research utilized thematic analysis, a qualitative methodology, to analyze the data. This approach was preferred because it enables researchers to gain a comprehensive understanding of a data set without being restricted to a particular field, as stated by Ünal (2022). Furthermore, it is an approach that allows flexibility, as noted by Braun and Clarke (2006). The primary aim of the study was to gain an in-depth understanding of the relationships between psychotic individuals and their parents from the perspective of the individuals themselves. To achieve this goal, the study sought to create themes inductively based on the information gathered from the data which included the subjective experiences and viewpoints of the participants. It was considered that thematic analysis would provide more space for the study of this topic. It is also possible to discuss the findings obtained by thematic analysis in different epistemological frameworks (Clarke & Braun, 2013). The analysis results of this study will be evaluated through the lens of psychoanalytic literature, with a particular emphasis on Lacanian theory. Providing a space for such a discussion is another reason why thematic analysis has been chosen.

2.4. Sampling Method and Participants

The participants in this study were seven adult male individuals between the ages of 25 and 35. They were diagnosed with schizophrenia according to the DSM-5 criteria and were follow-up patients at the Ankara City Hospital Psychiatry Service. The study sample selection was made based on the purposive sampling method. The purposive sampling technique is widely preferred in qualitative research because it is suitable for obtaining detailed information about cases with unique experiences or characteristics in the most effective manner (Patton, 2002). Purposive sampling refers to the selection of participants based on factors such as their knowledge, qualifications, or other characteristics (Bernard, 2002). By employing this method, the researcher seeks out people who have knowledge or experience on the topic and are willing and able to provide information (Bernard, 2002). Accordingly, some inclusion criteria were preferred to create a homogeneous sample in accordance with thematic analysis requirements. The criteria were (i) being male, (ii) being between 25 and 35 years of age, (iii) being diagnosed with schizophrenia in accordance with the DSM-5 diagnostic criteria, and (iv) not having any other psychiatric disorder accompanying the diagnosis of schizophrenia.

To conduct a thematic analysis, the sample size varies according to the question and purpose of the research. Braun and Clarke (2013) suggest that six to ten meetings are sufficient for small projects. According to Boyd (2001), the sample size of a study can range from two to ten participants, and this number of participants is sufficient for studying a specific phenomenon. Consequently, it was considered sufficient to interview seven participants to conduct a thematic analysis for the current study.

As per the sampling criteria, nine participants were scheduled for interviews. Nonetheless, two participants decided not to continue answering questions after beginning the interview and left the study. Therefore, the study was completed with seven participants. Additionally, a pilot interview was also conducted with a 27-year-old man with schizophrenia. Table 1 provides information regarding the demographic characteristics of the participants. To ensure confidentiality, the names of the participants have been altered.

Table 1. Demographic Information of the Participants

Participant	Age	Age at diagnosis	Education Level
Ahmet	25	23	University Student
Ali	28	24	High School Graduate
İsmail	35	22	Bachelor's Degree
Aziz	26	18	High School Graduate
Yusuf	28	26	Bachelor's Degree
Serhat	33	23	High School Graduate
Ozan	35	20	High School Graduate

The study involved participants aged 25 to 35 years. All individuals included in the research had been admitted to the psychiatry service during their initial psychotic episodes. The diagnoses were made by qualified psychiatrists throughout their hospitalization period. Ali's diagnosis was established at Bakırköy Mental and Neurological Diseases Hospital. Aziz received his diagnosis at Dışkapı Yıldırım Beyazıt Training and Research Hospital. Burak's diagnosis, on the other hand, was made at Ankara City Hospital Psychiatry Service. Additionally, the remaining participants received their initial diagnoses from psychiatrists at Ankara Numune Training and Research Hospital. Subsequently, all of the participants continued to receive follow-up care at Ankara City Hospital Psychiatry Service.

The demographic information also included their employment status. İsmail, a civil servant, was working to qualify for early retirement due to disability. Ozan, also a civil servant, frequently obtained medical reports and had irregular attendance at work. Ahmet had been a university student for seven years and was not employed. The other participants had quit their jobs during the diagnostic process and had not worked since. They also did not have a consistent work history before the diagnostic process. All participants were living with one or both of their parents. Furthermore, although marital status was not a predetermined sampling criterion, all participants were single.

2.5. Procedure

After the necessary planning for the study was made, ethical approval was obtained from the ethics committee of Middle East Technical University. Afterward, necessary institutional permission was obtained to collect data in Ankara City Hospital Psychiatry Clinic. As a next step, the pilot interview was conducted to determine whether the questions were understandable and whether the answers provided were appropriate for research purposes. Based on the results of the pilot interview, it was determined that the prepared questions were appropriate for the purpose of the interview. Following these stages, psychiatry specialists working in the psychiatry clinic were informed that individuals who both met the required criteria and who had volunteered to participate in the study could be referred to the researcher. The referred participants were first verbally informed about the purpose and subject of the study. Then, they were asked whether they would like to participate in the study. Participants who volunteered to participate in the study were asked to fill out the informed consent form and the demographic information form. It was made clear to the participants that audio recordings would be taken during the interview and personal information would be kept confidential. The interviews were conducted face-to-face in the interview room located within the psychiatry clinic.

In the interviews, a semi-structured interview form consisting of 13 open-ended questions about the relationship experiences of psychotic individuals with their parents was utilized. In line with the answers given, additional questions were asked to obtain more detailed information. At the same time, the interviews were audio recorded via a voice recorder to be transcribed later. Participants were given a post-research information form following the interview. The interviews lasted an average of 45 minutes (min. 34 minutes-max. 56 minutes). The data collection phase was completed in approximately 2 months.

2.6. Data Analysis

Although there are many methods for applying thematic analysis, the most used approach in social sciences is the 6-step approach presented by Braun and Clarke (Ünal, 2022). This approach briefly includes the processes of organizing the data,

coding the data, creating and reviewing the first themes based on the data, and finally creating the themes. As mentioned earlier, Braun and Clarke (2006) state that there are two styles of analysis: deductive and inductive. In this study, qualitative data obtained from the interviews were analyzed by adopting the inductive orientation (Boyatzis, 1998; Braun & Clarke, 2006) and following the stages suggested by Braun and Clarke (2006). Those steps are respectively “familiarizing yourself with your data”, “generating initial codes”, “searching for themes”, “reviewing themes”, “defining and naming themes” and “producing the report” (Braun & Clarke, 2006). Therefore, to conduct a thematic analysis, one must first become familiar with the transcribed data by reading it multiple times. After that, each text is encoded, and potential themes are generated from the codes. The fit of the themes to the coded data content and to the whole data set is checked. Following this, the entirety of the story presented by the analysis is identified, and each theme is clearly defined and named. Direct quote examples are selected, and the coded data content is analyzed again. In the final stage, the analysis results are reported in relation to the research question and literature.

In the current study, the suggested steps have also been followed. First, the audio recordings of the interviews conducted with the participants were deciphered. Then, these transcripts were read many times and necessary notes were taken to make one become familiar with the data. After that, the codes were created without depending on a pre-existing frame, and the codes were grouped to construct themes. The researcher regularly met with her advisors to discuss the data analysis and emerging themes. Before the meetings, to contribute to and guide the data analysis process, the co-advisor read all the transcripts, and the codes and analysis were discussed critically and in detail. The themes were also checked to ensure that they corresponded with the quotations from the data. In the final step, the data set was reviewed, then, themes and subthemes were defined, identified and named. Once these stages were completed, the findings were reported, and excerpts from the transcripts were used as suggested. The themes were presented in relation to the data set.

2.7. Trustworthiness of the Study

Since qualitative research is a systematic process of gathering information, the role and position of the researcher are important methodological considerations (Kaçar-

Tunç, 2020). In other words, due to the culture of qualitative research, the concepts of subjectivity in research and the reflexivity associated with it must be grasped (Braun & Clark, 2013). Subjectivity encompasses a researcher's perspective, view, understanding of the world, experiences, and political ideologies (Braun & Clark, 2013). Reflexivity includes self-awareness and a clear analysis of the researcher's role (Ünal, 2022). Consequently, the researcher should be aware that s/he may interact with research stages and results during the research process. At this point, reflexivity becomes critical in recognizing the various dimensions of the researcher's position during the research process (Kaçar-Tunç, 2020). Further, reflexivity plays an important role in understanding how these dimensions may affect research (Kaçar-Tunç, 2020).

Cambridge Dictionary (n.d.) defines reflexivity as “*the fact of someone being able to examine their own feelings, reactions, and motives (= reasons for acting) and how these influence what they do or think in a situation*”. Braun and Clarke (2013) define the term as “*the process of critically reflecting on the knowledge we produce, and our role in producing it*”. For this reason, regular meetings were arranged with both study advisors and peer group researchers. During these meetings, the researcher not only gained insight into her role but also discussed the data and outlined themes. In addition, it is suggested that the researcher should carefully consider their relationship with the research subject and share it (Ünal, 2022). Therefore, the researcher also would like to share how and why she chose the research topic;

“I am (Özger Arslan) a 30-year-old female psychologist. I completed my undergraduate studies in psychology at METU. Even when I started my undergraduate psychology degree, psychosis intrigued me. However, it became even more intriguing for me when I had the opportunity to observe psychotic patients at the Bakırköy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatric and Neurological Diseases during my undergraduate internship. Later, I began working as a psychologist in the psychiatry clinic at Ankara Numune Training and Research Hospital. While working here, I conducted interviews with numerous psychotic individuals. During this experience, I recognized the challenge of conducting interviews with psychotics and staying on common ground. This led me to further investigate the topic. As a result, my interest in psychoanalysis grew, and I was introduced to the Lacanian

approach. Afterward, I decided to pursue a master's degree and began my clinical psychology master's at METU. During my time pursuing a master's degree, I received various forms of training pertaining to my area of interest. This educational journey proved enlightening, allowing me to further refine my research focus. Drawing on my firsthand experience working with psychosis and the knowledge I gained from attending seminars and lectures, I decided to focus my research on the topic of the psychotic structure. Upon reviewing existing literature on the psychotic structure, I observed a predominant emphasis on the role of the mother and father. Concurrently, in my practical experience working in the field, I frequently encountered issues concerning the mother and father during patient interviews. I also noticed that delusional content often centers around parents, particularly in cases of paranoid psychosis. This led me to consider the relationship between psychoses and parental figures, prompting me to delve deeper into this area of study. In addition, I observed that the general approach is symptom-focused and does not take into account the subjectivity of the individual. If I had conducted this study with certain surveys, I would have continued with a similar approach. However, I wanted to approach the subject through individuals' subjective interpretations. For this reason, it became inevitable to conduct a qualitative study. Since I am a researcher who has a psychoanalytic orientation and emphasizes the subjectivity of individuals, I have chosen to work on this topic.”

CHAPTER III

RESULTS

The results of the in-depth qualitative analysis of the interviews are presented in this chapter. Based on the thematic analysis conducted, five themes were identified. The following table displays all of the themes and sub-themes.

Table 2. Themes and Participants

Themes and Sub-Themes	Participants
1. <i>“I do not have a relationship with my father”</i>	
1.1. Absent father	İsmail, Aziz, Ali, Ozan, Yusuf
1.2. Authoritarian father	Ahmet, Serhat, İsmail, Ali
1.3. Inferior father	Aziz, Ahmet, Ozan, İsmail
2. Emotionally overwhelming relationship with the mother	
2.1. Ambivalence towards the mother	Yusuf, Serhat, Ozan, Ali, Aziz
2.2. Enmeshed boundaries	Serhat, Aziz, Yusuf, Ali, Ozan
2.3. <i>“I only have my mother”</i> : Living with the mother	Ozan, Serhat, Ali, Aziz, İsmail, Yusuf
3. Claiming an identity	
3.1. Being the little kid of the family	Aziz, Ali, Serhat, Yusuf
3.2. Need to be alone	Yusuf, Aziz, Ali
3.3. Need to be seen and heard	İsmail, Ozan, Yusuf, Ali, Aziz
4. Quarrelsome family environment	
4.1. Fights and arguments between the parents	Yusuf, Ozan, Ahmet, Aziz, Ali, İsmail
4.2. Fights and arguments with the mother	Yusuf, Ali, İsmail, Ozan, Serhat, Aziz
4.3. Fights and arguments with the father aimed at protecting the mother	Aziz, Ahmet, Ali, Ozan, İsmail
5. The conflict around the romantic relationship	
5.1. The dialogue on <i>bride-shopping</i>	Yusuf, Serhat, İsmail, Ozan
5.2. Troubled romantic relationship	Ali, Serhat, Yusuf, İsmail, Ahmet

3.1. “I do not have a relationship with my father”

The theme reflects participants’ perspectives regarding their relationship with their fathers. The participants’ descriptions centered around the minimal or no relationship with the fathers. Accordingly, the sub-themes are *absent father*, *authoritarian father* and *inferior father*.

3.1.1. Absent Father

Most participants stated that they did not have a relationship with their fathers because they were not physically, symbolically or emotionally present with their families. The father’s physical absence was attributed to some reasons, such as not spending time with the family, socializing outside, and leaving his family alone. To illustrate, Ali explained that his father loved the nightlife and did not stay home much during Ali’s childhood. According to him, he had no relationship with his father because of this. He elaborated on this issue as follows:

I had no relationship with my father when I was a child. No relationship, none at all. As I was saying, out on the tiles, he was out on the tiles. He was drinking at that time. Because of not coming home for 2-3 days. If he does this every 10 days, it would be 9 days in 30 days. If we say that there would be an effort to recover and an effort to get out of its influence in 21 days, it’s a month. I don’t have much contact with my father.

Original

Benim babamla bir ilişkim yoktu çocukken. Yoktu yani basbaya yoktu. Yani alemler diyordum ya alemlere akıyordu, içki içiyordu o zamanlar. 2-3 gün eve gelmemesi sebebiyle. Bunu 10 günde bir yapsa, 30 günde 9 gün yapar. 21 günde de kendini toparlama çabası onun etkisinden çıkma çabası desek, 1 ay. Benim babamla fazla bir görüşürlüğüm yok.

He also indicated that as a child, he would go to the places his father frequented for nightlife in order to find him. He added, “*Because we were constantly searching for him, by saying, ‘Where? Where? Where?’*” (in Turkish, ‘onu arıyorduk çünkü sürekli nerde nerde nerde diyerek’).

Ozan emphasized the lack of a relationship with his father by saying, “*I don’t have a relationship with my father. My father lives in a separate district.*” (In Turkish, ‘Babamla bir ilişkim yok ki. Babam ayrı bir semtte yaşıyor’). After his parents

divorced, Ozan lived with his mother and away from his father. He said that his father's absence during his childhood caused him stress, but as he grew older, he no longer cared whether or not his father was present. According to his opinion, his father disregarded him, left him alone, and did not want to communicate with him. He reported that his father was more invested in his friends than in his relationship with his son and family.

Aziz's parents lived in separate shanties in the same garden, even though they were not divorced. Aziz has lived with his mother since childhood. Therefore, he and his father have lived separately. He explained that although the houses were physically close, he and his father were far apart in their relationship. He said, "*There was no social activity with my father. We were already distant. By distant, I mean that the houses were nearby, but we were distant.*" (in Turkish, 'Babamla da sosyal bir aktivitemiz yoktu. Uzaktık zaten. Uzak dediğim evler yakındı ama biz uzaktık'). Further, while mentioning his childhood, he recalled that his father had only prepared lunch for him once. After recounting this memory, he said, "*After that time, my father is absent for me anyway*" (in Turkish, 'Ondan sonrasında, babam benim için yok zaten'). Afterward, he explained that his father had moved to the village, so they were also physically more distant. He said that his father died there.

The narratives showed that the participants needed their fathers' presence. For example, İsmail recounted that he often had to go to the hospital with his mother due to his orthopedic condition, and his father left them alone during this time. He explained that instead of spending time with his child, his father drank alcohol. He specifically emphasized that he wanted his father would be a role model for him.

Similarly, Ali mentioned that he needed the father's guidance and presence. He stated that his father began to make an effort in this regard after the diagnosis period. Then, he added:

Loving, caring, having your back, guiding. These kinds of things, he is trying to do these. I see these, but now I am 28 years old. My feet, too, somehow got into the swamps. No matter how much guidance he provides, through my walking or the muddy footprints I left behind, they still find me.

Original

Sevmek, ilgilenmek, peşinden gelmek, yön gösterici olmak. Bu tür şeyler, bunları yapmaya çalışıyor. Bunları görüyorum ama yaşım 28 oldu. Benim de ayağım bir şekilde bataklıklara girdi. Ne kadar yön gösterici olsa da yürüyüşümden ya da arkamda bıraktığım çamur izinden beni buluyorlar.

Aziz seemed to need his father's presence because he stated that as he grew up, he became aware of his father's absence and the importance of the father. Regarding the distance between him and his father, he said, "Now, the only thing I think is, I wish I had spent more time with my father. I wish I had gotten to know him too." (in Turkish, 'Şu an, sadece tek düşündüğüm keşke babamla daha çok vakit geçirseymişim diyorum. Keşke onu da tanısaydım'). Similar to Aziz, Yusuf also expressed his desire to be close to his fathers in a similar manner.

Likewise, Ozan emphasized the need for his father's presence during his childhood. He explained the impact of his father's absence on his life with the following words:

Well, I look at life negatively as well. I look at it pessimistically, I look at it as if I am left helpless. This also makes me sad. My expectations seem to be going to waste. And you are just left with nothing. You are becoming something like an animal left off, like a puppy left off.

Original

Yani ben de olumsuz bakıyorum hayata. Yani karamsar bakıyorum, çaresiz kalmış gibi bakıyorum. O da üzüntü veriyor. Beklentilerim de boşa çıkıcakmış gibi oluyo. Ve ortada kalıyosun. Ortada kalmış bir hayvan gibi, ortada kalmış yavru köpek gibi bir şey oluyorsun.

3.1.2. Authoritarian Father

An authoritarian father can be operationally defined as a parent who tends to be strict, demanding, and controlling toward his child as well as his wife. He may have a rigid parenting style with limited warmth and responsiveness and may rely on physical or verbal aggression to maintain control. Some participants have described a harsh and violent father figure, especially during their childhood years. They also attributed their lack of relationship with their fathers to these negative behaviors. To illustrate, according to Ali, his father never showed him love or guidance, and their relationship had always been bad. He indicated that his father was always so harsh. In addition, he

explained that during his childhood, his father drank heavily and perpetrated violence against his family members. He narrated that currently, his mother had assumed the role of the authority figure, and gradually, his mother also started hitting his father. He said,

She also started hitting him. He hitting her, she hitting him, eventually, my father gave up. So, it is a bit like a movie, but in the end, my father gave up. He never even touched her because he had lost his power. I do not know if it was that my mother became stronger. I do not know about that either.

Original

O da ona vurmaya başladı. O ona o ona derken, artık babam pes etti. Yani birazcık film gibi ama en son babam pes etti. Daha hiç dokunmadı çünkü güçten düştü. Bilmiyorum annem mi güçlendi artık. Onu da bilmiyorum.

İsmail, on the other hand, explained that his father often drank and was unaware of what he said when drunk. He qualified his father's sayings as "words that should not be said to a boy child" (in Turkish, 'erkek çocuğuna söylenmeyecek kelimeler'). He recounted that his father's words hurt him deeply, but he could not say anything to his father about it. He also added the following about his father:

Because the father is different. A child can do anything to their mother. He can make the mother buy everything he says, he wants. But his father in this regard, well, since the father is more authoritative, it is more difficult.

Original

Baba çünkü farklıdır. Anneye her şeyi yapabilir çocuk. Her dediğini, istediğini aldirabilir. Ama babası biraz bu konuda, baba daha otoriter olduğu için, o yönden zor.

Further, İsmail said that his father was constantly shouting at home and left them alone. He reported that he had hoped his father would be a positive role model for him by taking him to the mosque and teaching him how to pray but instead, his father chose to drink alcohol.

Ahmet defined his relationship with his father as "an absence of relationship". According to him, he could not establish a relationship with his father due to his father's behavior. His father was attempting to dominate everything at home, and as a

result, they frequently argued both physically and verbally. He also said the following about his father:

I do not like my father's characteristic traits. He is stubborn, like an emporer, he acts as if he were a sultan. He does not explicitly say, "I'm the boss of this town" but it feels that way to me... He behaves like a sultan, or so shouting and giving orders.

Original

Babamın karakteristik özelliklerinden hoşlanmıyorum. İnatçı, saltanat sahibi gibi sanki padişah gibi modlara giriyo. Hani ben bu şehrin ağasıyım demiyo ama bana öyle geliyor... Öyle padişah misali tavırlara giriyo, het höt falan.

According to Ahmet, likewise Ali, now the authority has passed to his mother:

Let me put it this way, there was the father's authority at home. Whatever he said, that's how it went, and my mother could not really say much. But now, it has completely reversed. Whatever my mother says, that's how it goes. It feels very strange. Because in the past, there was the father's authority, but now it has shifted to the mother.

Original

Şöyle söyliyim babanın otoriterliği vardı evde. Baba ne derse, o oluyodu, anne pek bir şey söyleyemiyodu. Ama şu an tam tersine döndü. Anne ne derse o oluyo şimdi. Çok garip geliyo. Çünkü eskiden babanın otoriterliği vardı, şimdi anneye geçti otoriterlik.

The authoritarian father can typically be the final decision-maker for all other people at home. While many participants shared similar experiences, Serhat provided the clearest example of this situation. Serhat associated his father's authority with being a decision-maker at home. He said:

Well, the things that we would do, my father would, well, he would choose them. My mom, she was a housewife, and well, she would have stayed back more. For example, my father would manage some stuff. For example, things related to money, where to go, this and that. My mother would only bring up ideas. Maybe my father would listen a little and act on his own opinion, see, because he was dominant I guess.

Original

Yani hareket edeceğimiz şeyleri babam şey yapardı seçerdi. Ev hanımıydı annem de daha böyle daha geride kalırdı. Mesela bazı şeyleri babam yönetirdi. Mesela para ile ilgili işler, bir yere gidilecek işler, onlar bunlar. Annem yalnızca fikir üretirdi belki babam biraz dinler kendi fikriyle hareket ederdi hani baskın olduğu için bence.

3.1.3. Inferior Father

Some participants seemed to have the perspective that their father was physically, mentally, or economically inferior. The perspective of the “inferior father” appeared to undermine the fathers’ position. To illustrate, Ahmet’s father was a war veteran who had lost half his leg. He directly described his father as lacking and said the following:

While everyone else’s fathers are complete, my father is half. I mean physically; he is half in a sense... My father, I wish he had not been injured. I would have wanted that. While saying how I feel, it is melancholic. So, my father being wounded is something that brings me sorrow.

Original

Diğer diğer herkesin babası tamken, benim babam yarım. Yani fiziksel olarak bir nevi yarım... Benim babam keşke yaralanmamış olsaydı. Ben bunu isterdim. Nasıl bir şey hissediyorum derken, hüznü. Yani babamın yaralı olması üzüntü verici bir şey benim için.

According to Ahmet, his father was not like a “whole person”. For him, his father’s physical deficiency seemed like enough to diminish his father’s position. Further, during the interview, he made other statements that devalued his father. Similarly, Aziz held a belief that his father was not a “normal person”. He said that his father could be suffering from schizophrenia. In his opinion, his father had been inadequate in explaining his problems due to his mental illness. He recounted that his father’s problems prevented him from spending time with him, which caused a failure to establish a relationship between the two.

The concept of an “inferior father” was also expressed in the context of the father’s lack of financial resources. The father of Ozan was lacking both in terms of financial support and his presence in Ozan’s life. He mentioned that they could not establish a “normal family life” and always felt inferior. He emphasized his father’s financial insufficiency many times. He also added that his mother did not want his father because of his lack of money

3.2. Emotionally Overwhelming Relationship with The Mother

This theme reflects the participants’ perspectives on their relationship with their mothers. The participants’ comments regarding their relationship with their mothers

showed that they felt emotionally overwhelmed by their relationships with their mothers. The theme covers the subthemes of *ambivalence towards the mother*, *enmeshed boundaries* and *“I only have my mother”*: *living with the mother*.

3.2.1. Ambivalence Towards the Mother

Ambivalence toward the mother means that the participants may have both positive and negative feelings toward their mother or feel simultaneously loving and resentful toward her. This sometimes refers to a state of mixed feelings or contradictory emotions that the participants experience toward their mothers. For instance, Ali directly referred to his relationship with his mother as *good but contradictory*. He explained that he had a good relationship with his mother. However, he added that he was angry with his mother because she acted as if she did not care about him. Consequently, he attributed the contradiction to this factor.

Ambivalence toward the mother often stems from her role as the caregiver, which can provide nurturing and support, while also being a source of frustration and resentment for some participants. While the participants seemed like they wanted to be constantly contained by their mothers, they could not tolerate even the slightest lack of mothers. For example, Ozan was living with his mother. Similar to other participants' mothers, Ozan's mother was responsible for all domestic duties. Even though he was angry with his mother and arguing with her for small reasons, he seemed to need her to take care of him because there was no one else to do that for him. Ozan stated that he had a good relationship with his mother, but often quarreled with her. The same was true for Serhat. He explained that he loved his mother very much, but they sometimes quarreled. On his relationship with his mother, he said *“I usually try to think straight. Sometimes there are negative thoughts and I get tired, and for this reason, we can argue, shout about the smallest issues.”* (in Turkish, ‘Genelde düzgün düşünmeye çalışıyorum. Bazen de olumsuz düşünceler oluyor, yoruluyorum ve bu sebepten dolayı da ufak bir şeyde tartışabiliyoruz, bağırabiliyoruz.’).

Further, it seemed like Serhat also needed the presence of his mother, but her discourses caused him to have negative thoughts. He shared:

Now, the mother prepares your dinner, sends you to work when necessary, sends you to school when necessary. You feel a little comfortable. But over time, when you are not fully mature, when the person is not mature, when the mother says something, he feels annoyed. Fights over the little things... Prolongs and prolongs... It is growing when she does not understand you, when you do not understand her. The mother is always the jewel in the crown.

Original

Şimdi anne yemeğini hazırlıyor, yeri geliyor işe gönderiyor, yeri geliyor okula gönderiyor. Biraz kendini rahat hissediyorsun. Ama zamanla sen tam olgunlaşmadığın zaman, kişi olgunlaşmadığı zaman, annesi bir şey dediği zaman canı sıkılıyor. Ufak bir şeyde kavgalar... Uzattıkça uzattıkça... O seni anlamayınca, sen onu anlamayınca büyüyor. Ama anne her zaman şeydir baş tacı.

Yusuf also expressed mixed emotions and contradictory statements about his mother. He mentioned that he attended school because his mother wanted him to, but he felt disappointed due to the lack of support from her. On the other hand, he explained that despite blaming his mother, he thanked her for everything and loved her very much. Further, he pointed out that his relationship with his mother made him feel like a loser. At the same time, he also described their relationship as *very good*. The presence of both gratitude and disappointment in his narratives indicated the ambivalence in his relationship with his mother.

3.2.2. Enmeshed Boundaries

Enmeshed boundaries refer to a type of relationship dynamic where there is little to no boundary between the participant and his mother. This can manifest in different ways, such as the mother being overly involved in the person's life, making decisions for them, or not allowing them to have their own autonomy. The narratives of the participants highlighted these enmeshed dynamics, where the boundaries between themselves and their mothers are intertwined and permeable. Aziz's narratives are the most evident examples of enmeshed boundaries. He asserted:

My mother started to take me with her to cleaning jobs at D. Hotel from a young age. The more I said wouldn't go, the more she insisted on taking me with her. She did not leave my back until the age of 26. She is still acting as if I am a 3-year-old kid. There were still times when she even gave me a baby bottle in my sleep at night... She already took me wherever she went. It was like I had no other choice.

Original

Beni annem küçük yaştan itibaren otel D.'ye temizlik işlerinde yanında götürmeye başladı. Ben gitmem dedikçe o ısrarla götürdü. 26 yaşına kadar peşimi bırakmadı. Hala 3 yaşında bi çocuk gibi davranıyor. Hala geceleri uykumda biberon bile verdiği oluyordu bu şekilde... Zaten nereye gitse beni de götürüyordu. Başka çarem yok gibiydi.

Aziz frequently mentioned his mother's intrusive behavior, for example, he stated that his mother even interfered with him watching cartoons. Besides, Yusuf described his mother as overly involved in his life. He even stated that the reason for the end of his romantic relationship was his mother. He said:

My mother, for example, would try to hinder even that (talking about his romantic relationship). She was coming, shouting in the room. She would constantly try to psychologically bring me down. Because of that, I was trying to present myself to the girl as a different person, I was trying to show to be a personality I'm not. Thereby, the relationship could not progress smoothly, and it ended.

Original

Annem mesela ona bile (romantik ilişkisi için söylüyor) engel olmaya çalışıyordu. Geliyordu, odada bağırıyordu. Konuşurken sürekli beni psikolojik olarak dibe çekmeye çalışıyordu. Ben de bundan sebep kıza kendimi farklı bir insan olarak göstermeye çalışıyordum, olmadığım bir kişilik gibi göstermeye çalışıyordum. Dolayısıyla ilişki doğru düzgün yürüyemedi ve bitti.

Further, he seemed unable to separate from his mother's desire. He indicated:

I was getting along very well with my mother when I was a child. I loved her very much. We were like friends during my childhood. I would always listen to her, do what she said, and be friends with the people she approved of. I had a friend named E., my mother loved him very much. I would constantly meet up with E. both because my mother approved and because I genuinely liked E. So, I would try to make my mother satisfied with me in this way.

Original

Çocukluğumda annemle çok iyiydim. Çok severdim onu. Arkadaş gibiydim çocukluğumda annemle. Hep onu dinlerdim, onun dediklerini yapardım, onun dediği insanlarla arkadaş olurdu. İşte E. diye bir arkadaşım vardı, annem onu çok severdi. Sürekli E. ile görüşürdüm, hem annemin rızası var diye hem de E. 'yi seviyorum diye. Yani annemi böyle kendimden razı etmeye çalışırdım.

Like Yusuf, Serhat seemed to always be attentive to his mother's words. From Serhat's perspective, his mother was in the position of "a person who knows the truth.". He said:

Let me tell it this way, now, with my mother I feel comfortable. I know she is my mother, and she tells me what is right. When something happens, she tells me the right thing. Well, about manners and so she tells me the right things.

Original

Şöyle söyleyim şimdi, annemle kendimi rahat hissediyorum. Annem olduğunu biliyorum ve yani doğru olanı söylüyor annem. Bir şey olduğu zaman doğru olanı söylüyor bana. Yani terbiyede şeyde doğru olanı söylüyor bana.

Ali mentioned that he felt *uneasy* in his relationship with his mother during his childhood. According to him, the reason for this feeling was that when his mother went somewhere in his childhood, his mother did not take him, despite his request to “*Take me along too.*” (in Turkish, ‘Beni de götür.’). He also added that he cried during such times. On the other hand, nowadays, as an adult, he complained that his mother did not leave him alone. He stated that his relationship with his mother stressed him. In addition, throughout his narrative, Ali described a mentally intertwined relationship with his mother. He explained that in his childhood after his mother went on Hajj, his mother might have been given some duties there. He stated that these duties might be transferred to him through his mother. In his own words, he described his thoughts as follows:

What was given to her may be passing to me too, or it may be interfering with me. Or with what was given to me she went and came back. It's like there's a competition within us, and when I do too much, the issue arises. When I do too little, the issue arises too. Even when I do moderate, the issue arises.

Original

Ona verilmiş olan bana da geçiyor olabilir ya da karışıyor olabilir. Ya da bana verilmiş olanla o gitti geldi. Yani içimizde bir yarış var sanki ben fazla yaptığım zaman sıkıntı çıkıyor. Ben az yaptığım zaman da sıkıntı çıkıyor. Ortasını yaptığım zaman da sıkıntı çıkıyor.

Similarly, the feeling of having a shared mind seemed to exist in all relationships where the mother took on the caregiving role. To illustrate, Serhat described his mother as a person who understood everything about him. For Serhat, the boundaries between him and his mother appeared to be so intertwined that it seemed as if his mother should also be aware of everything he was going through mentally. He stated:

There have been times when I used to think that as if something was happening to me, my mother, my mother was not getting upset at all. It is because I could

not think maturely, I mean since I could not think maturely. I felt as if my mother, who used to get upset over the smallest things, was not getting upset anymore.

Original

Sanki bana bir şey oluyormuş da annem annem hiç üzülmiyormuş gibi düşündüğüm zamanlar oldu. Olgun düşünemediğim için olgun düşünemediğim için yani. Bu zamana kadar en ufak şeyime üzülen annem sanki üzülmiyormuş gibi hissettim.

Yusuf and Ali also had a belief that their mothers could understand them. Further, Ozan's speech is noteworthy regarding mentally enmeshed boundaries because he spoke as if he and his mother shared a similar understanding and emotional state. The boundary between his mother and himself seemed to have disappeared. He usually used "we" instead of "I" in the interview. Especially, the following quote is an example of this:

O: After the illness started, our life turned negative, I mean

M: What you call our life

O: My life. I mean, our life, including my mother's life. It turned negative when the illness came up. We started taking medication due to the illness. After that, of course, life got worse for us.

Original

O: Hastalık başladıktan sonra hayatımız negatife döndü yani

M: Hayatımız dediğiniz

O: Hayatım benim. Annemin hayatı da dahil bizim hayatımız yani. Negatife döndü yani hastalık çıkınca. İlaç içmeye başladık hastalıkla. Ondan sonra hayat, tabi ki, daha kötüye gitti bizim için.

3.2.3. "I only have my mother": Living with the Mother

All the participants, except for İsmail, lived with their mothers or parents. Many explained that the reason they lived with their mother is as follows: "I only have my mother.". An example of this can be found in Ozan's narrative. Ozan has been living with his mother since he was a child because of his parents' divorce. As an explanation for why he was still living with his mother, he stated the following:

I am single. I mean I have no one else. No one would take me into their home. Since no one would take me into their home, I can only live with my mother.

Original

Ben bekarım. Yani başka kimsem yok. Başka kimse beni evine almaz. Evine barkına almadığı için bir tek annemle yaşabilirim yani.

Like Ozan, Serhat, who appeared to depend on his mother's care, pointed out that he could only live with his mother. Serhat said:

It feels like if my mother does not take care of me, no one else would. I stay with my mother. My other siblings are married. I have five brothers and one sister. They are all married, have their own jobs and responsibilities. They are good. I have not been working for two years.

Original

Annem bakmazsa kimse bana bakmaz gibi geliyor. Annemle beraber kalıyorum. Diğer kardeşlerim evli. 5 tane abim var 1 tane kız kardeşim var. Hepsi evliler hepsinin işi var gücü var. İyiler. Ben de 2 senedir çalışmıyorum.

Similarly to Ozan, Aziz has lived with his mother, separately from his father, since childhood. He shared the following remarks about this experience: “*We live alone in the house above with my mother. My mother does the housework, watches TV, and I deal with the computer.*” (in Turkish, ‘Biz yukarıki evde tek yaşıyoruz annemle. Annem evin işlerini yapar televizyon izler ben de bilgisayarla uğraşırım.’). As seen in these quotes, the role of mothers was described with reference to giving care and managing household tasks. The mothers were responsible for all household chores and other household responsibilities. It might be asserted that as long as the person remained under his mother's care, he was not required to take responsibility.

In the period following their first psychotic episodes, many participants have either been fired or left their jobs. Therefore, most of the participants were unemployed. “Not to work” also seemed to be one of the factors that led to living with the family. For example, Yusuf explained that he remained with his family and spent the day with his mother because he did not work. It could be argued that the person was not necessary to leave his mother unless he worked. To illustrate Ali stated:

Nowadays, I am at home all day. My mother is also at home. She reads the Quran, prays. I don't have any friends like I used to, as I mentioned before, I had difficulty adapting. I don't want to have conversations or talk with anyone. When it's like that, you are with your mother all day. You're talking to her, eating meals together.

Original

Ben Őimdi tm gn evdeyim. Annem de evde. Kuran okuyor, dua ediyor. Eski gibi arkadaŐım yok dedim ya adaptasyon sorunu yaŐadım. Kimseyle muhabbet etmek, konuŐmak istemiyorum. Byle olunca tm gn annenlesin. Onunla konuŐuyor, onunla birlikte yemek yiyosun.

As can be seen in Ali's narrative, in addition to unemployment, the absence of previous social relations is also one of the reasons for spending more time with the mother. Similarly, some participants reported spending more time with their mothers because their past social relationships with their siblings or friends did not continue. For example, in this context, Serhat said:

I don't have a circle of friends anymore, no one from my old friends. My brother is the only one calling. It is like that no one knows how anyone else is doing, you know. I only have my mother with me.

Original

ArkadaŐ ortamım yok ondan sonra eski arkadaşlarımdan. Abimgil arıyor tek. O da yani kimse kimsenin ne halde olduĐunu bilmez ya bazen yle. Bir tek annem var benimle.

Ozan pointed out that he had not had his old friend network. Afterward, he added;

It's only my mother who comes with me here. I have other relatives, I have many other relatives, but no one else comes. I have plenty of relatives, but they don't even call me. It's only my mother who comes, and if she wasn't, no one would come, no one at all. We were more crowded when I was a child. We were together with siblings. My mother, my maternal and paternal grandmothers, we were crowded back then. Our lives were together. Then, by leaving one by one, we were left alone. Fading away and away. As relatives grew distant from each other, it was just my mother and me left.

Original

Bir tek annem geliyor zaten benimle buraya. BaŐka akrabalarım, bir sr akrabam var baŐka kimse gelmiyor. Bir sr akrabam var telefon bile etmiyorlar. Bir tek annem geliyo o da olmasa hiŐkimse gelmez hiŐkimse... Çocukken daha kalabalıktık. KardeŐler bir aradaydık. Annem, anneannem, babaannem kalabalıktık o zaman. Hayatımız bir aradaydı. Sonradan ayrıla ayrıla tek kaldık iŐte. UzaklaŐa uzaklaŐa. Akrabalar birbirinden uzaklaŐtıkça tek kaldık annemle.

3.3. Claiming an Identity

“Claiming an identity” may be described as an attempt to anchor an identity to eliminate indecision and uncertainty in the family and within society. A concept of identity is used here to refer to the participant and his role within the family and society. Based on participants’ statements concerning identity, three sub-themes emerged: *being the little kid of the family*, *need to be alone* and *need to be seen and heard*.

3.3.1. Being the Little Kid in The Family

In the narratives of the participants, “being the little kid in the family” was expressed in contexts such as increasing age differences with parents, sibling rivalry, and being unable to leave the position of a child. For example, Serhat stated that he was the family’s youngest male child and did not have a brotherly relationship with his father due to an age gap of approximately 45 years. According to him, this age gap led negatively affected their relationship closeness.

Aziz said that his mother gave birth to him at the age of 45, and that’s why his mother still saw him as a child. According to him, his brothers also treated him in the same manner. Further, he added, “*She should treat me a little like I was a big man. She should admit that I’ve grown up. I can eat and drink as I wish. My mother should accept these already.*” (in Turkish, ‘Biraz büyük adam gibi davransın bana. Büyüdüğümü kabul etsin. İstedığımı yerim içerim. Onları kabul etsin artık annem’).

Participants also seemed to be very careful about their mother’s gaze on their older siblings. To illustrate, Serhat explained that while his older brothers went to work, he stayed at home with his mother and sister. He mentioned that his mother would prepare breakfast for them before his brothers left for work. According to him, he felt jealous of his brothers and stated:

There were times when I even envied my brother who is 9 years older than me... There are times when I think that as if she shows more attention to them. Sometimes among one's siblings, well, when I'm jealous of.

Original

9 yaş büyük abimi onu bile kıskandığım zamanlar oldu... Sanki onlara daha çok ilgi gösteriyor gibi düşündüğüm zaman oluyor. Ya bazen insanların kardeşleri arasında, öyle kıskandığım zaman.

According to Ali, he was dealing with disorders because he was the youngest in the family. He explained that being the youngest member of the family caused him to feel distressed and burdened. He mentioned that he suffered from problems such as psychotic disorder and schizophrenia because of these feelings. Aziz also addressed a similar logic. He conveyed:

The doctors insistently say that they want to cure me. It's like they are thinking, 'let's save the last one, the rest doesn't matter, they are lost anyway, 'you know. The result affects me.

Original

Doktorlar da illa ki seni tedavi edelim diyorlar. Hani son kalanı kurtaralım da gerisi önemli değil onlardan iş geçmiş der gibi yapıyorlar sanki. Sonucu bana yansıyor.

The youngest child in the family appeared to be expected to fulfill the mother's expectations. Also, Yusuf and Aziz shared similar experiences. Yusuf asserted that he felt pressure to fulfill his mother's wishes because he was the little child in the family. Aziz articulated that his mother had certain expectations for him based on the success of his older siblings, and he has also felt pressure to live up to those expectations.

3.3.2. Need to Be Alone

The "need to be alone" refers to the desire of the participants to distance themselves from their families and live on their own. Most participants expressed a wish to be away from their families. Yusuf, for example, mentioned that living with his parents was very challenging for him due to his parents' lack of understanding. He articulated that he felt the need to start a business and move out of the house.

Aziz complained that his mother did not let him be. He also mentioned that he used to lock himself in his room and sit there because he did not want to see his mother's

behavior. Aziz, who has also described intertwined relations with his mother, expressed his demand from his mother as follows:

I'm telling my mother to leave me alone and go away. I'm saying, I am not your child, I'm 26 years old, and I haven't been able to do anything because of you until now.

Original

Git başımdan artık bırak peşimi diyorum. Ben senin çocuğun değilim, 26 yaşındayım 26 yaşıma kadar bir şey yapamadım senin yüzünden diyorum.

Referring to his personal experiences, he described his need to be alone with these words, “*I want to get up and leave, I want to go away, I want to leave everything behind*” (in Turkish, ‘Artık kalkıp gitmek istiyorum, çekip gitmek istiyorum, her şeyi geride bırakmak istiyorum.’). On the other hand, İsmail indicated that he frequented places like casinos and pavilions to escape from his family.

The need to live alone seemed essential for Ali. Similar to Aziz, Ali complained that his mother did not leave him alone. Then, he added:

There are so many others inside me that I can't find myself anymore. That's why I'm coming back to what I said earlier, even if I try to stay away from people, they can't stay away from me. I can live alone at this moment, I have the potential to live alone. Even if it's an emotional connection, there is that strength, thanks to Allah, by Allah. Then people don't leave me alone, saying, "It can't be without you."

Original

O kadar çok içimde başkaları var ki kendimi bulamıyorum artık. O yüzden de az önce söylediğim şeye geleceğim ben insanlardan uzak dursam da insanlar benden uzakta duramıyorlar. Yani tek başıma yaşayabilirim şu anda tek başına yaşama potansiyeline sahibim. Duygusal bağlantıda da olsa o güç var elhamdulillah, Allah tarafından. O zaman da insanlar benim peşimi bırakmıyor “yok sensiz olmaz”.

3.3.3. Need to Be Seen and Heard

It is possible to say that for many participants, being seen and heard was fundamental, particularly within familial contexts. However, it is conceivable to state that their wishes and demands were being disregarded and overlooked, ultimately leaving them feeling unheard. The participants seemed to be seeking to have their words listened to

and understood. For example, Ali expressed that his mother failed to listen to him or consider his opinions and desires. He stated:

Well, my mother is a little awkward when she talks to me. I feel like I want to tell her more about my problem, but she is a little bit awkward. Well, she is someone who never listens to and cares about what I say. She thinks it's different when it's about her, I guess, I don't know.

Original

Yani annem birazcık ters geliyor bana konuşurken. Ona derdimi anlatma isteği daha çok geliyor lakin bana karşı birazcık ters. Yani dediklerimi hiç dinlemeyen hiç dikkate almayan birisi bu kendisine gelince farklı oluyor sanıyor herhâlde onu bilmiyorum.

Similar to Ali, Yusuf also shared that he was not understood by his mother, and asserted:

I have a problem with my mother. She's mixing up that stuff, she's not aware of it. I'm doing the same thing now, doing what my mother does, and she's not aware of it. That's the issue. I get angry at my mother when we talk.

Original

Benim annemle bi sıkıntım var. Annem orayı karıştırıyor farkında değil. Aynısını yapıyorum bu sefer, annemin yaptığını yapıyorum o farkında değil. Mesele o yani. Konuşurken anneme sinirleniyorum.

It is viable to claim that taking a position and being visible within the family seemed critical to the participants. It was as if the identities of many participants were being disregarded within their families. To illustrate, for Ali, even the size of the plate placed on the table for him was indicative of being disregarded. He asserted:

When I was small, for example, I used to be troubled that they wouldn't even put a plate for me because I was the small one at the table. I wouldn't sit at that table and walk away. How many things did she put on the tables of the others for example? Then I became even more obsessed, I would look at how many things she put for them, and then I would look at mine. If there were fewer, I would get up and leave.

Original

Küçükken mesela masada küçüğüm diye bana tabak koymamasını bile takardım kafama. O masaya oturmazdım çeker giderdim. Kime kaç tane şey koydu masada? Ondan sonra iyice takıntılı hale geldim zaten kime kaç tane şey koydu onlara bakardım sonra bir de kendiminkine bakardım azsa yine kalkar giderdim.

Ismail appeared to desire acceptance as an adult. He stated that despite being 35 years old, his parents did not listen to him or respect his wishes. It seems that Ozan was not being heard by his father. He explained that his father never listened to any of his problems and always brushed him off. He emphasized that they did not even talk on the phone anymore. He explained that he used to want to talk to his father, but now he did not care.

3.4. Quarrelsome Family Environment

Domestic disputes and arguments were mentioned in all of the interviews. These arguments ranged from verbal disagreements to physical altercations. The research findings indicated that these fights and arguments can occur among all the family members. As such, this theme is composed of three sub-themes: *fights and arguments between the parents*, *fights and arguments with the mother* and *fights and arguments with the father aimed at protecting the mother*.

3.4.1. Fights and Arguments Between the Parents

In the narratives, the relations between the mother and father were generally characterized by fights and arguments. The parents' relationships were described using negative words such as uneasy, tumultuous, unbalanced, and other similar concepts. To illustrate, Ozan explained that his parents had constant fights and uneasiness. Then, he added that his parents divorced due to severe incompatibility and economic problems. Actually, economic problems seemed to cause a lot of fights. For example, İsmail and Yusuf also emphasized this issue. In addition to economic problems, it is to say that alcohol consumption by the father plays a critical role in initiating these conflicts. For instance, Ali pointed out that his father drank alcohol and beat her mother. İsmail also emphasized his father's alcohol consumption, which caused fights and arguments.

Aziz indicated that his parents fought a lot, and his father even attempted to kill his mother. His parents were not divorced, but they were living separately. İsmail described a similar relationship. His comment on his family was as follows: "*The relationship was broken. Every day, quarrel, fight, argument...*" (in Turkish, '*İlişki*

bozuktu. Her gün kavga dövüş atışma..') and "We were a bit restless." (in Turkish, 'Huzursuzduk biz biraz.'). Further, he added:

They both left each other into loneliness. They're like two strangers in the same house. Even though we were in the same household up until the recent 2.5-3 years, they didn't speak to each other like enemies for years.

Original

İkisi de öyle birbirlerini yalnızlığa terk etti. Bir evde 2 yabancı gibiler. Bu 2,5-3 seneye kadar aynı ev ortamında da olsak birbirlerine düşman gibi konuşmuyorlardı yıllarca.

Additionally, he explained that when he was a child, he became obsessed with the broken relationship between his parents, which made him mentally depressed. Similarly, Ahmet claimed that he was affected by his parents' relationship mentally. According to him, his parents were unhappy because of their marriage. He stated:

I think why they got married if they do not love each other. Why did they have a child, for example? Or if they are unhappy, they can get divorced. I defend that idea. I mean, if there is a bad marriage, people have the right to divorce.

Original

Birbirlerini sevmiyolarsa niye evlendiler bunu düşünürüm yani. Niye bir çocuk yaptılar mesela? Ya da hayır mutsuzlarsa mesela boşanabilirler. Ben bunu ben bunu savunuyorum. Yani kötü bir evlilik varsa ortada, insanlar boşanır hakları var.

3.4.2. Fights and Arguments with the Mother

The participants also stated experiencing arguments and conflicts within their families, particularly with their mothers. Despite mentioning having overall good relationships with their mothers, they also reported frequent arguments. For instance, Ozan described having numerous disagreements and conflicts with his mother, one of which resulted in her being hospitalized. Furthermore, Aziz reported that he could not express his desires to his mother, which led to arguments between them. He stated:

I want to drink tea, but my mother says that tea doesn't make you sleepy. But I already sleep when I feel sleepy. For example, I want to watch the cartoon series "Rick and Morty" at home. She gets mad even at that... And also I tell my mother that I am an atheist for example. She looks for a Hodga with my

sister H. to find out whether I am possessed by demons. Now, I can't explain if I am the one with schizophrenia or they are the ones who have schizophrenia.

Original

Çay içmek istiyorum annem diyor ki çay uyutmuyor etmiyor. Ben zaten uyuyorum uykum gelince. Mesela evde ricky and morty çizgi filmi izlemek çizgi dizisini izlemek istiyorum. Ona bile kızıyor... Bir de anneme ateistim diyorum mesela. Hoca soruşturuyor cin mi bulaştı diye h. ablamla beraber. Şimdi ben mi şizofreni hastasıyım onlar mı şizofreni hastası bunu anlatamıyorum.

Many participants shared that they experienced intense anger towards their mothers and had frequent arguments with them, especially during the onset of their first psychotic episodes. For example, Ali pointed out;

I was very angry, you know, I argued a lot with my mother... I was a little harsh on my mother, and then something squeezed my jugular vein. I felt like I was going to die. There were a lot of strokes, I felt a hard stroke. After that, everything got pretty quiet.

Original

Çok sinirlendim böyle annemle tartıştık baya...Anneme birazcık sert çıktım sonra bir şey şahdamarımdan beni bi sıktı. Hani canım çıkar gibi oldu böyle. Baya bi çarpılma, sert bi çarpılma oldu. Ondan sonra etraf baya bi sessizleşti.

Regarding the argument with the mother at the onset of psychosis, another example was given by İsmail. İsmail stated that he did not want his mother to be present during his initial hospitalization due to his anger towards her. He said, “*During my first attack, I felt very angry with my mother and I had the feeling not wanting her by my side.*” (in Turkish, ‘İlk atağımda anneme çok kızar gibi oldum yanımda istememe duygusu geldi.’). Further, he added that he was very angry with his mother during psychotic exacerbations. He stated;

My exacerbation periods become apparent a few days in advance. I get angry at everything. For example, when my mother repeats a topic or something else, I get angry. There are incidents like that. Sometimes, I would shout and stand up to my mother, saying, “What do you want from me?”. I don't mean physically harming my mother. There have been days in the past when I said, “Kill me, just kill me and get rid of me. Let me be free from all of you.”

Original

Alevlenme dönemlerim birkaç gün öncesinden belli oluyor. Her şeye sinirlendiğim oluyor. Hatta örneğin annem bi konuyu, bir şeyi tekrarlasa kızıyorum. Buna benzer olaylar. Bazen anneme ‘senin benden istediğin ne’

deyip, bağıırıp böyle ayağa kalkmalar. Anneme vurma anlamında demiyorum. 'Beni öldürün de beni öldürün de kurtulun. Ben de kurtulayım sizden' dediğim günler de oldu geçmişte.

Not only was Serhat angry with his mother, but he also resorted to violence against her. He expressed his regret in the following words:

I regret and now I'm doing well. I won't do anything anymore from this point on. There might be arguments between us. It could happen from this time, too. I do not know what the situation will indicate.

Original

Pişmanım ve şu an iyiyim. Hiçbir şey de yapmam bu saatten sonra. Bağırış mağrış olur aramızda belki. Bu saatten sonra da olabilir belki. Bilmiyorum çok durum neyi gösterir.

He explained that they had hardly any communication with his mother at that time. According to him, he was angry with his mother, which made him tired. Also, Aziz stated that he was angry with his mother during the onset of the psychosis, which caused him to feel uneasy, and he wanted to attack her. He mentioned that his mother tried to give him medicine for sleeplessness, but that he did not need it. Then, as a result of her mother's call to the police, he was taken to the hospital. On the other hand, Ozan mentioned a pessimist and boring atmosphere between him and his mother during the diagnosis process. He indicated that his mother wanted him to study, but he did not want to do so.

3.4.3. Fights and Arguments with the Father Aimed at Protecting the Mother

Regarding the fights and arguments with the fathers, it can be asserted that the reason for the quarrels with the fathers usually stemmed from the fathers' behavior towards the mothers. While many participants described their fathers as authoritarian, they also recounted instances of their fathers exhibiting violent behavior towards their mothers. It can be said that the participants may feel anger toward their fathers because of such negative behavior or mistreatment toward their mothers. For instance, Aziz expressed his anger towards his father in the following manner:

My father had bought a gun. I remember my father threatening my mother with shooting her. My sister H. told me about it. My sister H. took the gun and gave it to someone else. Did she sell it to someone? What happened? She said that

it was better than my mother dying. I think I was around 8 years old when this happened. Yet, when you hear these things, you naturally get angry at your father.

Original

Mesela babam bir silah almıştı. Annemi vurucam diye tehdit edip duruyordu hatırlıyorum. H. ablam anlattı. H. ablam da silahı alıp birisine vermiş. Biri ne satmış mı? Ne olmuş? Annemin ölmesinden iyidir demiş. Bu ben 8 yaşındayken falan oluyor sanırsam. Ama insan bunları duyuyor duyunca da babasına kızıyor tabii.

In the same vein, Ali explained that he was angry with his father due to his father's anger and behaviors toward his mother. Additionally, he mentioned that he was thinking of hitting his father. He said, “*This time, when he gets into an argument with your mother due to drinking, etc., so you start to think to yourself, ‘Should I hit him?’*” (in Turkish, ‘Annenle olası bir tartışma içerisine girdiği zaman, bu içmeden vesaire, insan bu sefer aklında düşünmeye başlıyor, “Şuna vursam mı?”.’).

Ahmet stated that he fought with his father because he was trying to protect his mother from his father. He detailed his experience as follows:

He also treats my mother in a similar way. One day, we were having dinner at the table, I got angry at my father. Again, he was speaking as if he was the sultan. There was an argument, but no physical violence, just some pushing and pulling. Well, I tried to protect my family, I just tried to protect loved ones.

Original

Anneme de öyle davranıyor. Birgün yemek yiyorduk sofrada, babama sinirlendim. Yine padişah gibi konuşuyordu. Bir kavga oldu vurma kırma yok ama bir çekiştirme falan vardı. Ee ben ailemi korumaya çalıştım, sevdiklerimi korumaya çalıştım sadece bu arada.

3.5. The Conflict Around the Romantic Relationship

Interviews with the participants revealed that romantic relationships were a frequent topic of conversation with their mothers. Further, these relationships were also associated with the onset of the disorder by the participants. Accordingly, the theme includes the subthemes of *the dialogue on bride-shopping* and *troubled romantic relationships*.

3.5.1. The Dialogue on “Bride-shopping”

The participants’ narratives showed that the conversations with their mothers sometimes focused on “*bride-shopping*” and the mothers’ demands for marriage from the participants. Some participants mentioned that their mothers said, “*Let’s find a bride for you.*”. Nonetheless, the participants expressed their unwillingness to marry. İsmail’s narrative is a case in point. He stated:

I do not want to hear about these topics anymore. If I were in a position to get married, I would save money myself, I would hold my own wedding, buy my house too, and buy my car too. So I’m not in that state. She should understand that now. I can’t explain it to her.

Original

Artık bu konuları duymak istemiyorum. Ben zaten evlenecek durumda olsam zaten ben kendim o birikimi yaparım, kendim düğünümü de yaparım, evimi de alırım, arabamı da alırım. Demek ki bu durumda değilim. Bunu artık anlamalı. Ben anlatamıyorum.

Serhat similarly explained that his mother did not understand him in this regard, and she wanted to find a bride for him. Ozan also mentioned that his mother wanted him to get married and that they sometimes argued about this issue. He described their conversation on this subject as follows:

She wants to have me married... She’s been saying that she wanted to have me married for five years now. She says that I should have found someone sometime, and I reply: ‘You, you. Isn’t that your responsibility?’

Original

Beni evlendirmek istiyö... Beş senedir seni evlendircektim diye laf atıyo bana. O bir ara sen bulsaydın diyo ben de diyom sen sen senin görevin değil mi diyom.

As Ozan’s statements indicated, some participants believed that their mothers had the responsibility of finding them a partner. It appears that the participants did not explicitly refuse to get married, but they also did not make any effort to do so.

3.5.2. Troubled Romantic Relationships

Most participants attributed the onset of their psychotic episodes to relationships with women. Almost all of them reported being diagnosed after the end of a romantic relationship. For example, Yusuf remarked directly on this subject, saying, “*The turning point in my life was a girlfriend of mine.*” (in Turkish, ‘*Hayatımdaki dönüm noktası bir kız arkadaşımды.*’).

Serhat explained that he liked a girl but did not have a relationship with her. He revealed that he had been confused about his thoughts after loving her. He also said that his lack of religious spirituality had contributed to his mental confusion, eventually causing him to experience a psychotic episode. Ali, on the other hand, explained that every time a girl entered his life, there was a problem. He was diagnosed after his last relationship ended. He described his mentality as follows:

We broke up and have not seen each other since. The same things happened again, and I carried the burden on my own shoulders again... So, the usual stuff happened to me. Before, I was not suffering so much because I was a child, but now that I am 28 years old and I took some responsibilities so these things happened to me. They also passed these as a diagnosis.

Original

Ayrıldık, daha da görüşmedik. Yine aynı şeyler oldu yine yükü kendi omzuma yükledim... Yani her zamanki şeyler başıma geldi. Önceden çocuktum diye bu kadar ağır geçirmiyordum artık 28 yaşında olmamın ve bazı sorumluluklar almamın sebebiyle bunlar başıma geldi. Bunları da tanı olarak geçirdiler.

Although İsmail and Ahmet did not directly refer to romantic relationships, it is clear that they attached importance to their relationships with girls. İsmail believed that the girls were talking about him while going to the middle school. Further, during his first psychotic episode, he had the same belief that women were talking about him. According to him, he found it difficult to establish relationships with girls and even began to hate them, believing that they were the cause of his problems. He also added that he had no romantic relationships in his later years. Similarly, Ahmet said that before he was diagnosed with schizophrenia, he was referred to a psychiatrist because he had a problem with his female classmate in high school. He explained that he

punched a girl he felt close to. He stated that following this incident, he wondered if he had a disorder or a problem with his organs, such as his vocal cords.

CHAPTER IV

DISCUSSION

The purpose of this thesis is to provide a deeper understanding of the perspectives of psychotic individuals on their relationships with their parents. In line with this aim, in-depth semi-structured interviews were conducted with seven male participants diagnosed with schizophrenia. A thematic analysis revealed five themes: *“It is like I don't have a relationship with my father”*, *emotionally overwhelming relationship with the mother*, *claiming an identity*, *a quarrelsome family environment*, and *conflict around the romantic relationships*. Accordingly, the following discussion will present a psychoanalytic interpretation of these findings, with a particular focus on the Lacanian perspective.

4.1. “It is like I do not have a relationship with my father”

The theme *“It is like I do not have a relationship with my father”* reflects the subjective nature of the relationship between the participants and their fathers. This theme includes the sub-themes of *absent father*, *authoritarian father*, and *inferior father*, which highlight different aspects of the absence of a relationship with the father. In light of psychoanalytic theory, this theme will be discussed in relation to the Oedipus complex, the Name-of-the-Father, and the paternal function.

Freud (1905) stated that the father, along with the Oedipus complex, executes the prohibition against incest by separating the child from the mother. Here, the paternal function, unlike the pre-Oedipus father's function, involves forbidding and setting limits. The paternal function is critical for the child to experience the Oedipus complex (Lacan, 1955-56/1993). In the Oedipal complex, the paternal metaphor, or the Name of the Father, represents the law and plays a role in limiting the pleasure received from the mother (Vanheule, 2011). As indicated by Gallagher (1986), this symbolic function of the father pulls the child out of the field of jouissance. In this way, the child is given

the opportunity to own and discover his own desire (Gallagher, 1986). However, in the case of psychosis, the separation function of the father is not executed, and the father is excluded from the mother-child relationship (Lacan, 1955-56/1993). That is, the paternal function is not efficacious enough to give the child the Oedipus experience. In line with this proposition, participants in the current study made no mention of the father's separation function.

The participants' experiences were centered around the notion that their father was absent or not competent enough to function as a father. It seems that the findings of the study are consistent with Freud and Lacan's interpretations of psychosis since participants perceived their fathers as absent, authoritarian, or inferior.

Lacan (1955-56/1993) states that overly authoritarian fathers can raise psychotic sons who are overshadowed by their own personalities. In addition, Melman (2009) claims that the authoritarianism of the father makes it difficult to identify with the father. Yet, if symbolic identification with the father cannot occur, the Oedipus complex is not resolved with alienation and separation as in neurotics (Evans, 2006; Nasio, 1998/2007). In this case, the individual may develop a psychotic structure. In the interviews, the father's verbal and physical violence was frequently mentioned by the participants which supports these claims. There was no room for establishing a relationship with the father due to his overly harsh behavior. Also, it can be said that the aggression of the father paved the way for the strengthening of the bilateral relationship between the mother and the son.

Vanheule (2011) states that the legitimacy of the Name of the Father is derived from its symbolic function. The physical presence of the father is not sufficient for the fulfillment of this function (Vanheule, 2011). According to Rosenfeld (2019), in order for the fatherhood role to be fulfilled, the father should not only be physically present but also psychologically available. Merely being physically present within the family does not guarantee fulfilling this role. It is crucial that a father is present psychologically, and his absence can lead to the development of psychosis (Rosenfeld, 2019). When the study findings are evaluated together with Rosenfeld's interpretation, it can be said that the participants did not feel their father's psychological presence. Although most participants lived with their fathers most of their lives, they did not

report experiencing their father's psychological and symbolical existence. Fathers were defined as inadequate, unsupportive, and unable to be a role model. For example, even Yusuf, who said that his father spent time at home all day, stated that his father was an ineffective person. In other studies regarding psychosis, fathers were perceived as distant, absent, inadequate, and inferior, and their symbolic role was not internalized. (Tüzer et al., 2003; Gajwani et al., 2016; Tabakoğlu, 2010; Abbaspour et al., 2021).

In the current study, the statements of the participants pointed to a fundamental lack of relationship between father and son. Besides being authoritarian or absent, another reason for not being able to establish a relationship with the father was explained in the context of the father's inability to meet expectations. Similarly, Aktürk and Yaman's (2021) study on the lack of relationship between fathers and sons showed the father's incapacity to meet expectations leads to an inability to establish a father-son relationship. According to Ababay (2016), one of the expected roles of a father is to represent the person who shows and teaches the outside world to his child. The statements of the participants referred to the lack of this function of the father as well. For example, Ali said that his father's duties such as taking care of, following, and being a guide were missing. Fathers were considered "inferior" when they did not meet these expectations. Fathers were not seen as whole, normal, or financially adequate. It can be said that these perceptions reduce the symbolic function of the father.

4.2. Emotionally Overwhelming Relationship with the Mother

This theme includes the subjective nature of the relationship between the participants and their mothers. It is possible to say that these relationships overwhelm individuals emotionally. The sub-themes of *ambivalence towards the mother*, *enmeshed boundaries*, and *"I only have my mother": living with the mother* were obtained, and they encompass different aspects of the relationship with the mother. The interviews revealed that participants felt their relationships with their mothers were ambivalent, intertwined, and exhausting. Therefore, the theme will be addressed in the context of a crocodile mother, the intrusive characteristics of the mother, and separation.

According to Lacan (2007), a mother holds her child in her mouth like a crocodile. However, it is unclear when the crocodile will close its mouth and swallow the baby. Only a hard and protective stick can save the baby from the crocodile's mouth. At this point, the father limits the mother's pleasure from the child by putting the stick there (Soysal, 2009). Otherwise, the child is invaded by the mother's unlimited, consuming, and destructive pleasure (Soysal, 2009). Sharpe (2019) states that becoming an object of pleasure for the mother causes ambivalent feelings in the child. As Sharpe (2019) claims, it is the castrating effect of the paternal function that distracts the child from ambivalent feelings. However, the findings of the study did not indicate the presence of a father who would limit the relationship between mother and child and distract the child from ambivalent feelings. The sons seemed to be inseparable from their mother's desires. The participants wanted to do whatever their mother told them and they had the perception that their mother knew the truth about everything. At the same time, the mothers did not seem to respect their sons' wishes. For example, Aziz told that although he did not want to go with his mother, his mother took him to work with him. In the light of these findings, it can be said that the participants' perceptions of their mothers are consistent with Lacan's crocodile mother analogy.

Rosenfeld (2019) states that influencing and invasive mother is frequently encountered in psychotic cases. In fact, it is claimed that some mothers try to control their son's mind as if he is a puppet (Rosenfeld, 2019). In our study, too, the participants' relationships with their mothers included such experiences. According to the participants, mothers were in the position of knowing everything, understanding what was going through their minds, and telling them what to do. These experiences are also consistent with the interpretation by Carter et al. (1989) that between a schizophrenic and his parent, there may be "*deviant intrafamilial communication*" which means excessively involved communication with the mother. This type of communication is thought to occur during the formative years of life due to repeated patterns of parent-child interactions (Carter et al., 1989).

Lacan (1955-56/1993) states that, although the relationship with the mother is painful, unbearable, and troublesome for the psychotics, they cannot tolerate the idea of being detached from this relationship. The occurrence of such a detachment is like a complete break of ties for the psychotic (Lacan, 1955-56/1993). In the current study,

mothers were described as all-powerful, dominant, never giving up holding their children's hands, and interfering in everything. Although the participants complained about these characteristics of their mothers, they did not make any attempt to live apart from their mothers. Additionally, it can be said that the reason for this is the lack of symbolization in psychosis. As a result of symbolization, the child is able to separate from the object (Abrevaya, 2017). Through symbolization, the child is assured that the absent mother will return (Abrevaya, 2017). That is, the capacity for symbolization enables separation from the mother. Therefore, it has been suggested that the participants' failure to separate from their mothers may be due to a lack of symbolization.

Geary (2015) claims that ambivalent feelings towards the mother and permeable boundaries can stem from the illusion of merging with her. Lacan (1949/2001) also states that the infant has the illusion of being one with the mother before the mirror stage. This period, in which the infant lives in the Real, is the period in which the psychotic is stuck (Dor, 1998). For this reason, it is not possible for the psychotic to be separated from the mother. The findings of the study also support that psychotic individuals are in such an illusion with their mothers. In fact, the mental boundaries with mothers were so enmeshed that they thought that their mothers could understand what was going through their sons' minds. In summary, it can be said that the participants' relationships with their mothers were characterized by adherent and intertwined boundaries that do not allow the father to be there. It was thought that these perceptions contributed both to the establishment of enmeshed boundaries with the mother and to the formation of ambivalent feelings towards the mother.

The participants of the study also reported that they no longer have their old friend circles, they cannot socialize as they used to, and they have quit their jobs. According to them, this also led to an increase in the time spent with their mothers. Indeed, it can be said that the participants did not make any effort to work or socialize. Chapleau (2012) states that the age of onset of schizophrenia mostly coincides with the early adulthood period when one gets into new roles and responsibilities such as education, career, marriage, and parenting. Therefore, individuals may experience problems in areas such as relationships and work. Many studies have also shown that in psychosis, peer relationships weaken, and there occurs a deterioration in job-related issues

(Mackrell & Lavender, 2004; MacDonald et al., 2005; Couture et al., 2007; Han & Jun, 2020). In our study, it has been observed that individuals experienced work-related problems, and most of them preferred not to work. However, participants' preference for not working is also considered as an attempt to avoid separating from their mothers. Correspondingly, Harrop and Trower (2001) state that psychosis is a state in which the individual cannot completely separate from the mother and cannot connect with their peers. For this reason, the psychotic has difficulties in developing autonomy and individualization (Harrop & Trower, 2001). The current findings are consistent with their view. That is, it can be said that the fact that the participants are not working and that they do not have social ties ensures the continuity of the symbiotic relationship established with the mother.

4.3. Claiming an Identity

“*Claiming an identity*” can be defined as a person's attempt to anchor a place within their family and society. Within this context, sub-themes of *being the little child in the family*, *need to be alone*, and *need to be seen and heard* were obtained. The theme will be addressed in the context of identification, the quilting point, and nomination.

Freud (1905) argues that in order to resolve the Oedipus complex, the child should identify with the parent of his own gender. For this identification to happen, the child should feel admiration towards the father. However, the participants did not describe any admiration towards their fathers. Moreover, the transcripts showed that they portrayed their fathers as figures who could not serve as role models. Therefore, it can be said that there are problems in the transition to the idealization relationship with the father, and as a result, the identity construction is interrupted.

Lacan argues that the subject gains a coherent sense of the identity upon entering the domain of language because the identity is a signifier as well (Vanheule, 2011). Identity helps the subject to anchor his position within the chain of signification (Redmond, 2014). However, psychosis is characterized by the absence of the metaphorization process and a sense of being lost within the connections (Dor, 1998). In this regard, it can be asserted that the participants' discourses indicated a sense of uncertainty about their positions in their families. They still seemed to be striving to

construct an identity and have it accepted. It is considered that the efforts of the participants could be an attempt to overcome the absence of a consistent sense of identity caused by the lack of the quilting point.

The mirror stage is a crucial step in the nomination and acquiring identity. On the other hand, for the psychotic, the nomination of “*That is you*” has been missing (Vanheule, 2011). Therefore, the question of “*Who am I?*” encounters a void, and the experience of identity is becoming destabilized (Vanheule, 2011). Additionally, Erikson (1968) defined identity as a subjective sense of the self that is anchored. It is characterized by a feeling of being known and accepted by others, as well as a sense of trust and stability (Erikson, 1968). However, the participants seemed to be unable to obtain a stable position within their families. Their efforts to have an adult identity and demand to be seen and heard can be interpreted as an attempt to find a stabilized signifier that reflects their subjective experiences. Furthermore, for the psychotic, the demand for recognition and validation of the identity can be intensified due to the absence of a functioning Name of the Father (Thibierge & Morin, 2010). Thereby, the participants’ demand to be seen and heard by their parents seems to be coherent with the interpretation of the psychotic subject’s wish to be recognized by others.

Kojeve (2001) states that while constructing oneself as a subject, humans are inherently dependent on the existence of the Other. The Other is a necessary and functional tool for the subject to self-position and to make sense of itself (Kojève, 2001). Similarly, Lacan (2001) asserts that the existence of the subject is primarily articulated within the locus of the Other. However, in psychosis, the paternal role is not functional enough to open the space for the Other. That’s why it can be concluded that the inability to take a position within the family may be related to the absence of a place that the Other occupies.

Another important phenomenon for the formation of the subject is kinship nomination, which also refers to the surname of the father and plays a crucial role in the symbolic categorization of familial relationships. Abrevaya (2017) claims that by giving his child a surname, the father ensures that the child has a symbolic record. According to Braunstein (1992 as cited in Abrevaya, 2017), the father’s surname anchors the child in the symbolic. However, in Ahmet’s case, it seemed that the father’s surname was

not sufficient for him to ground his identity. Ahmet explained that he had changed his surname. As an explanation for why he changed his surname, he stated that his friends, especially girls, were addressing him by his surname. He further added that he did not like his father's surname. His new surname, on the other hand, was the surname of a soldier who had been martyred in the confrontation. This change he made can also be considered as a sign of claiming a new identity. Furthermore, Racamier states that the psychotic loses his roots which leads to uncertainty and confusion (as cited in Parman, 2002). To be relieved of the anxiety caused by this confusion, the psychotic has to rebuild himself every morning (as cited in Parman, 2002). Therefore, the participant's attempts to take on a new surname, present themselves as someone different, or demand an adult role have been interpreted as their efforts to reconstruct their identity.

It was observed that the needs of the participants to be heard and seen, along with their need to be alone, were ignored in the family. Steiner (1993) though, states that psychotics are in a spiritual retreat because of the fragmentation anxiety in their minds. According to him, when individuals perceive the relationship as threatening, they break the ties and withdraw to the retreat areas where they feel that they can hide in their inner world. Participants' need for solitude may also be attributed to this withdrawal that was proposed by Steiner.

4.4. Quarrelsome Family Environment

The research findings showed that family arguments and fights were common experiences in the lives of psychotic individuals. Arguments and quarrels occurred between both parents and between the children and their parents. Therefore, this theme encompasses the sub-themes of *fights and arguments between the parents*, *fights and arguments with the mother*, and *fights and arguments with the father aimed at protecting the mother*.

According to Lacan (1938), the family is not just a biological union or a numerical reality. Families are governed by certain laws that include mothers, fathers, and children, in which mothers have been forbidden since the earliest times. In the family, children encounter the Other and the law for the first time and acquire the language. However, when transcripts were examined, the nature of the relationship between the

mother and father also seemed to diminish the symbolic meaning of marriage. Expressions of devaluing one another by parents were common. In addition, fathers were described as inadequate in many aspects while mothers were described as all-powerful and intrusive. Moreover, studies in the literature have shown that the level of conflict in the families of psychotic individuals is high (Schnur et al., 1986; Tüzer et al., 2003; Yıldırım & Ekinci, 2010). It is thought that these experiences weaken the functioning of the law.

Many of the participants mentioned that they argued with their mothers. It has been stated that these fights typically occurred at the beginning of the first psychotic episode or at the beginning of the exacerbation period. Bion (1959) states that for the psychotic, the self's perception and thinking capacity is attacked. According to Bion (1959), in psychosis the self is disintegrated and the self's aggressive side is reflected. However, the individual also feels the threat that what is reflected is going to attack him. These external objects are of a persecutory nature in that they threaten to put themselves back into the individual's mind. Lacan (1955-56/1993) posits that during the pre-oedipal period, the child sees themselves as equal to the mother. In this regard, similarly, the mother is perceived as a non-separable and all-powerful figure with the potential to become a persecutory object (Lacan, 1955-56/1993). Correspondingly, by examining transcripts, it can be said that the mothers turn into unwanted, persecutory, and anger-causing objects.

One of the reasons for the fights with the mother is related to the question "What does the Other want from me?". The ambiguity of the desire of the Other and the equivocalness of the speech almost always makes the subject ask this question (Lacan, 2014). For the psychotic, this question may evoke the paranoid feelings that the Other is manipulative (Lacan, 2014). Furthermore, in such a case, where the desire of the mother is not defined by the Name of the Father, the subject is faced with all the unbounded power of the mother. This circumstance forces the subject to be in the position of being the object of the Other's jouissance. The subject not able to find a clear answer to this question may face anxiety that he is not able to cope with (Hekimoğlu & Bilik, 2020). As a matter of fact, this anxiety may even cause psychotic disintegration. İsmail explained one of the clearest examples of this situation. He

indicated that while fighting with his mother during the relapse period, he asked his mother, “What do you want from me?”.

It can also be said that at the onset of psychosis, the individuals are sensitive to the messages from their mothers, which causes fights and quarrels. Transcripts show that at the beginning of a psychotic episode, the individuals experienced communication disruptions with their mothers and felt not understood. Rosenfeld (2019) expresses that double bind messages, contradictory orders, comments on inadequacy, and superficial answers may have tangible effects on the child. Laing (1976), on the other hand, states that the psychotic experiences the communication attempt of the Other as a violation and that he may perceive this as a threat to his identity. This threat that induces anxiety may result in the individual’s concern of disintegration. The role of the father as the decoder in this condition is to protect the individual from this concern. However, in psychosis, this role is missing, and the contradictory messages sent by the mother are irreparable. Now there is only one way left for the child: to tear himself apart, to go mad, or to destroy the source of the message within themselves. The experiences of the participants seem to be coherent with these comments.

Most of the participants mentioned that they fought with their fathers to protect their mothers. According to Lacan (1955-56/1993), the fathers may have become authoritarian in a monstrous way, which leads to “the impossibility of assuming the realization of the signifier father at the symbolic level”. That is, it might be asserted that the violence-bearing behaviors of the father complicate the symbolic acceptance of the father. Furthermore, the study conducted by Tabakoğlu (2010) showed that psychotic individuals may have intense aggressive thoughts towards their fathers because of the violence the father uses against the mother. What is more, these opinions are thought to pave the way for the formation of persecutory delusions against the father (Tabakoğlu, 2010). The interviews have shown that the participants had such experiences. For instance, Aziz shared a memory of his father attempting to kill his mother and stated that due to this, he was angry with his father.

4. 5. The Conflict Around the Romantic Relationship

Transcripts showed that bride-shopping and romantic relationships were common subjects of conversation between the participants and their mothers. For this reason, this theme includes the sub-themes: *the dialogue on bride-shopping* and *romantic relationships that cause problems*. According to Lacan (1955-56/1993), there is a unique way that psychotics experience love. Considering the participants' views on romantic relationships and their perspectives on their mothers as part of relationships is therefore important within the framework of psychoanalysis.

Weiner (1985) says that marriage can accelerate psychosis as a triggering factor. Similarly, Fisch (1992) states that having a psychotic episode after engagement or marriage is a common phenomenon. Vanier (2005) argues that certain exclusive situations, such as a moment when the subject occupies a symbolic position in relationship to the Other, can trigger the onset of psychosis. These exclusive situations also include paternity and sexual intercourse, where one needs to take an authority position (Vanier, 2005). These positions can also be accepted as the encounter with the position of the symbolic father (Lacan, 1955-56/1993). According to Lacan (1959/2001), when Schreber was appointed as the president of the court and did not have a higher position to be promoted anymore, it is a similar situation. The individual may experience inadequacy in a position of power and authority and use inappropriate defense mechanisms to cope with it. Sometimes they can lose contact with reality. Therefore, this encounter might bring about a psychotic breakdown in the form of delusions and hallucinations (Lacan, 1993). The expressions of the participants also support these comments. The findings show that many participants considered their romantic relationship to be the cause of the onset of psychosis. Also, it can be asserted that many of them avoided marriage.

It was seen that “bride-shopping” was a topic discussed between the participants and their mothers. Nevertheless, the point that stands out here is the mother's rhetoric of “let's find someone for you”. The request for marriage comes from the mother, but the participants refuse to marry. Individuals' refusal to marry may also be described as a situation that prevents separation from the mother. Because the mother's relationship with her son was intrusive, the mother asks to find the woman he would marry. In

parallel with this, Prakash (2021) defines the mother's choosing a bride for her son as a way in which she can show her power. The statements of the participants about their mothers show that mothers are in an omnipotent position. In this context, the mother's choosing a wife for her son can be interpreted as an attempt to maintain their omnipotent position.

Wachsberger (1996) says that love onsets could bring some kind of delusional social relations. Ismail's belief that girls are talking about him or Serhat's stating that he was confused after falling in love with a woman shows parallelism with this interpretation. Many participants indicated that they avoided having a romantic relationship after these relationships. Similarly, it is known that withdrawal from relationships, and self-imposed isolation are common phenomena among individuals experiencing psychosis (Gee et al., 2003; Gajwani et al., 2017). In the current study, the first psychotic breakdown also appears to particularly exert a strain on relationships, including romantic ones.

Lacan (1962/2014) claims that the demand of the psychotic is a pure demand that is word for word. For the psychotic, a response to his request is to satisfy him directly. For this reason, there is no room for displacement in psychotic love. According to Lacan (1962/2014), the only way out of this predicament for the psychotic is to alienate the body part that is the source of pleasure. In the psychotic experience, the feeling that something is foreign in one's own body is often experienced (Lacan, 1962/2014). For this reason, love can trigger a psychotic break. The comments of the participants about their romantic relationships also seem to be consistent with this interpretation of Lacan. For example, Ali stated that he thought he had a problem with his own body and organs after he got into a fight with the girl he had romantic feelings for.

Dor (1998) states in the psychotic's speech that the message does not come from the Other or go to the Other. There is a reciprocal type of relationship between the psychotic and the other (Dor, 1998). Since the psychotic cannot distinguish between the self and the other, the voice always comes from outside in psychosis. That is the reason why he thinks that what he hears and thinks is what others hear and think. What lies at the root of this is the state of fusion with the other. Wachsberger (1996), on the other hand, claims that when the psychotic falls in love, they are sure that the person

they fell in love with begins to love them first. The explanations of the participants about women also support these comments. To them, women fell in love with them, talked about them, confused them, and made them sick. Klinger (2015) says that the stage of falling in love by re-establishing the mother-child relationship can become threatening for those who are psychotic. The findings showed that the participants also described a relationship with their mothers similar to their romantic relationships. According to the participants, their mothers also understood what was going through their minds and were aware of their demands.

Further, although marital status was not established as a criterion for the study, it was observed that all participants were single. Although previous studies have demonstrated low marriage rates and unmet romantic relationship needs among individuals with psychosis (Redmond et al., 2015; Boucher et al., 2016; Laxhman et al., 2017), the current study reveals that romantic relationships are a conflictual topic between psychotic individuals and their mothers in which mothers are trying to determine whom their sons are going to marry. Moreover, the conflict around romantic relationships appears to trigger schizophrenia's onset and exacerbation.

CHAPTER V

IMPLICATIONS, LIMITATIONS, AND FURTHER RESEARCH

In the literature, a large portion of the research has approached psychotic disorders through a current symptom-based understanding and disregarded individuals' subjectivity. In line with this symptom-based approach, in-depth qualitative studies are very sparse in the literature. The current qualitative inquiry utilized thematic analysis to investigate, describe and explore the perspectives of psychotic individuals on their relationship with their parents and provide a psychoanalytical assessment of these perspectives.

The study's findings have both theoretical and practical implications that can be highlighted. The importance of the parent-child relationship is emphasized in the literature. However, the nature of the relationship between the psychotic and his parent was not explored in-depth with a qualitative study. The subjective world of schizophrenic individuals is widely ignored due to symptom-based approaches. In the current study, the psychotic individuals described the absence of a relationship with their fathers and an enmeshed relationship with their mothers and talked about many instances in which they tried to claim their identity despite the ignorance of their family. In addition, the transcripts revealed that they all had a quarrelsome family environment and conflicts around their romantic relationships that triggered or exacerbated the psychosis. Based on these findings, it can be suggested that clinicians pay more attention to family factors when working with psychotics. Moreover, our study has highlighted the significance of focusing beyond symptoms when working with psychotic patients. For instance, social isolation or quitting work are considered symptoms according to symptom-oriented understanding. However, our study has also indicated that this isolation could be a move towards increasing time spent with the mother.

It is important to acknowledge that the research in question has several limitations. Requiring participants to meet gender criteria can be considered a limitation of the study. Furthermore, the study was limited to patients diagnosed with schizophrenia, although there are several types of psychotic disorders. Additionally, it was observed that all participants were single, even though this was not a defined criterion.

Even though the study has limitations, it is considered to provide a foundation for future research on psychotic individuals. This study serves as a model for qualitative research on psychotic individuals. Future studies may also examine specific forms of psychosis, such as paranoid schizophrenia.

CHAPTER VI

CONCLUSION

To conclude, the current thesis has sought to answer the question “*What are the perspectives of psychotic individuals on their relationship with their parents?*”. To answer this question, interviews were conducted with seven males diagnosed with schizophrenia. Subsequently, a thematic analysis of these interviews was performed. Then, the findings were discussed within the psychoanalytic framework.

The literature on this subject reveals that psychosis is treated as a diagnosis both nationally and internationally. The majority of these studies have been conducted using quantitative methods. Additionally, in studies examining psychotic individuals and their families, topics such as quality of life, treatment compliance, and effects of the disorder on family members have been commonly examined. It is apparent, however, that psychotic individuals' subjective experiences were not adequately considered. In this study, the primary focus was to explore the perspectives of psychotic individuals regarding their parents and family relationships.

With Freud's Schreber case, psychosis has been a subject of study in psychoanalytic theory. For Lacan, who referred to his own theory as the “Return to Freud”, psychosis is one of the three structures. According to Lacan, the roots of the psychotic structure are related to the father's inability to be involved in the relationship between the mother and child. Thus, the symbolic distance that should exist between mother and child is not created. As a result, a person with a psychotic structure often maintains a dual imaginary relationship with their mother. When considering both Freud's and Lacan's interpretations of psychosis, as well as the opinions of other psychoanalytic theorists on this subject, it is evident that studying the relationship between psychosis and parents is of significant importance. However, there is no study on this subject in the current literature. For this reason, there was a clear need for a study on this topic.

Because of this, the study is valuable in that it considers the subjective experiences of the participants in order to understand the relationships between psychotic individuals and their families.

The findings obtained from the interviews indicate that the psychotic individuals perceived their relationships with their fathers as “non-existent”. At the same time, their relationships with their mothers appeared enmeshed, and they seemed unable to separate themselves from their mothers. These findings were theoretically consistent with the psychoanalytic point of view of psychosis. It was evident that the Name of the Father was insufficient in separating the child from his mother. Specifically, the example of the “crocodile mother” analogy was a prominent experience that stood out in the explanation of the participants. Furthermore, the participants’ demand for identity also indicated that the disruption in the mirror stage prevented their identity construction. The participants described a family environment where paternal function and law were not operational. The experiences of romantic relationships were also discussed as potential triggers for psychotic episodes. These experiences served as examples of intrusive behaviors by mothers. Consequently, the current study provides insight into psychotic individuals’ experiences with their parents and utilizes the psychoanalytic approach to discuss the findings of the study.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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27 OCAK 2023

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Tülin GENÇÖZ

Danışmanlığımı yürüttüğünüz Merve Özger Arslan'ın "Psikotik Bireylerin Perspektifinden Ebeveynleriyle Olan İlişkileri: Nitel Bir Çalışma" başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek 0053-ODTÜİAEK-2023 protokol numarası ile onaylanmıştır.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. ~~Sibel~~ KAZAK BERUMENT
Başkan

Prof.Dr. I.Semih AKÇOMAK
Üye

Doç. Dr. Ali Emre Turgut
Üye

Dr. Öğretim Üyesi Şerife SEVİNÇ
Üye

Dr. Öğretim Üyesi Murat Perit ÇAKIR
Üye

Dr. Öğretim Üyesi Süreyya ÖZCAN KABASAKAL
Üye

Dr. Öğretim Üyesi Müge GÜNDÜZ
Üye

B. DEMOGRAPHIC FORM

Demografik Bilgi Formu

Tarih:

Protokol No:

1. Yaşınız:
2. Eğitim durumunuz:
3. Çalışıyor musunuz: Evet Hayır
- Mesleğiniz:
4. Medeni Durumunuz: Bekar Evli Boşanmış
5. Çocuğunuz var mı? Evet (çocuk sayısı ___) Hayır
6. Kimlerle birlikte yaşıyorsunuz?

7. Psikiyatrik tanınız nedir ve bu tanıyı ne zaman aldınız?

8. Psikiyatrik hastalığı olan aile üyeniz var mı? Evet Hayır

Eğer yanıtınız evet ise;

a. Psikiyatrik hastalığı olan aile üyeniz kim?

b. Psikiyatrik hastalığı olan aile üyenizin tanısı nedir ve bu tanıyı ne zaman aldı?

C. SEMI-STRUCTURED INTERVIEW QUESTIONS

Yarı-Yapılandırılmış Görüşme Soruları

Tarih:

Protokol No:

Not: Yarı yapılandırılmış görüşme olduğu için sorular bir rehber niteliği taşımaktadır.

Görüşmede katılımcının yanıtlarına göre ek sorular yöneltilebilir.

1. Kendinizden biraz bahseder misiniz?
2. Ebeveynleriyle ilişkileri
 1. Anneniz ile ilişkinizden bahseder misiniz? (bu ilişki sizi nasıl etkiliyor?)
 2. Babanız ile ilişkinizden bahseder misiniz? (bu ilişki sizi nasıl etkiliyor?)
 3. Çocukluğunuzdan biraz bahseder misiniz?
 4. Çocukluğunuzda annenizle ilişkiniz nasıldı?
 5. Çocukluğunuzda babanızla ilişkiniz nasıldı?
 6. Anne ve babanızın ilişkisi nasıldı? (bu ilişki sizi nasıl etkiliyor?)
3. Hastalığınızdan biraz bahseder misiniz?
 1. İlk ne zaman ve nasıl ortaya çıktı biraz bahseder misiniz?
 2. Hastalığınız için yardım almaya nasıl karar verdiniz? (eğer başkası getirdiyse; sizce neden yardıma ihtiyacınız olduğunu düşündüler?)
 3. Sizce annenizle olan ilişkiniz hastalığınızı etkiliyor mu? (Evet-nasıl?)
 4. Sizce babanızla olan ilişkiniz hastalığınızı etkiliyor mu? (Evet-nasıl?)
 5. Anne ve babanızla olan ilişkinizin hastalığınızın başlamasında etkisi var mı? (varsa nasıl?)

D. TURKISH SUMMARY / TÜRKÇE ÖZET

1. GİRİŞ

1.1. Psikoz ve Şizofreniye Genel Bir Bakış

Psikoz, genellikle bireyin gerçeklikle bağlantısını kaybetmesine neden olan bir durum olarak tanımlanır. Bu terim, Yunan mitolojisinde ruh tanrıçası Psike'den türetilmiştir ve sonuna gelen "-oz" son eki nedeniyle hastalığı ifade eder. Şizofreni ise ilk olarak "Dementia precece" olarak adlandırılmış, ardından Kraepelin, hebephrenia, paranoia ve katatoni gibi birçok psikotik durumu, "dementia praecox" tanımı altında bir araya getirmiştir. Ruh ve zihin anlamına gelen "frenos" kelimesi ile bölünme veya ayrılma anlamını taşıyan "şizo" ekinden oluşan şizofreni terimi ise ilk olarak Bleuler tarafından kullanılmıştır. Ardından Schneider, şizofreniyi teşhis etmek için işitme varsanıları ve bedensel edilgenlik gibi Birinci Derece Belirtileri sınıflandırmıştır.

1.2. Psikozun Teşhisi ve Sınıflandırılması

Biyolojik yaklaşım, psikozu serotonin ve dopamin gibi nörotransmitterlerin düzensizliği ile karakterize etmektedir (McCutcheon vd., 2020). Nörobiyolojik model ise şizofreniyi yanılsamalar, halüsinasyonlar, düzensiz davranış, negatif semptomlar ve sosyal ile mesleki işlev bozuklukları ile karakterize edilen bir beyin bozukluğu olarak görmektedir (Ulaş vd., 2008).

Günümüz DSM-5 sınıflandırma sistemine göre, şizofreni prototipik bir psikotik bozukluk olarak kabul edilir ve "Şizofreni Spektrumu ve Diğer Psikotik Bozukluklar" sınıfına dahil edilir. Şizofreni, bu başlık altında, psikozla ilişkilendirilen beş temel semptomu içerir: "*sanrılar (hezeyanlar), varsanılar (hallüsinasyonlar), dezorganize konuşma, ileri derecede dağınık davranış ya da katatoni davranışı ve negatif belirtiler, duygusal küntlük, aloji yada avolisyon*".

1.3. Psikanalitik Yaklaşımlar Açısından Psikoz

1.3.1. Freud'un Psikoza Bakışı

Freud ilk olarak 1883 yılında Viyana'da psikiyatrist Theodor Meynert'in psikiyatri kliniğinde çalışırken psikotiklerle karşılaşır. Ancak bu dönem aynı zamanda anatomi ve patoloji çalışmalarının arttığı, psikozun henüz Freud'un ilgisini çekmediği dönemdir (Roudinesco, 2016). Sonrasında, Jensens tarafından kaleme alınan Gradiva metniyle ilgili yazdığı metninde sanrılar, gerçekliğin inkarı, benliğin bölünmesi gibi pek çok psikopatolojik olguyu anlatır.

Freud, 1907 yılında, Schreber vakasını Schreber'in anılarını yazdığı kitap üzerinden ele alır. Freud bu vakayı libido teorisi üzerinden açıklar. O'na göre, doktor Flechsig, Schreber için muhtemelen libidinal bir nesneydi, ancak Schreber'in kendisine aktardığı erotik duygunun kökleri, babasına ve erkek kardeşine olan duygularından kaynaklanıyordu. Freud için, psikozda libido, cinsel dürtüler de dahil olmak üzere dış dünyadan yaşam enerjisini kendi içine yönlendirmekteydi. Daha sonra Freud (1924/1974a), psikozu nevroz ve psikoz ikilemi yoluyla açıklar. Nevrotikler için işler mekanizmanın bastırma olduğunu, psikotiklerde ise gerçekliğin inkarının ön planda olduğunu söyler (Freud, 1924/1974a).

1.3.2. Lacanyen Açısından Psikoz

Lacan özne kurulumunu Özne'nin Başka ile ilişkisindeki konumu ve yasa ile olan ilişkisi üzerinden ele alır. Psikoz, perversiyon ve nevroz olarak üç yapılanma tanımlayan Lacan için, psikoz aynı zamanda klinik bir tanıdır. Lacan ilk olarak Aimee Vakası başlıklı doktora tezi için kendi kendini cezalandıran paranoya vakası üzerinde çalışmış ve psikozla karşılaşması bu vaka ile olmuştur. Sonrasında, Freud'un Schreber vakasını referans almış ve psikoza ilişkin kendi kuramını oluşturmuştur.

Lacan'a göre psikotik yapı köklerini ayna evresinden alır. Ayna evresi öncesinde, yani yaşamın ilk altı ayında çocuk annesiyle bütünlük içindedir. Bu aynı zamanda çocuğun Gerçek düzlemde olduğu dönemdir. Babalık işlevi bu bütünlüğe müdahale etmelidir. Babanın bu müdahalesi çocuğu Başka ve simgesel ile tanıştırır. Ancak psikozda

Babanın-Adı'nın men edilmesi nedeniyle baba bu birliđi bozamaz. Babanın müdahalesinin yetersizliđi ya da eksikliđi çocuđun simgesel düzene geçmesini de engeller. Aynı zamanda kapitone noktasını oluşturacak bir müdahalede oluşmaz, ana gösteren eksik kalır. Böylece tüm gösterenler etkilenir. Bir ana gösterenin olmayışı, gösteren ile gösterilen arasındaki yapı henüz kurulmadığından, psikotiđin anlamlandırma sürecini bozar. Bu nedenle, psikotik, anlamsız, anlaşılmaz kelimeler kullanmak gibi, dili kullanmanın benzersiz bir yolunu geliştirir. Öte yandan, simgesel düzende reddedilen her şey, Gerçek'te yeniden ortaya çıkar. Bu nedenle psikotik, sanrılar ve halüsinasyonlar aracılığıyla dünyayı yeniden kurmaya çalışır.

1.4. Psikotik Bireyler ve Ebeveynlerini Konu Alan Araştırmalar

Alanyazında psikotik bireylerle yapılmış çeşitli çalışmalar mevcuttur. Ancak, psikotik bireylerin aileleriyle olan ilişkilerine yönelik perspektiflerine odaklanan çalışmaların sınırlı olduğu, konuya ilişkin yürütölen çalışmaların da nicel araştırma yöntemleriyle ele alındığı görölmektedir. Örneđin, Tüzer ve arkadaşlarının (2003) yaptığı nicel çalışmada şizofreni tanısı alan 32 kişi çalışmaya dahil edilmiş ve psikotik bireylerin aile ortamındaki ilişkileri çatışmalı olarak algılamaya eğilim gösterdikleri gösterilmiştir. Reichard ve Tillman (1950) tarafından yürütölen çalışma ise şizofreni tanısı almış bireylerin anneleri daha dominant gördüklerini ve annelerini fazla korumacı olarak tanımladıklarını göstermiştir.

Psikozlarla yürütölen nitel çalışmalar incelendiğinde direkt olarak aile ilişkilerine odaklanılmasa da aileye yönelik bazı görüşlerin ortaya konulduğu görölmüştür. Gajwani, Larkin ve Jackson'ın yaptığı çalışmada intihar girişimi olan ve psikoz semptomları gösteren 7 katılımcıyla görüşmeler yürütölmüştür. Bu görüşmelerden elde edilen temalardan biri baların eleştirel, mesafeli veya yok olarak algılandığını olarak raporlanmıştır (Gajwani vd., 2016). Katılımcılara kişilerarası ilişkiler sorulduğunda, hepsi babalarını yok, uzak veya her ikisi olarak tanımlamış, bazı katılımcılar ise babalarıyla güçlü ve pozitif bir ilişkilerinin olmadığını vurgulamıştır (Gajwani vd., 2016). Moernaut, Vanheule ve Feyaerts (2018) tarafından yürütölen çalışmada şizofreni tanısı almış 10 kişi ile görüşmeler yürütölmüş ve kişilerin halüsinasyonlarının içerikleri analiz edilmesi amaçlanmıştır. Yapılan tematik analiz sonucunda elde edilen temalardan biri "ebeveynlik ve otorite" başlıklı tema olmuştur.

Bu temanın içeriğinin, kişilerin işitsel halüsinasyonlarını otorite figüründen gelen bir mesaj olarak algıladıkları, bu sesin ise çoğunlukla babalarının sesi olduğunu söylediklerinden oluştuğu görülmektedir.

1.5. Çalışmanın Amacı ve Araştırma Sorusu

Alanyazındaki çalışmalar psikotik bireyler ve aile ilişkileri hakkında bilgi verse de psikozlu bireylerin anne ve babaları ile ilişkilerine ilişkin algılarına yönelik kapsamlı araştırma eksikliği olduğu görülmüştür. Ayrıca psikotik bireyler ve aileleri ile ilgili çalışmaların çoğu mevcut belirti odaklı yaklaşımla ele alınmakta ve bireylerin öznelliğini içermeyen nicel çalışmalardan oluştuğu söylenebilir. Öte yandan, psikanalitik teoriler bireylerin öznelliğini vurgulamaktadır. Bu bağlamda, mevcut çalışmanın amacı psikotik bireylerin ebeveynleriyle olan ilişkilerine yönelik öznel bakış açılarını derinlemesine incelemektir. Çalışma “Psikotik bireylerin ebeveynleriyle ilişkilerine bakış açıları nelerdir?” araştırma sorusuna cevap aramıştır.

2. METODOLOJİ

2.1. Nitel Araştırma ve Tematik Analiz

Araştırma sorusuna ve amacına bağlı olarak, daha derin bir kavrayış sunması ve öznelliğe odaklanması nedeniyle nitel araştırma tercih edilmiştir. Belirli bir alanla sınırlı kalmadan bir veri setini kapsamlı bir şekilde anlamayı sağladığı için de tematik analiz kullanılmıştır. Temaları oluşturulması aşamasında, temaları önceden var olan bir kodlama çerçevesi olmadan doğrudan verilerden türetmeyi içeren tümevarımsal kodlama kullanılmıştır.

2.2. Katılımcılar ve Örneklem Yöntemi

Görüşmeler yedi katılımcıyla, yüz yüze olacak şekilde yürütülmüştür. Katılımcıların tamamı erkektir ve yaş aralığı 25 ile 35 arasında değişmektedir. Çalışmanın katılımcıları amaçlı örneklem tekniği ile belirlenmiştir. Amaçlı örneklem bir olguyu ya da olayı deneyimleyen kişileri, önceden belirlenmiş kriterlere göre seçilmesine dayanan bir tekniktir (Bernard, 2002; Patton, 2002). Özellikle bir gruptan derinlemesine bilgiye ulaşılmasını sağlayan nitel çalışmalar için yaygın olarak kullanılmaktadır (Bernard, 2002). Bu bağlamda, tematik analiz yönteminin

gerekliliklerini yerine getirebilmek ve homojen bir örneklem yaratabilmek için örneklem grubu oluşturulurken dört kriter belirlenmiştir. Bu kriterler: (i) erkek olmak, (ii) 25-35 yaşları arasında olmak, (iii) DSM-5 tanı kriterlerine göre şizofreni tanısı almış olmak ve (iv) şizofreni tanısına eşlik eden herhangi psikiyatrik bir tanının olmaması.

2.3. Prosedür

Çalışmanın verilerini toplamaya başlamadan önce ilk olarak Orta Doğu Teknik Üniversitesi etik kurulundan gerekli etik izni alınmıştır. Daha sonrasında Sağlık Bakanlığı aracılığıyla Ankara Şehir Hastanesi'ne başvurularak kurum izni talep edilmiştir. Gerekli izinler alındıktan sonra ilk olarak pilot görüşme yapılmıştır. Yapılan pilot görüşme sonucunda görüşme sorularının, görüşmenin amacına ve araştırma sorusuna uygun olduğu kanaatine varılmıştır ve veri toplama aşaması başlamıştır. İlk olarak kurumda görev yapan psikiyatriklere çalışma ile ilgili bilgiler verilmiş ve çalışmaya katılmaya gönüllü olan bireyleri yönlendirmeleri rica edilmiştir. Gönüllü katılımcılar ilk olarak bilgilendirilmiş onam formu ve demografik formu doldurmuşlardır. Sonrasında yarı yapılandırılmış görüşme soruları rehberliğinde görüşmeler yürütülmüştür. Bu süreçte şizofreni tanısı almış yedi erkek katılımcıyla görüşmeler tamamlanmış ve bu görüşmeler daha sonra yazıya geçirilmek üzere ses kayıt cihazıyla kaydedilmiştir. Tamamlanan görüşmelerin ardından katılımcılara katılım sonrası bilgi formu verilmiştir.

2.4. Verilerin Analizi

Verilerin analizi için Braun ve Clarke (2006) tarafından önerilen altı adımlık tematik analiz yöntemi kullanılmıştır. İlk olarak tüm görüşmeler yazıya çevrilmiş ve birçok kez okunmuştur. Veri ile tanışıldıktan sonra kodlar oluşturulmuş ve gruplandırılmıştır. Sonrasında, çalışmanın yürütücüsü ve danışmanları bir araya gelip temaları tartışmışlardır. Temalar oluşturulduktan sonra görüşmelerden alınan alıntılar ile uyumu kontrol edilmiştir. Son aşamada veri seti tekrar gözden geçirilmiş, temalar ve alt temalar tanımlanmış ve isimlendirilmiştir. Bütün aşamalar tamamlandıktan sonra raporlama yapılmıştır.

2.5. Çalışmanın Güvenirliği

Nitel arařtırmalarda arařtırmacının rolü ve pozisyonunun önemli olduđu bilinmektedir. Bu da ürettiğimiz bilgi ve onu üretmedeki rolümüz üzerine eleřtirel olarak düşünme süreci olarak tanımlanan düşünömselliğın önemini arttırmaktadır. Bu nedenle arařtırmacının arařtırma konusu ile ilişkisini paylaşması önerilir;

“Arařtırmacı psikotik hastalarla yaptığı görüşmelerde psikozlar ve ebeveyn figürleri arasındaki ilişki konusunda meraklanmıştır. Neden böyle bir fark olduğuna dair merakı arařtırmacıyı Lacanyen psikanaliz ile tanıştırmıştır. Bir süre sonra bu konuyu daha derinlemesine arařtırmak istediğimi fark etmiş ve bu konuda çalışmayı tercih etmiştir.”

3. BULGULAR

Yapılan tematik analiz sonucunda beş ana tema ortaya çıkmıştır.

3.1. “Babamla İlişkim Yok Gibi”

Katılımcıların çoğı, bablarının fiziksel veya duygusal olarak yanlarında olmadığına vurgu yapmış ve bu sebeple babalarıyla ilişkilerinin olmadığını belirtmişlerdir. Ancak katılımcıların babalarının varlığına, ilgisine, desteğine ve şefkatine ihtiyaç duydukları görölmüştür.

Bireyler babalarıyla ilişkilerinin eksik oluşunu, babalarının fiziksel veya sözel olarak saldırgan, katı, talepkar ve kontrolcü davranışlarına bağlamışlardır. Ayrıca, babalar ekonomik veya fiziksel beklentileri karşılayamadıkları için eksik olarak algılanıyordu. Bu da yine babayla ilişki kurulmasını engelleyen bir etken olarak ifade edildi.

3.2. Anneyle Duygusal Olarak Bunalıcı İlişki

Katılımcılar, annelerine karşı hem olumlu hem de olumsuz duygular deneyimlediklerini anlatmışlardır. Bu duygular aynı zamanda bazı çelişkileri de içermekteydi. Bireyler özellikle annelerin bakım veren rolünü vurgulamışlardır. Bu durum, katılımcıların annelerinin varlığına duydukları ihtiyacı artırırken annelerinden beklentilerini de artırıcı bir etki yapmaktaydı. Bu nedenle, anneyle yönelik ambivalent duyguların da yoğunlaştığı söylenebilir.

Katılımcıların açıklamaları, anneleri ile ilişkilerinde sınırların iç içe geçmiş ve geçirgen olduğunu da gösterdi. Hatta bazen zihinsel sınırların da iç içe geçtiği ve bu durumun katılımcılarda kafa karışıklığına sebep olduğu söylenebilir.

Ayrıca, yedi katılımcıdan altısı annesiyle yaşıyordu. Anne ile birlikte yaşama deneyimine sıklıkla değinilmiş ve bu bağlamda özellikle annenin bakım veren rolü vurgulanmıştır. Katılımcıların çalışmıyor oluşu ve eski arkadaşlarının olmaması da anne ile geçirilen süreyi artırmakta olduğu görüldü.

3.3. Kimlik İddia Etmek

Katılımcıların kimlik iddiaları, aileleri ve toplum içindeki kararsızlığı ve belirsizliği ortadan kaldırmaya yönelik bir girişim olarak tanımlanabilir. Birçok katılımcının ailelerinin küçük çocuğu olduğu saptanmıştır. Bu durumun hem bireylerin çocuk konumunda kalmasını sağlayan etkenlerden biri hem de annelerinin beklentilerini karşılamaları gerektiğini hissettiren bir faktör olduğu görülmüştür.

Katılımcılar sıklıkla yalnız kalamamaktan şikayet ettiler. Ancak ailelerinden ayrılmak için herhangi bir çaba göstermedikleri de gözlemlenmiştir. Bu bağlamda vurgulanan konu yine annelerin müdahaleci tutumları olmuştur. Ayrıca bireyler aile içinde kendilerini gözardı edilmiş hissettiklerini açıklamışlardır. Örneğin Ali, annesinin onu dinlemediğini, fikir ve isteklerini dikkate almadığını ifade etmiştir.

3.4. Kavgacı Aile Ortamı

Yapılan tüm görüşmelerde, katılımcılar aile üyeleri arasındaki kavgaları dile getirmişlerdir. Bu tartışmalar zaman zaman sözel tartışmalar olsa da fiziksel kavgalara da dönüşebiliyordu. Bütün katılımcılar ailelerini huzursuz, çalkantılı, dengesiz ve benzeri kavramlarla tanımlamışlardır. Çoğu katılımcı ailesindeki ekonomik sorunları ve babalarının alkol tüketimini vurguladı. Ayrıca ebeveynler arasında sevgiden yoksun bir ilişki tarif edildi.

Katılımcılar özellikle anneleri ile tartışma ve çatışma yaşadıklarını belirtmişlerdir. Bu çatışmaların ilk psikotik epizodun başlangıcında ve psikotik alevlenmelerin başlangıcında yoğunlaştığı söylenebilir.

Katılımcıların, babalarıyla olan çatışmaları ise genellikle fiziksel kavgaları içeriyordu. Bu kavgaların gerekçesi olarak babaların annelere yönelik şiddet içeren davranışları gösterildi. Örneğin Ahmet annesini babasından korumaya çalıştığı için babasıyla kavga ettiğini söylemiştir.

3.5. Romantik İlişkiler Etrafında Dönen Çatışmalar

Katılımcılarla yapılan görüşmeler, romantik ilişkilerin anneleriyle sık sık konuşulan bir konu olduğunu ortaya çıkardı. Ayrıca bazı katılımcılar annelerinin “*Sana bir gelin alalım*” dediğinden bahsetmişlerdir. Ancak evlenmek istemediklerini ifade ettiler. Öte yandan, bazı katılımcılar kendilerine uygun eş bulma sorumluluğunun annelerine ait olduğunu ifade etmiştir.

Birçok katılımcı, kadınlarla ilişkilerini ilk psikotik atak deneyimleriyle ve hastalık başlangıcıyla ilişkilendirmiştir. Katılımcılara göre yaşadıkları romantik ilişkiler, onlarda kafa karışıklığına ve sorunlara neden oluyordu.

4. TARTIŞMA

Mevcut tez, psikozlu bireylerin ebeveynleriyle olan ilişkilerine bakış açılarının derinlemesine anlaşılmasını sağlamayı amaçlamıştır. Bu amaç doğrultusunda şizofreni tanılı yedi erkek katılımcı ile derinlemesine yarı yapılandırılmış görüşmeler yapılmış ve görüşmelerden elde edilen veriler tematik analiz yoluyla incelenmiştir. Çalışma beş temanın belirlenmesiyle sonuçlanmıştır: (1) “Babamla ilişkim yok gibi”, (2) anneye duygusal olarak bunaltıcı ilişki, (3) kimlik iddia etmek, (4) kavgacı bir aile ortamı ve (5) romantik ilişkiler etrafında dönen çatışmalar. Elde edilen bulgular Lacancı perspektife odaklanılarak, psikanalitik bir bakış açısıyla tartışılacaktır.

Freud’a (1905) göre, Oidipus karmaşasıyla birlikte baba, yasaklayan ve sınır koyan işleviyle çocuğun anneden ayrılmasını sağlayarak ensest yaşağının yasağını işletir. Benzer bir şekilde, Lacan da çocuğun Oedipus kompleksini yaşamasında babanın rolünün altını çizer. Lacan’a (1955-56/1993) göre babalık metaforu ya da Babanın Adı olarak baba, yasağı temsil eder ve anneden alınan hazzın sınırlanmasında rol oynar. Bu yolla çocuğu anneden ayırır. Ancak psikotik yapılanmada süreç böyle ilerlemez. Psikozda babanın ayırma işlevi işlemez ve baba anne-çocuk ilişkisinden dışlanır.

Dolayısıyla Oedipus kompleksi, nevrotiklerdeki gibi yabancılaşma ve ayrışma ile tamamlanmaz (Lacan, 1955-56/1993).

Babanın anne ve çocuk arasındaki ikili ilişkiye müdahale edebilmesi için, babanın psikolojik varlığı önemlidir (Rosenfeld, 2019). Psikolojik olarak varlığı hissedilen baba, anne ve çocuk arasındaki ilişkiye dahil olabilir. Ancak katılımcıların söylemleri babanın psikolojik varlığına dair bir bulguya işaret etmemekteydi. Babanın varlığını gösteren en temel unsur ise annenin kendi arzusunu babanın adını anarak çocuğa ifade etmesidir. Baba işlevinin simgesel yönü erkek çocuğu jouissance'ın ayrılmamış alanından çekip çıkarır (Gallagher, 1986). Böylece kendi arzusuna doğru gidebilmesi için imkan tanır ve ona kendi arzusunu keşfetmek için yol gösterir (Gallagher, 1986). Lacan'ın (1955-56/1993) Babanın-Adı metaforuyla belirttiği babalık işlevi de budur. Katılımcıların anlatıları ise Babanın-Adı'nın işlevine dair herhangi bir gönderme yapmamaktaydı.

Lacan (1955-56/1993), aşırı otoriter babaların kendi kişiliklerinin gölgesinde kalan psikotik oğulları yetiştirebileceğini belirtir. Babanın bu şekilde otoriterleşmesi, oğulun babasıyla özdeşleşmesini zorlaştırır. Çalışmamızın bulguları da babaların saldırganlığının anne-oğul arasındaki ikili ilişkiyi zorlamaya zemin hazırladığı ve babayla özdeşleşmeyi zorlaştırdığını göstermiştir. Ayrıca katılımcılar babalarına yönelik herhangi bir hayranlık duygusu göstermemişlerdir. Bu durumun da baba metaforunun kabul edilmesini engelleyen bir başka faktör olabileceği düşünülmüştür.

Görüşmeler, katılımcıların anneleriyle olan ilişkilerinin ambivalent hissettiklerini ve ilişki içindeki sınırların iç içe geçmiş olduğunu ortaya koydu. Bu bulguların Lacan'ın (2007) timsah anne analogisiyle örtüştüğü düşünülmektedir. Lacan (2007), anne ile çocuk arasındaki ilişkiyi açıklamak için timsah anne benzetmesini kullanır. Anne çocuğu bir timsah gibi ağzında tutmaktadır ve babanın müdahalesinin çocuğu yutulmaktan kurtarması beklenmektedir. Ancak katılımcıların anlatıları, babanın bu müdahale için genellikle yetersiz olduğunu ve katılımcıların anneleri ile ilişkilerinde yutulma kaygısını yaşamaya devam ettiklerini göstermiştir.

Katılımcıların ifadeleri annelerinin müdahaleci doğasına işaret etmekteydi. Rosenfeld (2019) ise psikotik bireylerde saldırgan annelere sıklıkla rastlandığına dikkat çeker.

Hatta bazı annelerin oğullarının zihnini sanki bir kuklaymış gibi kontrol etmeye çalıştıkları iddia edilmektedir (Rosenfeld, 2019). Mevcut çalışmada da katılımcıların anneleri ile olan ilişkileri bu tür yaşantıları içermektedir. Katılımcılara göre anneler her şeyi bilen, akıllarından geçenleri anlayan ve onlara ne yapacaklarını söyleyen konumdaydı.

Bireylerin anneleriyle birlikte yaşamlarını sürdürdükleri gözlemlenmiştir. Lacan (1955-56/1993), psikotikler için anneyle kurulan ilişki sancılı, dayanılmaz ve sıkıntılı olsa da, bu ilişkiden kopuk olma fikrine tahammül edemediklerini öne sürer. Dolayısıyla bireylerin annelerinden ayrılma tahammül edemediği ileri sürülebilir. Ayrıca bu kaygının nedeninin psikozdaki simgeleştirme eksikliği olduğu söylenebilir. Abrevaya (2017), simgeselleştirme aracılığıyla çocuğun nesneden ayrılabilceğini ifade eder. Simgeselleştirme yoluyla çocuğa annenin geri döneceği güvencesi verilir (Abrevaya, 2017). Özetle, anneden ayrılmayı sağlayan mekanizma simgeleştirme kapasitesidir. Bu nedenle katılımcıların annelerinden ayrılmamalarının, simgeleştirme kapasitelerinin eksikliğinden kaynaklanabileceği öne sürülebilir. Bu durumun, aynı zamanda, Ayna Evresi öncesindeki bir bebeğin annesiyle *birmiş gibi* olduğu illüzyonuyla da benzerlik gösterdiği düşünülmüştür. Benzer şekilde, Geary (2015) de anneye yönelik ambivalent duyguların ve geçirgen sınırların, anne ile bütünleşme yanılmasından kaynaklanabileceğini iddia etmektedir.

Freud (1905), Oedipus kompleksini çözmek için çocuğun kendi cinsiyetindeki ebeveyniyle özdeşleşmesi gerektiğini iddia eder. Ancak çalışmamızda babayla idealize edilen ilişki ve özdeşleşmeye geçişte sorunlar olduğu açıktır. Lacan ise Ayna Evresi'nin ve bu süreçte yapılan adlandırmanın özne kurulumu için kritik öneme sahip olduğunu belirtir (Vanheule, 2011). Ancak psikotik için "Bu sensin" isimlendirmesi ve imlemesi eksiktir (Vanheule, 2011). Bu eksiklik gösterenler zincirinin oluşmasını engeller. Kimlik ise bir gösterendir (Vanheule, 2011). Bu bağlamda, psikotik için bir kimlik göstereninin oluşumundan bahsetmek mümkün olmamaktadır. Bu nedenle de psikotiklerde kimlik deneyimi istikrarsız hale gelir. Görüşmeler de dile getirilen kimlik problemlerinin bu yorumları destekler niteliktedir.

Öznenin varoluşunu eklemlendiği yer Başka'nın mahalidir (Kojève, 2001). Ancak psikotikte Başka için böyle bir alan açılmamıştır. Başka'nın tanınmaması öznenin

tutarlı bir kimlik duygusu oluřturmasını da engelleyebilir. Bununla paralel olarak, katılımcıların yurütülen görüřmeler de bireylerin tutarlı bir kimlik oluřturamadıklarını göstermiřtir.

Katılımcıların aile içinde yalnız kalma ihtiyaçlarının göz ardı edildiđi gözlemlendi. Steiner (1993) ise, psikotiklerin zihinlerindeki parçalanma kaygısı nedeniyle ruhsal bir geri çekilme içinde olduklarını belirtmektedir. Bireyler iliřkiyi tehdit olarak algıladıklarında bađları koparmakta ve iç dünyalarında saklanabileceklerini hissettikleri inziva alanlarına çekilmektedir. Katılımcıların yalnızlık ihtiyaçının inzivaya çekilmeye yönelik bir hamle olabileceđi düşünölmüřtür.

Arařtırma bulguları, psikotik bireylerin yařamlarında aile içi tartiřmaların ve kavgaların yaygın deneyimler olduđunu göstermiřtir. Lacan (1938) ailenin sadece biyolojik bir birlik ya da sayısal bir gerçeklik olmadığını ifade eder. Aile yapı olarak belirli yasalarla yönetilir ve çocuđun Bařka ile karřılařtıđı ilk alandır. Görüřmeler ise anne ve baba arasındaki iliřkinin evliliđin sembolik anlamını azalttıđını ve yasayı tanımaya alan açmadıđını göstermiřtir.

Katılımcıların çođu anneleri ile tartiřtıklarından bahsetmiřtir. Bu kavgaların tipik olarak ilk psikotik epizodun bařında veya alevlenme döneminin bařında meydana geldiđi belirtilmiřtir. Bion (1959), psikotik için kendilik algısının ve düşünme kapasitesinin saldırıya uğradıđını belirtir. Bion'a (1959) göre psikozda benlik parçalanmakta ve benliđin saldırgan yönü yansıtılmaktadır. Ancak birey, yansıtılanın kendisine saldıracađı tehdidini de hisseder. Bu dıř nesnelere, kendilerini bireyin zihnine geri sokmakla tehdit ettikleri için zulmedici bir dođaya sahiptir. Anne ile kavgaların da yansıtma mekanizması dolayısıyla olabileceđi düşünölmüřtür.

Katılımcıların çođu annelerini korumak için babalarıyla kavga ettiklerini belirtmiřlerdir. Lacan (1955-56/1993) bazı babaların canavarca bir řekilde otoriter hale gelebileceđini belirtir. Ancak bu canavarlařma bir gösteren olan babanın simgesel düzeyde kabulünün imkansızlıđına yol açar. Bu sebeple, katılımcılar için babalarının řiddet içeren davranıřlarının babanın sembolik kabulünü zorlařtırdıđı söylenebilir.

“Gelin almak” ve romantik ilişkiler, katılımcılar ve anneleri arasında sık konuşulan bir konuydu. Birçok teorisyen evlilik, nişanlılık gibi kişinin Başka ile karşılaştığı ve sembolik pozisyonu işaret eden durumların psikoz için tetikleyici faktör olabileceğini ifade eder (Weiner, 1985; Fisch, 1992; Vanier, 2005). Bu durumlar aynı zamanda kişinin otorite pozisyonunu almayı da gerektirir ve sembolik baba ile karşılaşmayı içerir (Lacan, 1955-56/1993; Vanier, 2005). Kişi için tetikleyici olan da bu karşılaşmadır. Katılımcıların da romantik ilişkileri sonrası psikotik atak geçirmiş olmaları böyle bir karşılaşma deneyimlemiş olabilecekleri bağlamında düşünülmüştür.

Kişilerin evlenmeleriyle ilgili taleplerin annelerinden geldiği ancak bireylerin bu talebi reddettikleri görülmüştür. Evlilik reddinin, kişinin annesinden ayrılmayı engelleyen bir işlevi olabileceği düşünülmüştür. Aynı zamanda annelerin bu talebi, annelerin oğullarının ilişkilerine yönelik nüfuz edici tutumlarını da göstermektedir. Bu tutumun, Prakash’ın (2021), annenin oğluna gelin seçmesini gücünü gösterebileceği bir yol olarak tanımlaması yorumuyla tutarlı olduğu söylenebilir.

Wachsberger (1996), aşk başlangıçlarının bir tür sanrılı sosyal ilişkilere yol açabileceğini söyler. İsmail’in kızların kendisinden söz ettiğine inanması ya da Serhat’ın bir kadına aşık olduktan sonra kafasının karıştığını söylemesi bu yorumla paralellik göstermektedir. Birçok katılımcı bu tip ilişkilerden sonra romantik bir ilişki yaşamaktan kaçındığını belirtmiştir.

5. SONUÇ

Sonuç olarak, bu tez “Psikotik bireylerin ebeveynleriyle ilişkilerine bakış açıları nelerdir?” sorusuna cevap aramıştır. Freud’un Schreber vakasıyla birlikte psikoz, psikanalitik teoride bir çalışma konusu olmuştur. Kendi kuramına “Freud’a Dönüş” adını veren Lacan için psikoz üç yapıdan biridir. Lacan’a göre psikotik yapının kökleri, babanın anne çocuk ilişkisine dahil olamamasına bağlıdır. Böylece anne ve çocuk arasında olması gereken sembolik mesafe oluşmaz. Sonuç olarak, psikotik yapıya sahip bir kişi genellikle annesiyle ikili bir hayali ilişki sürdürür. Hem Freud’un hem de Lacan’ın psikoza ilişkin yorumları ve diğer psikanalitik teorisyenlerin bu konudaki görüşleri dikkate alındığında, psikoz ve ebeveyn ilişkisini incelemenin büyük önem taşıdığı açıktır. Ancak mevcut literatürde bu konuda herhangi bir çalışma

bulunmamaktadır. Bu nedenle, bu konuda bir çalışmaya ihtiyaç duyulduğu açıktır. Bu nedenle çalışma, psikotik bireyler ve aileleri arasındaki ilişkileri anlamak için katılımcıların öznel deneyimlerini dikkate alması açısından değerlidir.

Görüşmelerden elde edilen bulgular, psikotik bireylerin babalarıyla ilişkilerini “yok” olarak algıladıklarını göstermektedir. Aynı zamanda, anneleriyle ilişkilerinde sınırların iç içe geçmiş olduğu ve annelerinden ayıramayacak gibi bir algıya sahip oldukları söylenebilir. Bu bulgular teorik olarak psikozun psikanalitik bakış açısıyla tutarlıydı. Babanın Adı’nın çocuğu annesinden ayırmada yetersiz kaldığı açıktı. “Timsah anne” analogisinin ise katılımcıların anlatımında öne çıkan bir deneyim olduğu açıktır. Ayrıca katılımcıların kimlik talebi, ayna evresindeki kesintinin kimlik inşalarını engellediği yönünde yorumlanabilir. Katılımcılar, babalık işlevinin ve hukukun işlemediği bir aile ortamını tanımladılar. Romantik ilişkilerdeki deneyimler de psikotik dönemler için potansiyel tetikleyiciler olarak ele alınmıştır. Bu deneyimler, annelerin müdahaleci davranışlarına örnek teşkil etmiştir. Sonuç olarak, mevcut çalışma, psikotik bireylerin ebeveynleriyle yaşadıkları deneyimlerine ışık tutmuş ve çalışmanın bulgularını psikanalitik yaklaşımı kullanarak tartışmıştır.

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Bölümü / Department : Psikoloji

TEZİN ADI / TITLE OF THE THESIS (İngilizce / English) : The Perspectives of Psychotic Individuals on Relationships with Their Parents: A Qualitative Study

TEZİN TÜRÜ / DEGREE: Yüksek Lisans / Master Doktora / PhD

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