

DISCOURSES OF DAUGHTERS AND MOTHERS:
A LACANIAN STUDY ON EATING PROBLEMS

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ABSTRACT

DISCOURSES OF DAUGHTERS AND MOTHERS: A LACANIAN STUDY ON EATING PROBLEMS

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Eating problems have constituted a subject of investigation for psychoanalytically oriented theorists since the 20th century. Given that eating problems are particularly prevalent in adolescent young women, theorists have proposed a connection between eating problems and conflicts surrounding femininity, addressing the matter within the context of separation problems in mother-daughter relationships. The primary objective of this thesis is to analyze the discursive dynamics of eating problems within the context of the mother-daughter relationship from the viewpoint of Lacanian psychoanalytic theory. More specifically, the study aims to examine how the daughters diagnosed with eating disorder and their mothers attribute meaning to eating problem and symptoms, how the symptoms function and how this affects the dynamics of mother-daughter relationship and how the discourses of mothers and daughters resemble and differ. In this direction, semi-structured interviews with six young women and their mothers were examined with Lacanian discourse analysis, a qualitative research method. According to the findings, firstly, recurring patterns of symptoms were identified across all daughters and their mothers. Secondly, the study delved into the function of the symptoms particularly within the intricate framework of the mother-daughter relationship. Thirdly, the analysis explored the ambiguity of boundaries within the mother-daughter relationship and how the issue of

separation becomes prominent within their discourses. Based on these findings, a theoretical discourse was undertaken. The consideration of discourses from the viewpoints of both girls and mothers is believed to offer a foundational framework for comprehending the intergenerational dynamics of eating issues through a Lacanian psychoanalytic lens.

Keywords: Eating Problems, Intergenerational Mother-Daughter Relationships, Separation, Psychoanalytic Theory, Lacanian Discourse Analysis.

ÖZ

KIZLARIN VE ANNELERİNİN SÖYLEMLERİ: YEME PROBLEMLERİ ÜZERİNE LACANYEN BİR ÇALIŞMA

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Yeme problemleri, 20. yüzyıldan itibaren psikanalitik yönelimli kuramcılarının üzerinde çalıştığı bir konu olmuştur. Yeme problemleri özellikle ergenlik dönemindeki genç kadınlarda görülmektedir; bu durumun kadınsılığa dair çatışmalarla ilişkili olabileceğini ifade eden kuramcılar, bu konuyu anne-kız ilişkilerindeki ayrışmaya ilişkin problemler açısından ele almışlardır. Bu tezin amacı, yeme problemlerinin anne-kız ilişkisi açısından söylemsel dinamiklerini Lacanyen psikanalitik kuram ışığında incelemektir. Spesifik olarak, bu çalışma yeme bozukluğu tanısı almış olan kızların ve annelerinin yeme problemine ve semptomlara nasıl bir anlam atfettiğini, semptomun nasıl bir işleve sahip olduğunu ve anne-kız ilişkisinin dinamiğini nasıl etkilediğini ve anne ve kızların söylemlerinin hangi açılardan benzeştiğini ve farklılaştığını incelemeyi hedeflemektedir. Bu doğrultuda çalışmaya katılan altı genç kadın ve anneleriyle gerçekleştirilen yarı yapılandırılmış görüşmeler, bir niteliksel araştırma yöntemi olan Lacanyen söylem analizi ile incelenmiştir. Analiz sonuçları doğrultusunda ilk olarak, tüm kızlarda ve annelerinde tekrar eden bazı semptom örüntülerine rastlanmıştır. İkinci olarak, semptomların işlevi, anne kız ilişkisinin dinamiği açısından ele alınmıştır. Üçüncü olarak, anne ve kız ilişkisinde sınırların belirsizliğine ve ayrışma probleminin söylemlerde hangi biçimlerde öne çıktığı incelenmiştir. Bu bulgular ışığında teorik bir tartışma yürütülmüştür.

Söylemleri hem kızların hem de annelerin perspektifinden ele almanın, yeme problemlerinin nesillerarası dinamiğini psikanalitik ve linguistik bir açıdan anlamaya bir zemin hazırlayabileceği düşünülmektedir.

Anahtar Kelimeler: Yeme Problemleri, Nesillerarası Anne-Kız İlişkileri, Ayrışma, Psikanalitik Kuram, Lacanyen Söylem Analizi.

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CHAPTER 1

GENERAL INTRODUCTION

1.1 Context and General Overview

This thesis aims to explore the discourse of young women with eating disorders and their mothers through the perspective of Lacanian psychoanalytic theory. The focus is on understanding how these mothers and daughters attribute meaning to the symptoms related with eating problems, the notable signifiers associated with the symptoms, and the dynamics of the mother-daughter relationship in relation to these symptoms.

The study examines both the similarities and differences in the discourses of mothers and daughters, and investigates how these discourses relate to the mother-daughter relationship and the manifestation of eating problems.

The first chapter of the thesis provides an introduction and general overview of the research. The second chapter delves into the historical background and clinical characteristics and features of eating problems, as well as an examination of relevant psychoanalytic literature on the subject. In the third chapter, the methodology employed in the thesis is outlined, including details about the research method and the process of conducting the study.

Chapter 4 presents the analysis and findings derived from the interviews conducted specifically for the purpose of the thesis, using a Lacanian discourse analysis approach. Finally, Chapter 5 offers commentary and discussions on the obtained findings, providing further insights and interpretations.

1.2 Problem Statement and Research Background

Eating disorders have been the focus of clinical attention since the early 20th century. They have been extensively studied by various psychological schools, leading to the development of diverse treatment methods and interpretations from different perspectives.

Eating disorders are primarily characterized by an intense fear of weight gain and a strong desire for a thin or slim body. These problems, which encompass situations such as body image issues, refusal to eat, and other compensatory behaviors to prevent weight gain, have been classified and examined as “eating disorders” in mainstream psychology and diagnostic criteria. The treatment of eating disorder symptoms and their eradication have gained global recognition.

Indeed, delving into the deeper meaning of food beyond biological needs and exploring the underlying mechanisms behind the powerful desire for thinness necessitate studying these symptoms from a different perspective. In this regard, psychoanalytic theory has made significant contributions to this field.

In the early works where Sigmund Freud, the founder of psychoanalytic theory, initially addressed issues related to eating, he predominantly interpreted the refusal to eat as a manifestation of various internal conflicts. Subsequently, theorists who later followed Freud emphasized that eating problems could arise from repressed sexual conflicts and Oedipal desires in the unconscious. As time progressed, the perspective shifted towards focusing on the relational aspect of eating disturbances, with an increased emphasis on the mother-child relationship. In the latter half of the 20th century, diverging from previous approaches, Jacques Lacan presented a psychoanalytic study that highlighted the significance of language and symbolic order. With this view, Lacan considered the symptoms as linguistic structures. Through this perspective, he offered a different point of view on psychopathologies, and examined them from a linguistic standpoint.

When examining eating problems through the lens of psychoanalytic theory, it is crucial to acknowledge two specific features that set them apart from other psychopathologies. One of these features is their higher prevalence among women. Research persistently indicates that female gender is a strong and consistently observed risk factor for the

development of eating problems. Numerous studies have established that eating problems are more prevalent among females when compared to males (e.g., Barakat et al., 2023; Bulik, 2002; Collier & Treasure, 2014; Jacobi et al., 2004; Striegel-Moore & Bulik, 2007; Striegel-Moore & Smolak, 2002; Yao et al., 2021) Thus, eating disturbances have often been discussed as a predominantly female-specific disorder in the literature.

The other significant feature of eating problems is their prevalence during adolescence. Eating problems mostly occur during adolescence or young adulthood. Cases occurring at later ages are quite rare (Bulik, 2002; Klein & Walsh, 2003; Reijonen et al., 2003; Striegel-Moore & Bulik, 2007). Adolescence is a critical period marked by gender-specific experiences, conflicts and the onset of sexual maturation (Killen et al. 1992). Additionally, the identity seek is an important feature of adolescence. During adolescence, the pivotal question of "who am I?" emerges, necessitating the establishment of a new body image and the assimilation of the transformed physical self into one's overall self-concept (Striegel-Moore et al. 1986).

Notably, with a psychoanalytic perspective, the emergence of eating problems in women during adolescence has been indicated to be linked to the presence of these conflicts and a resistance to undergo the process of maturation. Therefore, researchers are concerned about how eating problems intersect with femininity and the progress towards womanhood, given their higher prevalence among adolescent girls and young adult women.

Since its inception, psychoanalytic theory has engaged with and interpreted eating problems in the context of femininity and sexuality. The development of femininity and sexuality has primarily been elucidated through drive-conflict models, which revolve around the concept of underlying unconscious conflicts among various psychological forces. In later years, there has been an increasing emphasis on the significance of the mother-child relationship in eating problems, along with the exploration of interpersonal and intersubjective perspectives, particularly through the lens of object relations theory. Moreover, this emphasis on the mother-daughter relationship aligns with the themes found in Freud's texts on femininity, highlighting its overarching importance. In his papers "Female Sexuality" (1931/1999) and "Femininity" (1932/1999), Freud emphasized the

role of the girl's relationship with her mother on the development of femininity. Indeed, he remarked that understanding a woman's relationship with her mother is crucial in comprehending her overall identity and experiences.

Apart from the significant emphasis placed on the mother-daughter relationship in psychoanalytic theory, the contributions of Jacques Lacan to psychoanalytic theory in the latter half of the 20th century hold great significance. Lacan's perspective highlights that the mother-child relationship is not solely a dyadic relationship, but rather involves a third element, namely the father. As a result, the relationship with the mother encompasses not only the mother herself, but also the father's name, cultural structures, and intergenerational dynamics. This broader perspective emphasizes the role of the father and the symbolic order in shaping the mother-daughter relationship and its implications for the subject's development and identity formation. Parallel with these arguments, some authors suggest that the mother plays a crucial role in transmitting various messages to her child regarding paternity, relations of family and social groups which will shape her identity. These messages are embedded within the functioning of symbolic alliances and allocations. The mother is not only responsible for bringing forth a child who will be recognized within the paternal lineage but also for imparting the values associated with the father's side and her own ancestral lineage, thereby shaping the child's idealized sense of self. In this sense, the mother's role is considered as a carrier of messages that influence the child's development and identity formation (Cournut, 2001).

From a Lacanian perspective, conveying these messages relies on language and linguistic structures. Hence, studying language structures is considered essential when examining these transfers. Regarding psychopathologies, the symptom is described by Lacan as follows in linguistic terms: "The symptom resolves itself entirely in an analysis of language, because the symptom is itself structured like a language, and it is through language that speech must be delivered" (1953/1991, p. 223). Therefore, the symptoms associated with eating problems can be considered as a linguistic construct and examined in terms of language, offering different perspectives. To study mother-daughter relationships in the context of eating problems, adopting a discursive approach can offer a more comprehensive understanding compared to a positivist, inductive, and diagnostic

criteria-oriented approach. Discourse analysis, as a qualitative research method, focuses on the examination of linguistic structures and their construction within specific texts. In this regard, Lacanian discourse analysis, drawing on the theories and concepts of Lacanian psychoanalysis, provides a specific framework for exploring the diverse ways in which language is used in different contexts. The goal is to interpret these linguistic practices through the perspective of Lacanian concepts, shedding light on the underlying dynamics of mother-daughter relationships in the context of eating problems. By emphasizing the significance of language and discourse, this approach allows for a deeper exploration and understanding of the complex interactions and meanings inherent in these relationships. Thus, this approach is considered the most suitable for thoroughly examining the discourses of the mother and the daughter.

Winograd (2016) posits that the majority of psychoanalytic theories on female development primarily focus on the daughter, often concluding the narrative with the young woman's transition into adulthood. However, some scholars, including Benjamin (1988) and Bernstein (2004), suggest that the dynamics of the mother-daughter relationship continue to evolve and shape the lives of women throughout their entire lifespan. Hence, the highlighted intergenerational transmission may provide a valuable perspective in understanding relations by examining not only what the mother conveys to the daughter but also what the daughter conveys to the mother. Moreover, some researchers have underscored the significance of considering all three generations in the context of eating problems (Kaganski and Remy, 1989; as cited in Gürdal Küey 2013). Hence, investigating a psychopathology like eating disturbance which exhibits a distinct gender and femininity aspect, through the perspective of mother-daughter relationships is believed to yield valuable insights. In this study, the sample was selected in line with this idea. It is believed that a comprehensive understanding of the relational dynamics of eating problems can be achieved by considering the perspectives of both the women diagnosed with eating disorders and their mothers. Therefore, while focusing on the mother-daughter relationship when it comes to eating problems, not only the discourses regarding the daughter's relationship with her mother were examined, but also, the discourses concerning the mother's relationship with her daughter. By examining the issue from both the daughter's and the mother's perspectives, it becomes possible to comprehend the

dynamics of the mother-daughter relationship and establish a foundation for interpreting intergenerational transmissions.

1.3 Main Research Questions and Aims

The scope of this study is examining the discourses of women with eating disorders and the discourses of their mothers about problems and related symptoms. More specifically:

- How and with which signifiers daughters attribute meaning to their eating problem experiences and how mothers perceive their daughters' eating problem will be examined
- What kind of a function the symptoms have and how this affects the dynamics of the mother-daughter relationship will be examined
- How the main signifiers used by mothers and daughters talking about their relationships stand out in terms of the eating problem will be examined
- In what way the discourses of mothers and daughters resemble and differ will be observed through the aim of the study.

CHAPTER 2

THEORETICAL BACKGROUND

2.1 The History of Eating Problems

Problems related to eating have gained prominence as a subject of study in psychology, particularly in the 20th century. However, the history of these problems extends much further back. Eating problems were officially recognized as a disorder with systematic diagnostic criteria in 1980, and in clinical studies, anorexia nervosa and bulimia nervosa, which are the most common eating problems, were brought to the forefront. Nevertheless, long before these formal definitions, rituals related to both refusal to eat, self-starvation, and various purgation methods like vomiting were observed in human lives and became subjects of study in the fields of medicine and early periods of psychology.

2.1.1 Refusal of Eating and Self-Starvation: Anorexia Nervosa

The intense fear of weight gain and a strong aspiration for a thin or slim body, leading to the development of disease-specific behaviors and problematic eating attitudes and a significant deterioration of body image is defined as anorexia nervosa in diagnostic perspective (Oğlađu & Gürdal Küey, 2013). The term "anorexia" has its roots in Greek etymology. The prefix "an" functions as a negator, while "orexis" refers to "appetite." Consequently, "anorexia" came to be used to describe the condition of a neurotic loss or absence of appetite. The term was first employed in 1873 by Sir William Gull, who served as the physician to Queen Victoria (Bell, 2002).

Anorexia nervosa had made its appearance in medical literature by the 19th century, but its history goes back much further. It is thought that the roots of anorexia nervosa could be traced to the Hellenistic era. As a religious practice, willful self-starvation is

encouraged as an act of purification of the soul and body by removing it from worldly pursuits. Bell (2002) describes these kinds of self starvations as “holy anorexia”. Similar to the emergence of novel forms of female holiness during medieval Italy, the contemporary era has witnessed a significant surge in the recognition of anorectic behavioral patterns, coinciding with an intensified societal focus on female thinness. The medieval women who embraced holy anorexia were motivated not only by their pursuit of spiritual perfection but also by their personal quest for purity of both mind and body. Through this journey, they aimed to establish a direct communion with God. The desire for union with God is a recurring theme in Holy Anorexia, emphasizing the saintly women's profound aspiration (Davis, 2002).

While the term "anorexia" was indeed first used by Sir William Gull, it is worth noting that the earliest documented case of anorexia, or at least the one commonly referenced in medical literature, can be traced back to Richard Morton's work "Phthisiologia: or a Treatise of Consumptions." Morton describes a case involving a 20-year-old girl who refused all forms of nutrition and medication following a bout of tuberculosis. In this particular case, Morton attributed the behavior to neurotic weakness following the illness (Bell, 2002).

Sir William Gull holds significant importance in the history of anorexia. In 1873, he published a paper entitled "Anorexia Nervosa." Gull primarily observed and reported on cases of anorexia nervosa occurring in young women between the ages of 16 and 23, which aligns with the current epidemiology of the disorder. To illustrate his findings, Gull provided detailed descriptions of three individual cases, focusing on symptoms such as severe emaciation, amenorrhea (absence of menstruation), and lack of appetite. Other physicians across Europe had also documented similar cases of young women exhibiting disinterest in food, resulting in severe and prolonged emaciation accompanied by related medical issues (Moncrieff-Boyd, 2016).

Georgio Baglivi, a physician, can be considered a notable precursor to Sigmund Freud in terms of his studies and ideas. Baglivi's understanding of the interrelation between mental and physical health led him to propose that emotional disturbances could potentially give rise to various physical ailments. Similar to many of his contemporaries during that era,

Baglivi associated mental illness with gastrointestinal symptoms. He observed that his patients, particularly young women who experienced unrequited love, frequently displayed diminished appetite and disinterest in food, which could contribute to the manifestation of these symptoms (Bell, 2002).

Charles Lasegue was the first name who described anorexia nervosa as a clinical pathology and he used the term “hysterical anorexia”. After that, this term transformed into “anorexia mentale” which is still used in French and Italian literature (Oğlağu & Gürdal Küey, 2013). In 1873, Lasegue, published an article named “De l’anorexie Hysterique” in an academic journal “Archives Generales de Medecine”. In this article, while Lasegue was describing the illness with cases of women, he focused on the emotional causes, their lack of awareness about their illness and their resistance to the treatment and then he asserted that “avoiding pain” is the origin of lack of appetite. Lasegue's approach differed from Gull's by emphasizing the psychological roots of the illness and highlighting the significance of family dynamics (Vandereycken & Deth, 1990).

In subsequent years, Jean Martin Charcot proposed that the foundation of anorexia nervosa lies in hysteria. Additionally, Pierre Janet suggested that anorexia could be observed from two perspectives: as a manifestation of hysteria and as an expression of obsession. Although Sigmund Freud did not explicitly focus on the study of anorexia nervosa, his profound influence on the field of psychiatry cannot be underestimated. Considering his substantial contributions to the broader comprehension and treatment of mental disorders, it is crucial to explore how his theories may provide insights into anorexia nervosa (Bell, 2002).

2.1.2 Vomiting as a Purgation Method: Bulimia Nervosa

Bulimia Nervosa (BN) is defined by recurrent episodes of binge eating, accompanied by a fear of losing control over eating during these episodes from a diagnostic perspective. Individuals with bulimia may engage in compensatory behaviors such as vomiting, excessive exercise, or inappropriate methods to prevent weight gain after bingeing (Oğlağu & Gürdal Küey, 2013). While the historical background of anorexia nervosa has

received significant research attention, bulimia has not received the same level of focus (Parry Jones & Parry Jones, 1991). However, historical evidence suggests that the practice of induced vomiting dates back to early civilizations, with references to its therapeutic use in ancient Egypt, Syria, and Arabia. Notably, consecutive days of induced vomiting were practiced in ancient Egypt, and the presence of "vomitoriums" in Ancient Rome further attests to the ancient origins of bulimia. Purging practices, including vomiting, remained prevalent during the Middle Ages in Europe, although the use of cathartic drugs gained prominence during this time (Nasser, 1993). Thus, the history of bulimia can be traced back to ancient times, with vomiting and purgative methods evolving over the centuries (Oğlağu & Gürdal Küey, 2013).

It is likely that humans engaged in occasional episodes of excessive food consumption, known as binge eating, whenever food supplies were plentiful. The practice of vomiting after overeating has also been documented throughout history (Nasser, 1993). However, the official recognition of an eating disorder characterized by excessive food consumption (binge eating) and inappropriate behaviors to prevent weight gain, such as self-induced vomiting, did not occur until 1980 when the American Psychiatric Association established diagnostic criteria for the diagnosis of bulimia nervosa (Walsh & Devlin, 1998).

Etymologically, the Greek word "bous" refers to "ox" and "limos" refers to "hunger." Combined, it conveys the meaning of "being capable of eating an ox" and describes a pathological appetite (Parry Jones & Parry Jones, 1991). The term "bulimia" was first used in British psychiatrist Gerald Russell's paper in 1979; however, evidence of this condition predates that article. Parry Jones and Parry Jones's (1991) study analyzing 12 historical cases from the fifteenth to twentieth century in Western Europe indicates that the history of bulimia dates back to early periods. During the early stages of research on bulimia, the symptoms were consistently interpreted as a disorder primarily affecting the stomach or related to digestion. Examination of various medical sources reveals that common factors associated with bulimia include excessive stomach acidity, impaired gastric secretions, and tangible physiological complications such as an enlarged pylorus or structural irregularities in the stomach, leading to the premature expulsion of undigested food.

Stephen Blancard, a Dutch physician from the 17th to 18th century, introduced a fresh perspective to the physiological understanding of bulimia. In his work, the *Physical Dictionary* (1702; as cited in Parry Jones & Parry Jones, 1991), he characterized bulimia as an "abnormal appetite, often accompanied by a decline in spirits." This publication holds historical significance as it was the first medical dictionary printed in Britain. Remarkably, it contains the earliest documented observation suggesting a consistent association between bulimia and a depressive mood, a noteworthy finding considering the well-established link between depression and contemporary cases of bulimia (Parry Jones & Parry Jones, 1991).

Russell (1979) was the first who used the name "bulimia nervosa" in 1979; he described the illness as "an ominous variant of anorexia nervosa". Russell studied 30 patients whose illness bears a close resemblance to anorexia nervosa, but does not fully conform to the diagnostic criteria of anorexia nervosa. He remarks that the patients do not necessarily reduce eating, instead episodes of overeating and after that periods of abstinence, self-induced vomiting or purgation. Hence, he introduced a new term, "bulimia nervosa," to describe the symptom of persistent and significant overeating.

According to Russell, bulimia nervosa can be seen as a subsequent or chronic phase of anorexia nervosa. Both of them share a similar underlying psychopathology. Patients with bulimia nervosa exhibit the same intense fear of gaining weight as those with anorexia nervosa. However, there are notable differences between the two. While individuals with anorexia nervosa are capable of prolonged starvation, those with bulimia nervosa can only resist eating for a limited period before succumbing to episodes of overeating. In both disorders, body weight is reduced below the optimal level, although the degree of weight loss is less severe in bulimia nervosa. Additionally, there are distinctions in the frequency of amenorrhea, levels of sexual activity, and preservation of fertility between the two disorders. Anorexia nervosa commonly presents disturbances in these areas, whereas they are not as prevalent in bulimia nervosa. Russell further notes that the majority of patients discussed in the article experienced a previous phase of anorexia nervosa before developing bulimia nervosa (Russell, 1979).

2.2 Clinical Features of Eating Problems

The classification and comprehension of eating problems have undergone significant advancements within a relatively short time frame. The initial recognition of anorexia nervosa occurred in the 1970s, leading to the development of specific diagnostic criteria. Subsequently, bulimia nervosa was described in 1979 (Garfinkel, 2002). The diagnostic criteria for eating problems were established by Russell (1979), who defined them as the presence of significant weight loss, behavioral disturbances related to eating, psychopathological symptoms involving fear of weight gain and loss of control over eating, as well as endocrine abnormalities such as amenorrhea in females and decreased sexual desire and potency in males. Eating problems were first included in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) (APA, 1980). The diagnostic criteria have been updated in subsequent editions of DSM. The current diagnostic criteria for anorexia nervosa in DSM-V-TR (Fifth Edition-Text Revised) is described as consistent restriction of energy intake, a profound fear of weight gain or becoming overweight, and behaviors that impede weight gain. Additionally, there is a disruption in the individual's perception of their own weight or body shape (APA, 2022).

According to DSM criteria, patients affected by anorexia nervosa typically maintain a body weight below the expected level for their age, sex, developmental stage, and overall physical well-being, and commonly exhibit a profound fear of weight gain or becoming fat. Importantly, this fear persists even when weight loss occurs and may even intensify as weight decreases. Individuals with anorexia nervosa exhibit distorted perceptions and attitudes towards their body weight and shape. Some patients may perceive themselves as overweight despite evidence to the contrary, while others acknowledge their thinness but remain preoccupied with specific body parts. They may employ various methods to assess their body size or weight. Their self-esteem is closely tied to their perception of body shape and weight. Weight loss is often seen as a significant accomplishment and a display of exceptional self-discipline, whereas weight gain is viewed as an unacceptable failure of self-control (APA, 2022).

Bulimia nervosa was also initially outlined by Russell in 1979. Russell proposed diagnostic criteria that encompassed recurrent episodes of uncontrollable binge eating,

followed by compensatory behaviors such as self-induced vomiting and purging, along with the presence of underlying psychopathology characterized by fear of gaining weight and a strong desire to maintain a thin body (Russell, 1979). Similar to anorexia nervosa, bulimia nervosa's diagnostic criteria was first introduced in DSM-III (APA, 1980) and revised in subsequent editions (Parry Jones & Parry Jones, 1994).

According to the DSM criteria, bulimia nervosa is characterized by three key features: recurrent episodes of binge eating, recurrent inappropriate compensatory behaviors aimed at preventing weight gain, and a self-evaluation that is excessively influenced by body shape and weight. An "episode of binge eating" refers to consuming a significantly larger amount of food within a specific time frame than what is typically consumed by most individuals in similar circumstances. To be classified as an episode of binge eating, the excessive food consumption must be accompanied by a feeling of a lack of control over the eating behavior. A significant number of individuals with bulimia nervosa use various methods to counteract the effects of binge eating. The most prevalent form of inappropriate compensatory behavior is self-induced vomiting, which is considered a purging behavior. Other purging behaviors may involve the misuse of laxatives and diuretics (APA, 2022).

In 1979, Russel underlined that regarding the clinical resemblances between anorexia and bulimia, the basic pathology is similar. Additionally, Russel suggests that bulimia nervosa might be a subsequent or ongoing phase that may follow or accompany anorexia nervosa, by saying: "Bulimic patients may be said to exemplify the worst fears of the anorexic patients come true" (Russel, 1979). Anorexia nervosa and bulimia nervosa exhibit clear connections, as approximately one-third of individuals seeking treatment for bulimia nervosa have previously experienced anorexia nervosa (Walsh & Devlin, 1998).

Sullivan (2002) highlights the ongoing challenge of fully understanding the potential diagnostic overlap between anorexia nervosa and bulimia nervosa within the course of an eating disorder. Moreover, it is observed that individuals with an eating disorder may experience a transition or "crossover" to another type of eating disorder. This crossover phenomenon is more prevalent in cases of anorexia nervosa, with approximately 15% of

individuals transitioning to another eating disorder, and half of those cases involving bulimia nervosa.

2.2.1 Incidence & Prevalence

Studies indicate that the prevalence of eating problems varies globally from year to year, with a notable increase in cases of anorexia. The overall incidence of anorexia nervosa is estimated to be at least 8 per 100,000 population per year, while the incidence of bulimia nervosa is estimated to be at least 12. There has been a notable increase in the incidence rate of anorexia nervosa, particularly among females aged 15-24, over the past century, up until the 1970s (Hoek & van Hoeken, 2003). According to APA's (2023) available current data, the estimated lifetime prevalence of eating disorders in the United States is approximately 0.80% for anorexia nervosa and 0.28% for bulimia nervosa.

2.2.2 Mortality

Anorexia nervosa is associated with the highest mortality rate among all psychiatric illnesses (Harris & Barraclough, 1998; Treasure, 2002; van Hoeken & Hoek, 2020). In a more recent meta-analysis of 35 published studies, the mortality rate for anorexia nervosa was estimated to be 5.1 deaths per 1000 person-years, with suicide accounting for one in five deaths (Arcelus et al., 2011). On the other hand, based on a number of studies, the mortality rates for bulimia nervosa are significantly lower. In a meta-analysis of 12 studies, the weighted mortality rate for patients with bulimia nervosa was found to be 1.74 per 1000 person-years (Arcelus et al., 2011). Suicide risk seems to be an important reason for death. Studies have reported that individuals with anorexia nervosa are 18 times more likely to die by suicide. Additionally, a review of studies found that approximately one-quarter to one-third of individuals with anorexia nervosa experience suicidal thoughts, and around 9% to 25% have made suicide attempts (APA, 2022). Regarding bulimia nervosa, a high percentage of women with eating disorders, specifically 27.8%, reported engaging in suicide attempts. Women who had attempted suicide showed notable differences compared to those who had not, including an earlier onset of psychopathology, greater severity of depressive and general symptoms, and higher levels of impulsive disordered behaviors (Corcos, 2002).

2.2.3. Comorbidity

The literature indicates a high prevalence of comorbidity in eating disorders. According to Braun et al. (1994), 81.9% of patients with eating disorders have comorbidities. The presence of additional health conditions and psychiatric disorders significantly increases the morbidity risks for individuals with an eating disorder. Common comorbidities include diabetes, as well as various psychiatric conditions such as depression, anxiety, posttraumatic stress disorder, obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, and substance use disorders. These comorbidities contribute to the overall health complications and challenges faced by individuals with eating disorders (APA, 2023). Research shows that the most frequently diagnosed comorbid disorder across all groups is major depression. Among the comorbid conditions, depression is commonly observed, followed by substance use disorder (Blinder et al., 2006; Braun et al., 1994; Ergüney Okumuş et al., 2019; McElroy et al., 2001, 2011; Root et al., 2010).

2.2.3 Risk Factors

Research consistently shows that being female is a significant and consistently observed risk factor for the development of anorexia nervosa and bulimia nervosa. Multiple studies have confirmed that these eating disorders are more common among females in comparison to males (e.g. Barakat et al., 2023; Bulik, 2002; Collier & Treasure, 2014; Jacobi et al., 2004; Striegel-Moore & Bulik, 2007; Striegel-Moore & Smolak 2002; Yao et al., 2021).

Adolescence is another significant risk factor in eating disturbances. These problems have substantial medical and psychological implications, which can adversely affect the developmental tasks of adolescence and young adulthood. Occurrences of these problems at later ages are relatively uncommon (Bulik, 2002; Klein & Walsh, 2003; Reijonen et al., 2003; Striegel-Moore & Bulik, 2007).

Sociocultural models of eating disorders highlight the influence of Western culture's emphasis on extreme thinness and objectification of the female body as significant risk

factors for the development of eating disorders (Striegel-Moore & Bulik, 2007). Additionally, there is a consensus among researchers that the risk of developing anorexia nervosa is influenced by genetic factors (Fairburn & Brownell, 2002; Strober & Bulik, 2002). Family studies have also provided evidence of increased prevalence of eating disorders among relatives of individuals with eating disorders, with the lifetime risk being approximately ten times higher in these relatives (Bulik & Tozzi, 2004). However, the specific genetic components and their interaction with environmental factors are not yet fully understood (Schmidt, 2002).

Numerous researchers have underscored the significance of both genetic factors and family environmental effects in the development of eating problems. Familial patterns indicate that eating problems and associated traits tend to occur within families. For example, there is evidence of cross-transmission among anorexia nervosa, bulimia nervosa, and atypical eating disorders, suggesting a shared familial vulnerability (Lilenfeld et al., 1998, Strober et al., 2000). Furthermore, multiple controlled family studies have indicated a familial link between eating disorders and affective (mood) disorders (Cerniglia et al., 2017; Erriu et al., 2020; Logue et al., 1989; Winokur et al., 1980).

Isolation, detachment, conflict, and lack of involvement and support are very common patterns in the families of anorexic patients. Furthermore, the experience of family distress is not limited to the anorexic patient alone, commonly their parents also report similar dissatisfaction with family life; family members also experience a lack of emotional involvement and support, alongside difficulties in regulating tension and affect, and a lack of a stabilizing (Humphrey, 1986). Families of patients with bulimia exhibited higher levels of mutual blaming, rejection, and neglect, and bulimic patients perceive a lower level of understanding, nurturance, and support within their families. These findings suggest that the family dynamics of individuals with eating disorders are characterized by increased conflict and reduced emotional support compared to families without eating disorders (Humphrey, 1988).

According to Strober (1990), anorexia nervosa shows a higher familial clustering with intergenerational transmission, as it is approximately eight times more common in female

first-degree relatives of individuals with anorexia compared to the general population. Bulimia nervosa does not exhibit the same level of familial aggregation, however it is important to note that the prevalence of bulimia nervosa in these relatives is still slightly higher than the estimated population prevalence.

Affective disorders, particularly unipolar depression, are commonly found among relatives of individuals with anorexia nervosa. This effect is particularly prominent in mothers, who are significantly more likely to have a lifetime diagnosis of major affective disorder if the anorexic proband also has depression (Strober, 1990).

According to Striegel-Moore et al. (1986), a daughter's risk for bulimia nervosa is relatively higher when certain factors are present in the family environment. These factors include placing a strong emphasis on appearance and thinness, promoting the belief that weight is solely under one's control and holding the daughter responsible for managing it, family members (especially females) exhibiting weight preoccupation and engaging in dieting behaviors, critical evaluation of the daughter based on her weight, reinforcement of her weight loss efforts, and family members competing to achieve the ideal of thinness. These familial influences contribute to an increased vulnerability to developing bulimia.

2.3 Theoretical Explanations and Contributions to Psychoanalytic Theory

Different psychological perspectives provide distinct approaches to understanding and addressing psychopathologies. They offer diverse perspectives on the development, diagnosis, and treatment of psychological disorders. Each school of thought has its own unique methods and techniques for studying and addressing mental health conditions.

Psychoanalysis is a psychological and therapeutic approach developed by Sigmund Freud in the late 19th century. It aims to explore the unconscious and the underlying psychological processes that influence thoughts, affects, and behaviors. Psychoanalysis emphasizes the importance of early childhood experiences, unconscious conflicts, and inner dynamics that shape people's personalities, behaviors and emotions.

Psychoanalytic theory has been extensively studied in the field of eating problems, offering unique perspectives on their evaluation and treatment. Over the past century, a

significant body of literature has emerged focusing on the assessment and therapeutic approaches within psychoanalytic theory for eating problems. Given the researcher's orientation with the psychoanalytic school of psychology, this thesis will specifically examine eating problems through a psychoanalytic perspective. In this chapter, different approaches of psychoanalytic work on eating disorders and disturbances will be reviewed.

2.3.1 Early Contributions in Eating Problems: Freud's Studies

Sigmund Freud is widely recognized as the founder of psychoanalytic theory. His ideas were shaped by the cultural context of his time and had a profound impact on subsequent perspectives in psychology. In an era dominated by modernism and an emphasis on rationality and conscious thought, Freud challenged the prevailing notions by asserting the decisive role of unconscious processes in human life. He emphasized the significance of early childhood experiences and unconscious conflicts, positing that psychopathologies and symptoms were rooted in these internal conflicts (Roudinesco, 2016).

Psychoanalytic studies on eating problems gained significant attention after the 1930s, however, it is worth noting that Freud had already considered anorexia as a symptom of hysteria prior to this period (Gürdal Küey, 2013). Although Freud did not specifically discuss eating disorders in his work, he made references to problematic eating behaviors in relation to unconscious and infantile fantasies (Caparrotta & Ghaffari, 2006). Notably, Freud highlighted the connection between anorexia nervosa and orality and sexuality (Breuer & Freud, 1895; Freud 1892, 1893, 1898; as cited in Gürdal Küey, 2013). These early insights by Freud laid the groundwork for further exploration of eating problems within the psychoanalytic framework.

One of Freud's early studies on eating disturbances was the case of Frau Emmy Von N, in which he referred to the issue as "mental anorexia." In this study, Freud observed that the patient's refusal to eat was connected to her early memories of being forced to eat and the repulsive eating behaviors she witnessed in her family. He argued that her symptoms were a manifestation of unresolved traumatic experiences and the expression of negative emotions (Freud, 1893; as cited in Caparrotta & Ghaffari, 2006). This study highlights the

significance of early experiences and their impact on the development of eating problems, providing insight into Freud's early understanding of anorexia.

According to Freud's correspondence with Wilhelm Fliess in that period, he drew a connection between anorexia and melancholia, which he described as a longing for something lost. He suggested that anorexia, specifically in young girls, could be viewed as a form of melancholia where sexuality remains undeveloped, as he remarked in two steps in one of his letter:

(a) The effect corresponding to melancholia is that of mourning- that is, longing for something lost. Thus in melancholia it must be a question of a loss-a loss in instinctual life.

(b) The nutritional neurosis parallel to melancholia is anorexia. The famous anorexia nervosa of young girls seems to me (on careful observation) to be a melancholia where sexuality is undeveloped. The patient asserted that she had not eaten, simply because she had no appetite, and for no other reason. Loss of appetite-in sexual terms, loss of libido. (Freud, 1895/1966, p.200)

In this regard, Freud observed that these patients claimed to have no appetite without any other reason, attributing the loss of appetite to a decrease in sexual desire or libido. Therefore, Freud highlighted the correlation between underdeveloped sexuality and the lack of appetite in both melancholia and loss of appetite.

In another significant case study, Dora, Freud examined the symptoms of Dora, which provided valuable insights into the understanding of hysteria. Dora's relationship with her father and the couple, Herr K and Frau K, who were family friends, played a crucial role in the case. It was revealed that Dora's father had an affair with Frau K. Additionally, Herr K displayed a romantic interest in Dora. Although Dora did not openly express her feelings, Freud interpreted her reactions as a love affair to Herr K, and he considered that these were unconscious manifestations of her Oedipal desires (Freud, 1905/1953). In the case, he mentioned that Dora has difficulties in eating after an encounter with Herr K. Before Freud put down on paper the case of Dora, he had before mentioned to Fliess in his letter in 1899:

Do you know, for instance, why X.Y. suffers from hysterical vomiting? Because in phantasy she is pregnant, because she is so insatiable that she cannot put up with not having a baby by her last phantasy-lover as well. But she must vomit too, because in that case she will be starved and emaciated, and will lose her beauty and no longer be attractive to anyone. Thus the sense of the symptom is a contradictory pair of wish-fulfilments. (Freud, 1899/1966, p.278).

In this letter to Fliess, he pointed out that psychogenic vomiting is linked to unconscious phantasy of oral pregnancy. Freud interpreted the act of vomiting not only as an unconscious fantasy expression but also as a defense mechanism that represents a compromise formation. When discussing the act of vomiting, Freud pointed to the symptoms as rather than oral fixation, and he considered these symptoms as defensive regression against positive Oedipal desires (Farrell, 2000).

In Freud's *Three Essays on the Theory of Sexuality* (1905), theories of sexuality in children (1908), and the history of infantile neurosis (1918), he expressed concern about anorexia in puberty and proposed that the symptoms related to nutrition could be an expression of a resistance to sexuality. He suggested that eating disturbances are hysterical symptoms and he linked them to Oedipal issues (Caparrotta & Ghaffari, 2006). Additionally, Freud identified the redirection of sexual desires from the genitals to the oral region and acknowledged the presence of the unconscious association between the mouth and the vagina. These conceptualizations have served as a framework for comprehending anorexia and bulimia in various studies conducted during the Twentieth century (Greenacre, 1950, 1952; Fraiberg, 1972; Sperling, 1973, as cited in Farrell, 2000).

2.3.2 Eating Problems in Psychoanalysis After Freud

After Freud, early psychoanalytic authors proposed that the unconscious solution to conflicts arising from fantasies of oral and poisonous impregnation led to a defensive avoidance of genital sexuality, which could be a contributing factor in the development of eating disturbances (Caparrotta & Ghaffari, 2006; Chassler, 1994). The transition from a genital-level conflict to an oral-based conflict can be seen as the ego's attempt to exert control over a genital conflict by shifting the battle to a safer and more familiar and controllable ground (Ritvo, 1984, as cited in Farrell, 2000). This transformation offers a pathway for understanding anorexia as a defense mechanism against the desire for impregnation (Farrell, 2000).

Karl Abraham, a prominent psychoanalyst and colleague of Freud, followed Freud's arguments by linking the eating disturbances to the unconscious infantile meaning of pregnancy by mouth. In 1924, Abraham made the subdivision of the oral stage in infantile

development into the sucking stage (libidinal) and the biting stage (oral-sadistic). The biting stage, which corresponds to the teething period, was believed by Abraham to be crucial for the development of ambivalence. He suggested that during these stages, the presence of both libidinal pleasure and aggression towards a single object gives rise to conflicted feelings, leading to ambivalence (as cited in Caparrotta & Ghaffari, 2006). Moreover, Abraham proposed that in the context of identifying with a masculine ideal, the body in anorexia nervosa becomes associated with the penis through its extreme thinness (Abraham, 1924, as cited in Farrell, 2000). Lewin (1933) expanded on this notion by suggesting that vomiting in bulimia represents a partial identification with a phallus engaged in ejaculation or urination. Additionally, Sperling (1983), Wilson (1983), and Sarnoff (1983) proposed that the anorexic's desire for a flat stomach reflects a retreat to a phallic ideal, serving as a defense against the feminine wish to be impregnated by the father in fantasy and thus competing with the mother (as cited in Farrell, 2000).

Similarly, in 1940, Waller, Kaufman, and Deutsch proposed that the symptoms of anorexia nervosa could be seen as symbolic representations of fantasies related to pregnancy. They suggested that anorexia could stem from a desire to become pregnant through oral mechanisms, leading to compulsive feeding behaviors. They further theorized that the ensuing sense of guilt could then manifest as food refusal. They posited that the absence of menstruation could be a way of rejecting sexuality. Besides, they remarked that the need for reorientation during puberty revealed the repressed conflicts centering around the family constellation, and in a patient with neurotic patterns, development of sexuality and entering the biological womanhood could lead conflicts.

Additionally, Waller et al. emphasizes that the patient's relationship with her mother has a prominent role in anorexia nervosa. The authors highlighted the specific and significant role of the relationship between the mother and the patient, as well as the mother's own relationship with food (Waller et al., 1940). This perspective holds significant importance as it underscores the influence of the mother-child relationship on the development and manifestation of eating problems.

The first case report in psychoanalytic studies on eating disorders was made by Maria Oberhozler in 1929 in the Swiss Psychoanalytic Society. This case report focused on the

analysis and treatment of a 13-year-old patient who refused to eat. In this case, refusal to eat was discussed with the desire of having a penis (Oberhozler, 1930; as cited in Gürdal Küey, 2013). Regardingly, Farrell (2000) argues that the classical understanding of the positive Oedipus complex involves a wish for a baby from the father, equating it with a penis. However, Farrell draws attention that Freud identified a negative Oedipal position, which precedes the positive Oedipal position in development. In the negative position, individuals desire to have a penis and identify with the masculine. In the positive position, the focus is on replacing the mother and having a child with the father. In the context of eating disturbances, the anorexic or bulimic individual identifies with the father and engages in phallic competition for the possession and sexual control of the mother. On the other hand, some authors remarks that in eating problems, food is perceived as a symbolic representation of the paternal phallus unconsciously, consuming which is seen as a way to overcome castration fears and symbolically give birth to the Oedipal baby (Waller et al., 1940; Schwartz, 1986).

Schwartz (1988) provides a distinction between anorexics and bulimics who have normal weights. He highlights that bulimics with normal weight acknowledge their lack of a penis despite their masculine identifications and ideals. In contrast, anorexics, through their self-starvation, engage in a fantasy where they become a penis, eliminating the need for a father or a man in their lives. According to Farrell (2000), this idea suggests that the differentiation lies in the desire to compete with the father to replace him in the affection and bed of the mother, wishing for a penis as a means of achieving this. On the other hand, there is an omnipotent desire to control the mother by becoming a penis, effectively erasing any acknowledgment of the father and the potential for triangulation in the relationship.

To conclude, early psychoanalytic explanations of anorexia nervosa focused primarily on the oral aspect of the disturbance and its symbolic meaning. The syndrome was interpreted as a defensive mechanism in response to deeply rooted unconscious oral fantasies that were highly driven by instinctual forces (Chassler, 1994). In due course, there has been a shift in the understanding of anorexic and bulimic behavior, moving away from viewing them solely as manifestations of repressed sexual and aggressive drives at the Oedipal

level. Instead, there is an increased focus on examining the earlier, pre-Oedipal relationship between the mother and child as a significant factor in these problems (Farrell 2000).

2.3.3 Ego Psychology and the Emphasis on Pre-Oedipal Stage

Following Freud, psychoanalysis has been the subject of study by various theorists. Ego psychology is one of a theoretical framework within psychoanalysis after Freud. It is a distinct branch of psychoanalysis building upon the structural model of the psyche of Freud: ego, superego and id. It focuses on the development and functioning of the ego which is the part of the mind responsible for mediating between the demands of the unconscious, the superego (internalized moral standards), and the external reality (Evans, 2006). Ego psychologists were among the theorists who emphasized the significance of the early mother-child relationship. According to them, during adolescence, the unresolved pre-Oedipal relationship with the mother becomes particularly challenging, as it intersects with the dynamics between the subject, mother, and father. Hence, concerns related to anorexia and bulimia go beyond the physical act of sexual intercourse. The focus is on how individuals with these eating problems perceive their own roles and the roles of others within relationships. Especially by mid 20th century, clinicians have shown interest in examining the early pre-Oedipal mother-child relationship. This shift reflects a move away from focusing solely on drives and instead exploring the symbolic representation of symptoms related eating disturbances in terms of early object relationships, where the primary mode of relating is characterized by control and survival (Farrell, 2000).

In 1948, Boutonier and Lebovici worked on eating problems within the framework of nutritional function and the mother-child relationship. They examined the role of these factors in the development of such disorders (as cited in Gürdal Küey, 2013). In 1950, in his study on fourteen cases, Nemiah highlighted the presence of an over-protective attitude often observed in mothers of individuals with anorexia, also abnormal dependence on mothers and hostile attitude towards mothers were observed. These were the early contributions of the importance of the maternal figure and early mother-child relationship in eating problems (Nemiah, 1950).

In 1957, Meyer and Weinroth proposed that the core conflict in anorexia revolves around pre-Oedipal dynamics, and the symptoms can arise from a deep-seated desire to restore the unity between mother and child. According to their perspective, anorexic behavior can be understood as an unconscious attempt to recreate the early bond with the mother and re-establish a sense of safety and security. The refusal to eat or the obsessive control over food intake may serve as symbolic expressions of this underlying longing for a nurturing connection with the maternal figure (Meyer & Weinroth, 1957).

2.3.4 Object Relations and Eating Problems

The emphasis on pre-Oedipal relationships has played a significant role in facilitating a more in-depth exploration of early mother-child relationships within the field of psychology. By shifting the focus to the pre-Oedipal phase, researchers and clinicians have recognized the formative influence of these early interactions on an individual's psychological development. This shift has allowed for a deeper understanding of the dynamics, attachments, and relational patterns that are established during the early stages of life. In this context, regarding eating problems, the remarkable emphasis on meaning has shifted to object relations and even to the family dynamics depending on the predominant theories and concepts of the time (Caparrotta & Ghaffari, 2006).

Object relations theory posits that an individual's psychology is shaped not only by interpersonal relationships that occur in the external world, but also by the intrapersonal relationships that exist within her own subjective experience. While experiences in the external world shape how an individual structures her internal experiences, internalized psychological structures provide a framework for interpreting external reality. It is thought that the infant gradually incorporates mental representations of the caregiver's actions, which then shape her patterns of experiencing and relating. When a caregiver responds to an infant's expressions of desire in an unmarked or non-contingent way, it is likely that this style of interaction will be internalized by the infant. Individuals who struggle to differentiate their internal states may have difficulty detecting hunger and regulating their eating. Additionally, those who have experienced non-contingent affect mirroring in early life may find it challenging to distinguish between the psychological and physiological

aspects of desire, potentially leading to over-investing in eating restraint as a way to cope with painful emotions. The ambivalent desires individuals may have in relation to caregivers, who are seen as both good objects (able to attune to the infant's needs) and bad objects (unable to fulfill desires in a congruent manner) (Clinton, 2006). According to this perspective, the individual's relationship with food is considered to be a reflection of their relationship with the object (Becker et al., 1987).

Klein was one of the prominent names of British school object relations theory. Although Klein did not directly address the psychodynamic roots of eating problems, her insightful observations of early mother-infant relationships and issues with infant feeding sparked significant speculation in this area (Capparotta & Ghaffari, 2006). Kleinian theory proposes that in early stages, a child forms both positive and negative fantasies regarding his mother's body, perceiving it in fragmented ways. These experiences are mentally separated into two categories: positive experiences with a nurturing and fulfilling mother figure, and negative experiences with an angry and neglectful mother figure. In his fantasies, these two figures are distinct individuals, one posing a threat to his well-being and the other fulfilling his every need and desire (Farrell, 2000).

Klein's analytical work with young children who struggled with feeding difficulties yielded insights into the link between these difficulties and the child's initial experience of anxiety, which she believed was invariably persecutory in nature. She also noted that children with feeding difficulties repress their cannibalistic impulses, in an attempt to deny their destructive aggression towards their primary object, their mother. Her description of innate envy as the first manifestation of oral aggression in response to the withholding of the breast led some psychoanalysts to speculate that patients with eating problems struggle to separate from their mothers due to overwhelming unconscious envy of the breast. To defend themselves against their destructive, envious impulses, they may fantasize about possessing, controlling, or becoming mothers themselves (Farrell, 2000).

In the same period, Donald Winnicott, another key proponent in object relations theory, introduced a shift from the drive model to an object-relationship model, highlighting the interplay between the ego, objects, and the external environment. Central of his ideas was the significance of the mother-baby unit in development. Winnicott emphasized that the

baby's existence depends on a relationship with the caregiver, particularly the mother. The primary maternal occupation involves providing emotional and physical support to the infant while facilitating his understanding and exploration of sensory and motor experiences. This nurturing environment fosters a sense of self and emotional security in the child.

Winnicott's sole mention of anorexia nervosa can be found in his work titled "The Maturation Processes and the Facilitating Environment: Studies in the Theory of Emotional Development" (1965). In this study, Winnicott argued that emotional development occurs in a series of stages, beginning with the infant's dependence on the mother for survival and gradually progressing to independence and autonomy. He emphasized the importance of the mother-child relationship, stating that a mother who is attuned to her infant's needs and provides a nurturing and responsive environment can facilitate healthy emotional development. Winnicott also discussed the concept of the "good-enough mother," who does not need to be perfect but rather provides a "holding environment" that allows the child to feel secure and supported in his emotional development.

Winnicott mentioned anorexia in this study:

Of course, if a child suffers from anorexia nervosa the starvation that results is not to be attributed to physical neglect. If there is a so-called 'problem family', then it is not the local authority that can be wholly blamed for the slum conditions in which a child is being brought up. Physical care is affected by the child's or the parents' ability to receive care, and we see that all around the edge of the area that we call physical care there is the complex territory of emotional disorder in the individual, or in groups of individuals, or in society." (1965, pp.63-64)

In this passage, Winnicott highlights that the presence of anorexia nervosa in a child should not be solely attributed to physical neglect. He emphasized the interconnectedness of emotional well-being and the ability to provide adequate physical care in understanding the complexities of anorexia nervosa.

In more recent studies of object relation school about eating problems, with a Kleinian perspective, Farrell (2000) argues that, anorexic behavior is often associated with pathological narcissism, where the mother is not recognized as a separate individual and is believed to have nothing to offer. Primary envy is considered destructive, erasing any

awareness of the nurturing aspects of a good breast, as it would imply acknowledging something good outside of oneself. Anorexics adopt an omnipotent stance to survive, rejecting any notion of needing or wanting anything beyond their control. The aim is to be devoid of desire and have others want instead. The connection between birth, nurturing, and dependence is denied, and food becomes a substitute for the longing for fusion with the mother. Implicit in this perspective is the presence of a controlling mother who resists separation and remains unaware of her own neediness.

2.3.5 Interpersonal Models and the Role of the Family

Object relations theory has provided a framework to explore the impact of the family in understanding eating problems. Two influential figures in the British School of object relations, Mara Selvini Palazzoli and Hilde Bruch made significant contributions to the study of anorexia nervosa and played important roles in the development of new treatment models within the psychoanalytic approach.

Selvini Palazzoli was one of the followers of the British object relation school. She specifically studied eating disorders. According to Palazzoli, understanding the dynamics of eating disorders requires giving paramount importance to the mother-daughter interaction. She remarked that, an anorexic patient perceives her body as threatening in nature, because she perceives her body as embodying a negatively powerful and bad maternal object that speaks disparagingly and enforces passivity. So, the body is perceived as a partial-bad aspect of mother for an anorexic patient (1974, as cited in Caparrotta & Ghaffari, 2006).

Palazzoli argued that a mother's overprotection and inability to recognize her child as a separate individual can encourage compliance and submission, ultimately leading to the child becoming ineffective. During puberty, a split occurs between the incorporating ego and the identifying ego, leading to the repression of the negative maternal object. Self-starvation, which involves attacking her own female sexuality, is an attempt to resolve and alleviate the confusing identification with the mother (as cited in Caparrotta & Ghaffari, 2006).

Hilde Bruch, another prominent figure in the field of eating problems, made significant contributions to the understanding and treatment of anorexia in United States. Her ideas brought about notable changes in the clinical approach to eating disorders. Bruch (1962, 1970, 1971, 1982) put emphasis on mother-child interaction and she focused on pre-Oedipal issues and family transactions.

Bruch proposed that during feeding, the interaction between the child and the mother is accompanied by emotional and affectionate experiences that play a significant role in shaping attitudes towards food intake throughout a child's life. These interactions also contribute to the development of a clear perception and understanding of hunger as a distinct sensation. In individuals with eating problems, there is a disturbance in their perception of hunger, leading to confusion and difficulties in accurately recognizing and interpreting their own hunger cues. Bruch's clinical studies on eating problems highlight that in anorexia cases, the feeding attitude of the mother is not aligned with the child's needs. Instead of responding to the child's hunger cues, these mothers provided food based on their own hunger or what they perceived as the "right time" for feeding. This failure of the mother to appropriately respond to the child's cues confuses and deprives the child of a necessary learning experience (Bruch, 1971). Therefore, the infant cannot distinguish between hunger and satiety or other disturbing actions and cannot distinguish between bodily and emotional sensations (Bruch, 1986). Inappropriate reactions, driven by the mother's needs rather than the child's, lead to deficits in the child's self-concept and she struggles to perceive herself as separate from the mother (Bruch, 1971).

Bruch suggested that the formation of the infant's sense of self relies heavily on the relationship with the mother. Consequently, any deficiencies in this relationship can undermine the development of a healthy body image, leading to difficulties with body perception and self-image during adolescence. Furthermore, individuals who struggle with these issues may have difficulty comprehending and satisfying their bodily desires, perceiving them as a disruption of their sense of self. As a means of control, they attempt to suppress their oral impulses (Bruch 1978/2001).

According to Bruch, "overprotective" or "rejecting" maternal behavior and the weakness of father's role is apparent in these cases, in a disturbed home environment, food takes on

an amplified emotional significance, and acts as a replacement for love, security and satisfaction (Bruch, 1971). Bruch emphasized that in anorexia cases, family dynamics often portray devoted parents who provide excellent care for their children. The parents superimpose their own concepts of the child's needs, disregarding the child's own signals. Without reciprocal and validating responses to the child's cues, the child fails to develop a discerning awareness of their needs and a sense of control over their own body. Consequently, they perceive a lack of control over their bodily functions, leading to an overall lack of self-awareness, a conviction of their own ineffectiveness, and a tendency to establish rigid control over their bodies when confronted with the need for independence and a separate identity (Bruch, 1970).

After the 1960s, in the clinical study of anorexia, researchers have combined the psychogenetic approach with a significant exploration of the impact of the family system and early relationships with the primary caregiver on the development of anorexia. This approach places particular emphasis on understanding how the family system and early caregiver interactions contribute to the manifestation of anorexia (Cosenza, 2016). For example, Minuchin (1975), influenced by Palazzoli's work, acknowledged the identification of family components directly linked to the anorexia syndrome and the potential for modifying them through family therapy. He introduced the concept of the "psychosomatic family", emphasizing the role of family dynamics in the development and maintenance of anorexia nervosa.

According to Minuchin et al. (1978), in the context of psychosomatic families, there is a tendency for repetitive and ineffective patterns of interaction to occur. It becomes crucial to assess and evaluate the dynamics of the entire family system in order to understand and address these patterns. Regarding anorexia nervosa, the situation is not solely attributed to one family member but is influenced by the interactions among all family members. In therapy, the focus should be on understanding and modifying the transactions that contribute to the maintenance of the anorectic syndrome.

Minuchin (1978) suggests that the child with psychosomatic illness plays a role within the family, taking on the responsibility of protecting the family. For the sick child, using the symptoms to gain attention and control can reinforce the illness. These families often

present themselves as normal and unaffected, except for the one child's medical issue, denying the need for any changes. Hence, from a transactional perspective, the patient's symptom becomes a significant regulator within the family system. It becomes evident that the child's involvement in parental conflict is a key factor supporting the specific symptom. The parents often suppress their conflicts by positioning themselves as protectors or blaming the sick child, who frequently takes on the role of diffusing the conflict.

During adolescence, the anorectic child faces a crisis as her desire to connect with peers clashes with her strong attachment to the family; he struggles to establish a separate identity. Instead of expanding her focus outward, she directs it back towards her parents, attempting to change and help them. This intense focus, along with the parents' response, reinforces the boundaries that maintain the child's excessive involvement with the family (Minuchin, 1978). Hence, Minuchin et al. (1975, 1978), give particular significance to exploring family dynamics in therapeutic interventions due to their critical role in the process.

2.3.6 Eating Problems in Recent Psychoanalytic Studies

In the field of eating problems, there has been a growing recognition that these conditions can be seen as a form of resistance to growing. Some researchers have suggested that the symptoms observed in eating problems, such as anorexia nervosa, may represent a deliberate rejection of adult femininity or a rejection of sexuality.

Certain clinicians have proposed that the intense fear of gaining weight and developing a mature, curvaceous body in adolescent girls may be rooted in their anxieties surrounding the risks and responsibilities associated with adult female sexuality. The preoccupation with maintaining a thin physique could be seen as a defense mechanism against the perceived challenges and uncertainties of embracing their evolving sexual identity (Wilson, Hogan, & Mintz, 1985, as cited in Beattie, 1988). Scott (1987) argues that anorexia nervosa is a rejection of adult femininity, representing a refusal to accept the natural process of becoming a sexually mature woman. Besides, Crisp (1997) suggests that the anorexic patient's response to the biological changes of adolescence is to withdraw

from the expectations of adulthood and seek a sense of self-control. The conflicts related to initiative and independence during adolescence is unprepared to take on the responsibilities and independence that come with adulthood. This is due to a childhood marked by obedience and dependence.

Schupak-Neuberg and Nemeroff (1993) suggest in their study about bulimia that, bulimics, lacking a solid sense of identity, transform their abstract self-concept into a tangible form by using their physical bodies to symbolize their inner identity structure. In this way, the body becomes a metaphorical representation of the self. In this regard, the symptoms serve to regulate their bodies through controlling food intake. This behavior can also be seen as an effort to regulate their own identity.

Parman (2021) conceptualizes anorexia nervosa as a division between erogenous zones and motor sensations, leading to disturbances in body phantasies. This results in the anorexic individual being unable to perceive their real body as a subject or object of desire. Consequently, they reject bodily changes and sexual representations, leading to a state where the body loses its sense of subjectivity and becomes detached or "desubject".

The resistance to growing up and embracing adult womanhood can be intertwined with the attempt to exert control over the body. For example, Ritvo (1984) argues that in individuals with anorexia nervosa, there is a fantasy that abstaining from food can halt the physical changes associated with late puberty, which they perceive as having occurred too quickly for them to adapt to. By refusing to eat, they aim to reverse or prevent further bodily changes, treating their own body as an object or target in order to regain control over the overwhelming sense of their sexually mature body being out of control. Gürdal Küey discusses the phenomenon of reducing the libidinal body to the biological body in eating disorders. According to Gürdal Küey, these patients rely on the sensation of hunger to establish a sense of ownership over their bodies. Hence, eating behavior serves as a primitive means of exerting control over the body. Through this control, the patient can regulate her desires and maintain control over their primary object, often symbolized by the mother. By ceasing menstruation, the patient also control over her sexuality, development, potential pregnancy, femininity, and sexual pleasure. In this way, both the

patient's own body and its connection to the mother are disrupted or destroyed (Gürdal Küey, 2008). Through the denial of bodily existence, individuals with anorexia experience a sense of immortality and omnipotence. They create an illusion that nothing is lacking and that they have complete control. In anorexia nervosa, there is a difficulty in fully experiencing the body as separate from her mother's. The internalized mother figure and the destructive fantasies associated with her play a significant role. The body becomes a tool for enacting these destructive fantasies (Gürdal Küey, 2013).

In this regard, as Mahler et al. (1990) emphasizes, the significance of control over the body in eating problems can be understood by recognizing that the challenges of adolescence, particularly the process of separation and individuation, mirror the earlier separation-individuation efforts experienced in infancy (as cited in Gürdal Küey, 2013).

The strong association between body control and the failure to separate from the mother indicates that the inability to establish autonomy and independence plays a significant role in the development of eating problems. Brusset (1998) remarks that patients with eating problems establish a unique relationship with the object, blurring the boundaries between themselves and others. It is as if the mother and daughter are intertwined and sharing the same skin, indicating an intense fusion and enmeshment between them. In this context, the presence of a third element, such as the father or language ability, is crucial for the child in order to develop a sense of self separate from the mother. In cases of anorexia nervosa, the inability of the father to actively engage and the mother's excessive focus on her daughter's needs contribute to the difficulty in establishing separation between the mother and the child (as cited in Gürdal Küey, 2013).

Family dynamics, particularly the mother-child relationship, and the role of the father are crucial factors in understanding eating problems. Kaganski and Remy (1989) highlight the presence of an unclear or indistinct father figure as a common feature in cases with eating problems. They suggest that the patient's relationship with their mother mirrors the mother's relationship with her own mother. As a result, they argue that the treatment of anorexia nervosa should involve examining three generations, as mothers often invest

heavily in their daughters and perceive them as narcissistic extensions of themselves (as cited in Gürdal Küey, 2013).

According to Beattie, it is evident that the process of separating and individuating from the pre-Oedipal mother poses significantly greater challenges for girls compared to boys, and that conflicts related to separation-individuation persist for a longer duration in females (1988). Mothers tend to have more difficulty perceiving their daughters as separate individuals, leading to higher levels of control and possessiveness (Bernstein, 1983). Additionally, mothers often have a stronger emotional investment in their daughters as extensions of themselves, projecting their own hopes, fears, and fantasies about femininity onto them (Bergman, 1982).

Furthermore, by the second year of life, when gender identity formation is crucial, girls face the challenge of establishing their own identity while simultaneously developing a sense of identification with their mother as a female, striving to be both distinct and similar to her (Tabin, 1985; as cited in Beattie, 1988).

The conflict between a daughter and her mother arises from a deep fear of and dependence on the mother, which intensifies during the Oedipal phase when the daughter competes for the father's affection. This conflict leads to anxiety about assuming the female sexual role and reinforces the daughter's reliance on the mother (Beattie, 1988).

The struggle for individuation and autonomy continues beyond the Oedipal phase and becomes particularly intense during puberty, with its pressures for physical and psychosocial development. The daughter's quest for independence often triggers the mother's unresolved conflicts over separation and loss, as she fears losing the nurturing relationship with her daughter and is simultaneously threatened by her growing sexual attractiveness. Both mother and daughter find themselves caught in a challenging "double bind" (Beattie, 1988).

Within the perspective of psychosomatic diseases¹, symbolization is an important concept to understand these psychosomatic illnesses and eating problems. Symbolization refers to the ability to represent and express one's thoughts, emotions, and experiences through symbolic means, such as language (Vygotsky, 1978, 1986; Piaget, 1993, 2001). Alexander proposed the concept of "symbolic equivalence" in psychosomatic disorders. He suggested that bodily symptoms and illnesses can function as symbolic expressions of unconscious conflicts and emotions that cannot be verbalized (1962). Wilfred Bion, a prominent psychoanalyst, introduced the concept of the "protomental system," which describes the initial undifferentiated state of the physical and mental aspects. Bion's work extended Melanie Klein's theory of projective identification and focused on understanding how individuals can develop the capacity to think about frustration and mental pain instead of avoiding them. Bion proposed that the container-contained structure and function, which allow for the internalization of experiences, play a crucial role in this development. However, if the parental environment is fragile or rigid or if the infant has a constitutional intolerance to frustration, the child may not develop the ability to think about frustration effectively. In such cases, the protomental system, where physical and psychological aspects are undifferentiated, can manifest itself both in physical and psychological forms (as cited in Sanders, 1984). Similarly, Pierre Marty, collaborating with M'uzan developed the concept of "operative functioning" in psychosomatics. He emphasized that in some cases, patients use their bodies to act out their unconscious conflicts and communicate their distress, rather than expressing their experiences through language (Marty & M'uzan, 2010).

In the context of eating problems, the individual may struggle with symbolizing their inner conflicts, desires, or anxieties in a healthy or adaptive way. As a result, they may resort to controlling their body as a tangible and concrete means of expressing and coping with

¹ Although anorexia nervosa and bulimia nervosa are primarily categorized as eating disorders, there are arguments for considering them to have psychosomatic elements due to the close connection between the mind and body in these conditions. Some researchers and clinicians have considered anorexia nervosa and bulimia nervosa as having psychosomatic elements due to the intricate interplay between psychological and physiological factors. Bruch (1962, 1971), Anzieu (2016), Minuchin (1975, 1978) and Dare (1993) are some of these clinicians.

their internal struggles. The lack of maternal attunement significantly impacts the child's capacity for symbolization (Bourke, Taylor & Crisp, 1985; Charles, 2006; Hinshelwood, 1994; Krueger, 2001; Lane, 2002; Ritvo, 1984; Schwartz, 1986, as cited in Ruangsri, 2009). Lawrence (2002) expanded on the deficiency in symbolization by suggesting that the symbolic aspects of the maternal role are directly associated with food and subsequently rejected. When the mother is unable to perceive the child as a distinct individual, this sense of unity and oneness persists, causing the child to feel overwhelmed by the maternal projections. He emphasizes that many individuals with anorexia grapple with the unconscious presence of an "intrusive object" in their minds. Consequently, any therapeutic relationship with an anorexic patient will inevitably be influenced by their fear of intrusion, which can be so overwhelming as to impair their capacity for thinking.

Parman (2021) suggests that the act of digestion/incorporation of food carries a symbolic meaning of internalizing it, which can be achieved through the imagination of the object's absence while it is physically present. When the absence of the object cannot be symbolized, the act of ingestion loses its symbolic significance and becomes merely about eating. Especially in bulimic patients' difficulties with the process of introjection and retention can be seen as attempts to repair the wounds inflicted upon the idealized object, not in the realm of symbolism but in the realm of imagination.

Winston (2009) argues that in eating disorders, food becomes equal and comparable with the mother, and the disruption in the child's eating patterns arises from conflicting emotions directed towards the mother, which are then projected onto food. In individuals with eating disorders, excessive eating or refusal of food can serve as a manifestation of ambivalent feelings towards the mother. Similar with this perspective, Birksted-Breen (1989) have built upon earlier mother-infant developmental theories in their research. Birksted-Breen proposes that anorexic individuals have conflicting desires for and fears of merging with the maternal object. This fusion leads to a lack of a "transitional space," which hinders the process of symbolic representation. Additionally, Birksted-Breen highlights the inherent disturbance in symbolization among these patients and their attempt to negate the fundamental aspects of human existence. In this regard, anorexia

nervosa, can be viewed as an endeavor to establish a body distinct from her mother's body and to develop a separate sense of self. It is important to recognize that AN extends beyond a mere preoccupation with body weight; it encompasses disrupted relational dynamics and difficulties in symbolic representation, stemming from a deficiency in the "transitional space" with the primary caregiver (Özbek Şimşek, 2019).

2.3.7 Lacanian Psychoanalytic Theory and the Emphasis on Language

During the latter half of the 20th century, there was a growing recognition of the importance of language in various disciplines, particularly in the social sciences. The movement in which language gained prominence and became a focal point of study has been commonly referred to as the "turn to language." The "turn to language" movement is a social theory that highlights the central role of language in shaping individuals' perception and interpretation of the world around them, as well as their understanding of themselves. This perspective emphasizes that language is not merely a tool for communication, but a fundamental aspect of human experience that influences how individuals construct meaning, form relationships, and develop their sense of identity.

The recognition of the importance of language in social sciences has also resonated within the field of psychoanalysis. During the mid-20th century, French psychoanalyst Jacques Lacan emerged as a prominent figure in psychoanalysis.

This chapter endeavors to examine the significance of Lacanian theory in comprehending eating problems. Initially, it presents an overview of Lacan's theoretical framework and the basic concepts followed by an examination of its applicability to the analysis of eating problems.

2.3.7.1 Basic Concepts in Lacanian Psychoanalytic Theory

Lacan made noteworthy contributions to the advancement of psychoanalytic theory and offered radical critiques of traditional psychoanalysis established by Freud. Lacan's work is largely grounded in the studies of Sigmund Freud. A comprehensive understanding of

Lacan's theories can only be achieved within the broader context of Freudian psychoanalytic theory (Evans, 2006).

Lacan displayed particular interest in Freud's early works, including "The Interpretation of Dreams" (1900/2009), "The Psychopathology of Everyday Life" (1901/1999), and "Jokes and Their Relation to the Unconscious" (1905/1999). These texts emphasized the symptom as a psychopathological manifestation structured by linguistic elements. Lacan highlighted that Freud's approach to the unconscious essentially entails an analysis of language (Beira, 2000). In his seminal work "Function and Field of Speech and Language in Psychoanalysis" delivered during the Rome Discourse in 1953, Lacan initially proclaimed the imperative of a "return to Freud" in this period. He was deeply committed to reinterpreting Freud's writings through a linguistic perspective with a particular emphasis on reinstating Freud's notions of the unconscious. Lacan's renowned hypothesis "the unconscious is structured like a language" encapsulates his fundamental concern. According to Lacanian theory, psychoanalysis can only unfold within the domain of language (Dor, 2004).

Lacan highlights the significance of language and introduces the symbolic order as the realm governed by language. As he remarks in his 7th Seminar "the unconscious is structured as a function of the symbolic" (Lacan, 1959/1992). Lacan asserts that the unconscious can be explored in conjunction with the symbolic order, but solely within the confines of language. Thus, psychoanalysis involves the insertion of the symbolic order as an intermediary between the subject and the listener (Soler, 1996).

Lacan emphasized the linguistic nature of psychoanalysis and explored Freud's ideas regarding the study of language, particularly through specific texts of Freud. He critically addressed post-Freudian theorists who placed excessive emphasis on the imaginary aspects of psychoanalysis. According to Lacan, the major psychoanalytic schools of his time had fundamentally misunderstood the true nature of psychoanalysis by reducing it to the imaginary order. This reductionism was reflected in their emphasis on the goal of analysis as identification with the analyst and in their reduction of the dual relationship of analyst-patient. Lacan saw this as a betrayal of the core principles of psychoanalysis. He

argued that the use of the symbolic was the true essence of psychoanalysis (Lacan, 1953/2006).

Lacan directed particular criticism towards psychoanalysts who focused solely on the realm of early mother-child relations and dual relationships within the framework of ego psychology and object relations. On the contrary, Lacan emphasizes the significance of the role of the Father who intervenes as a third between the mother and child. Lacan highlighted the connection between Name-of-the-Father, the symbolic order, and language in understanding psychoanalytic processes and the unconscious (Dor, 2004).

Lacan's emphasis on language is intimately connected to his concept of the symbolic order. For Lacan, the symbolic order is the realm of language and signification that structures understanding of reality and shapes the subjectivity (1953-54/1991). Lacan also discusses the symbolic order with the "imaginary" and the "real" in his first seminar. He introduced the terms imaginary, symbolic and real as three orders which represent different aspects of psychoanalytic experience (Lacan, 1953-54/1991). From a developmental perspective, initially, the baby exists in the "real", where only bodily sensations are predominant. During this period, sensations are not yet capable of being expressed or represented through language. This is followed by the emergence of the "imaginary" order as the infant begins to form mental images and representations. With the phase that Lacan defined "mirror stage", an infant begins to recognize his own reflection in the mirror, which creates a sense of unity within his fragmented sense of self. This recognition marks the beginning of the child's identification with an idealized, coherent self-image, or "ego," which serves as a reference point for their sense of identity (Dor, 2004).

According to Lacan, the mirror stage and imaginary order is characterized by dual relationships, where individuals perceive themselves in relation to others. Until this phase, the mother is the recipient of the child's early cries, which she retroactively interprets and validates as meaningful messages (Evans, 2006). However, for the child's transition into becoming a subject and enter the symbolic realm, the presence of a third is necessary. Intersubjective relationships are always "mediated" by a third term known as "the big Other" (Evans, 2006). In early periods of life, mother assumes the role of the big Other.

The dynamic between the child and the mother, who serves as both the initial love object and the primary figure of the big Other, undergoes a significant transformation with the introduction of a third, namely the father and his symbolic role. This transition, occurring within the framework of the Oedipal complex and the Name-of-the-Father, facilitates the shift from the imaginary to the symbolic realm.

Lacan mentions to the paternal metaphor in his Fourth Seminar in 1957-1958. He describes it as a signifier, the Name-of-the-Father for the desire of the mother. Another concept Lacan mentions in Seminar 4 is the phallus as an imaginary object of the mother's desire holds tremendous significance in the mother-child relationship, according to Lacan. It plays a crucial role in the child's initial establishment of his position in the presence of the mother. During the early stages, the child's recognition and internalization of the phallic object as an essential component are necessary for the fundamental structuring of the mother-child relationship (Lacan, 1957-58/2020). By the phallic object, the child realizes that this Other is not whole, that there exists a "lack" within the Other.

The child initiates his development as a subject, yet maintains an undifferentiated relationship with the mother. By the child's position that wants to identify with the mother's object of desire, the child's desire becomes the desire of the mother's desire through identification, which is facilitated by the mother's unmediated closeness to the child. This closeness leads the child to identify himself as the object that the mother lacks, which is the phallus. The child's desire to become the maternal phallus creates a fusion and differentiation between the mother and child (Dor, 2004).

The Oedipus complex revolves around the positioning of the phallus in relation to the desire of the mother, the child, and the father (Dor, 2004). Lacan places the emergence of the Oedipus complex at a specific stage of the child's development, coinciding with the mirror stage. This stage is characterized by a distinct form of identification that arises within the context of a unique alienation experienced in relation to the mother (Dor, 2004).

In the Oedipus complex, the father's intrusion into the mother-child relationship is experienced by the child as a prohibition and a frustration, as the father positions himself between the child and the mother. This requires the child to reassess his phallic identification and give up being the object of the mother's desire. At the same time, the father deprives the mother of the phallus she supposedly has in the form of the child identified with the object of her desire, here, mother's lack is described as privation (Lacan, 1957-58/2020). In this respect, the father appears as an Other with regard to the mother-child relationship by frustration and privation. As such, in the child's subjective experience, when the child positioned himself as a possible object of the mother's desire, he is confronted with the law of the father through the mother (Dor, 2004). Thus the father becomes a representative of the law and is elevated to the rank of symbolic father in the child's conception. The mother participates in this elevation by complying with the paternal law. By "naming the father," the child is naming the fundamental object of his desire, but now he does so metaphorically. Language allows us to immortalize the expression of the primary object by socializing it in the symbolic register of intersubjective communication. This sheds light on what is at stake in the Oedipus complex: the metaphor of the Name-of-the-Father bears witness to the actualization of a symbolic castration. The phallus appears at the end of the Oedipal process as the symbolic loss of an imaginary object (Dor, 2004). Consequently, it can be considered that the Oedipus complex is a transition from the pre-Oedipal triangle (mother-child-phallus) to the Oedipal triangle (mother-child-father) (Evans, 2006).

Lacan elucidates the process of subject formation in this context. The speaking subject can exist only in the symbolic order. Thus, within the symbolic order, the subject is perpetually subjected to the law and exists in a state of lack. The recognition of this lack originates from the Oedipal period, and it serves as a fundamental requirement for the formation of the subject's own desire. As Lacan articulates in his 2nd Seminar: "Desire is a relation of being to lack. The lack is the lack of being properly speaking. It isn't the lack of this or that, but lack of being whereby the being exists" (1954-55/1991, p.223).

2.3.7.2 Eating Problems with a Lacanian Perspective

Lacan primarily focused on anorexia when discussing eating disorders, with no explicit mention of bulimia in his texts. This could be attributed to the fact that bulimia was not extensively studied or recognized by a distinct name during Lacan's time. The systematic examination of bulimia in terms of diagnosis and symptoms began after Russell's work in 1979.

2.3.7.2.1 Weaning Complex and Eating Problems

Lacan mentions anorexia for the first time in 1938 in his work "Family Complexes in the Formation of the Individual". In this paper, he underlines that the complexes are dominated by cultural factors. A complex represents an object, "it is linked to a real live state of objectification", and "it is dominated by cultural factors in its manifestation of an object to a deficiency with regard to the present situation". According to Lacan, one of these complexes is the weaning complex. Lacan describes weaning complex as a representation of the primordial form of the maternal imago, and it establishes the feeding dynamic within the human psyche in a "parasitic" manner that aligns with the demands of the infant's needs. It provides the basis for the most primitive, archaic and stable emotional bonds that connect individuals to their families (Lacan, 1938, pp.14-15).

Weaning can be seen as an ab lactation process which is linked to biological functions and hereby Lacan says that it is very similar to instinct. However, in humans, conditions of weaning is a cultural regulation. Lacan (1938) posits that, "weaning is often a psychic trauma", and it can result in anorexia nervosa, oral addictions or neuroses with gastric problems.

According to Lacan, accepting or rejecting weaning while the ego is in a not yet developed form cannot be defined as a choice, but as an ambivalence. The act of refusal of weaning forms the positive foundation of the complex as it represents the idealized image/imago of the nursing relationship/maternal breast that the individual seeks to re-establish. They cannot be consciously represented, but with child's development they are reproduced in different forms and become the basis of new psychic experiences (Lacan, 1938).

Lacan emphasizes that by the twelfth month, the coordination of exteroceptive, proprioceptive, and interoceptive sensations is not yet sufficient for the infant to fully recognize their own body. Thus, regarding the proprioceptive satisfaction of child, sucking and grasping has an ambivalent manner, as Lacan says:

The experience which arises from the situation itself: the being who absorbs is completely absorbed, and the archaic complex responds to him in the maternal embrace... It could be called "cannibalism", but a cannibalism that is fusional, ineffable, at once active and passive, one that still survives in games and in symbolic words and that in the most highly developed love recalls the desire of the larva." (1938, p.18).

A Lacanian psychoanalyst and author Massimo Recalcati (2014) interprets this "desire of larva" with a "a pure will to die", as in this condition, it becomes evident that there is a notable absence of tendencies to idealize one's self-image, engage in fetishistic fixation on the image, seek validation from the Other, employ manipulative strategies, or defend against the overwhelming force of jouissance imposed by the Other. Instead, a prevailing sense of complete abandonment, disconnection, and disengagement from the domain governed by the Other emerges, accompanied by a profound and resolute inclination towards self-extinction.

Lacan proposes that the weaning complex holds a vital role in the development of the psyche. According to Lacan, when an infant is separated from the mother's breast, it leads a significant stage known as the "mirror stage." During this phase, the child begins to recognize his own reflection separate from the mother's. This acknowledgment of oneself as separate and independent represents a fundamental element in the formation of the ego. Lacan emphasizes the significance of the weaning complex, as it involves the child's encounter with the absence or lack of the mother's breast. This experience of loss and separation becomes a necessary step in the infant's journey towards establishing a sense of identity and autonomy. Furthermore, Lacan (1938) remarks that the weaning complex serves as a foundational groundwork for the child's entrance into the symbolic order, facilitating their attainment of language and culture.

According to Lacan, the experience of being weaned from the mother's breast entails a confrontation with loss, lack, and mortality, which gives rise to a profound desire for death. This "appetite for death" is deeply rooted in the human psyche and endures

throughout one's life. Lacan emphasizes that this desire is not a conscious longing for self-destruction, but rather an unconscious yearning for the "absence" or "lack" encountered during the weaning process. It is associated with the child's realization of separation from the mother and the recognition of her autonomy and distinct desires (Lacan, 1938, p.21). Lacan further posits that the "appetite for death" is intricately connected to the development of the Oedipus complex, wherein the child experiences a sense of loss and desire for the mother, eventually resolved through identification with the father. Through this process, the child internalizes the symbolic order's law and the inevitability of mortality, establishing the foundation for the individual's relationship with oneself and the world. Lacan remarks:

This psychic tendency towards death in the original form that weaning gives to it, can be seen in those special kinds of suicide which are characterized as non-violent; while at the same time we can see in it the oral form of the complex: the hunger-strike of anorexia nervosa, the slow poisoning of oral addictions and the starvation diet of gastric neuroses. The analysis of these cases shows that by- abandoning himself to death the subject is attempting to rediscover the imago of his mother (1938, p.22)

With this idea, Lacan is expressing the notion that a particular inclination towards death, originating from the experience of weaning, can be observed. This inclination is apparent in certain types of suicide that are classified as non-violent. Simultaneously, Lacan associates this tendency with the oral aspect of the Oedipal complex. So, through the analysis of anorexia cases, Lacan suggests that by surrendering oneself to death, the subject is attempting to re- encounter the image of her mother.

To conclude, according to Lacan, the initial complex within the realm of family dynamics is the weaning complex. This complex arises when the symbiotic bond between the child and the mother is interrupted, and this interruption leaves a lasting imprint on the child's psyche (Evans, 2006). In addition, it can be seen that Lacan introduces the concept of "refusal" for the first time in this paper, which he later incorporates into his interpretation of anorexia nervosa (Cosenza, 2016).

2.3.7.2.2 “Eating Nothing” Instead of Not Eating

After these first arguments on anorexia nervosa, later on, Lacan discusses the topic in his Fourth Seminar, Object Relation, in 1957. In this seminar, Lacan argues that anorexia

nervosa is not a “not eating”, instead, it is “eating nothing” and it is different from negation of an activity. On the condition that the mother is perceived as “all powerful” primordially, a child uses this nothing and absence. In a child's sense of powerlessness he uses the “object nothing” as a way to separate from mother, he has the omnipotence of feeding herself with “nothing” (Lacan, 1957, pp. 177-179).

Lacan's argument is discussed by a number of authors. Özbek Şimşek (2019) proposes that the act of eating nothing in anorexia nervosa represents the individual's desire for a sense of lack or absence, aiming to diminish the overpowering influence of their mother. According to Recalcati (2014) the concept of maternal jouissance, the cannibalistic mother-daughter relationship, and the abusive enjoyment of the Other are explored in relation to eating problems. The act of consuming the "no thing" or abstaining from eating is seen as a means for the subject to safeguard their individuality and separate from the oppressive demands of the Other. The act of anorexic refusal by the subject serves as a means for the child to question the love of the Other and elicit a sign of this love. It involves denying the object of enjoyment (food) to induce a sense of lack in the Other. By rejecting what the Other already possesses, the aim is to compel the Other to provide what it lacks (Recalcati, 2014). According to Morais and Drummond (2002), when an anorectic subject speaks, her voice is scarcely utilized, as there is very little she has to convey. Her anguish yearns for words, seeking to express something connected to the symptoms of her body, albeit unarticulated in her discourse. Anorexia manifests as a silent symptom that lacks coherent meaning. The true symptom lies in the aversion towards food. The act of "not eating" holds less significance compared to the act of "eating nothing." It is a silent alliance that has been formed with "nothing".

2.3.7.2.3 Refusing to Eat: A Pathway to Desire

Lacan also remarks this in 1958, in “The Direction of the Treatment and the Principles of its Power” which is Lacan’s study that is based on the fourth seminar. He says:

If the Other, which has its own ideas about his needs, interferes and, instead of what it does not have, that is confuses the care it provides with the gift of its love. It is the child who is the most lovingly fed who refuses food and employs his refusal as if it were a desire (anorexia nervosa.) (1958/1991, p.524).

According to Lacan, in anorexia nervosa, child refuses to satisfy mother's demand, because as a way toward the desire he lacks, child needs her mother to have a desire outside of him (1958). As Lacan asks thereafter, "Ultimately, by refusing to satisfy the mother's demand, isn't the child requiring the mother to have a desire outside of him, because that is the pathway to desire that he lacks?" (1958, p. 524). In this regard, the Other, being unable to meet the subject's demand through its own desire, fails to distinguish between the dimension of need and the dimension of desire within the subject. The Other's response is limited to fulfilling the practical need for care, neglecting the human need for desire, love, and acknowledgement - the desire for the Other's desire. In anorexia, the Other tends to reduce the subject to a passive object of care, suppressing desire and confining it to the realm of need. Lacan refers to this as the suffocating dimension of the Other's demand (Recalcati, 2014).

Lacan interprets anorexia as a strategy employed by individuals to separate themselves from the demands of the Other. According to Lacanian theory, the Other's constant demands create a suffocating sense of lack, which hinders the expression of one's true desires. In the context of anorexia, this manifests as a refusal to engage with food as an object, as the act of eating is seen as stifling the potential for hunger and desire. By denying food and controlling their intake, individuals with anorexia attempt to assert their autonomy and break free from the overwhelming demands imposed by the Other (Gherovici, 2011). By resisting the urge to eat, the anorexic patient creates a distinction between the need for nourishment that others possess and the longing for love that is constantly directed towards an emptiness within the Other (Rudge & Fuks, 2014).

According to Gherovici, in the context of alienation and separation, eating problems are interpreted by Lacan as a problem of separation. Alienation pertains to the internal division of the subject and the conflict between meaning and being, whereas separation is linked to a specific form of lack - the lack that necessitates recognition within the Other. Separation involves the acknowledgment of a gap existing both in the Other and within the subject, leading to a fragmentation of the phallic object and the recognition of limitations. The subject becomes conscious of the Other's desire and questions her own significance in relation to it. Consequently, the subject perceives the point of lack in the

Other, which she can identify with as an object, representing the lack perceived in the Other. Initially, the subject considers herself as the lost object or lack: “can they (as the Other) lose me?” This manifests as a fantasy of their own death or disappearance, as observed in conditions like anorexia, where the subject follows the path of the death drive, generating a sense of lack in the Other. The child actively seeks out the void within the (m)Other, aiming to become the object of her desire. This process is inherently intersubjective, characterized by deprivation, lack, and the recognition of desire (Gherovici, 2011).

Salvatore Di Costanzo (2022) highlights the relationship between the subject and the body, emphasizing how anorexia can be seen as a rejection of the Other. Anorexia is described as a decline in the relationship between the body and the world, leading to a negative state where the anorexic subject goes against death. The mirror stage is referenced to illustrate how the subject's body is exposed to the world and seeks validation through the gaze of others. However, for the anorexic, the body becomes a mere object and weight, calories, and numerical parameters dominate their preoccupations. Anorexia is characterized by a refusal of the lived body and a rejection of belonging to the Other, asserting independence from the desires of others. Lacan's observation of childhood histories in anorexia points to a lack of loving care and a confusion between the Other's provision of physiological needs and the fundamental demand for love. The subject desires a gift that signifies the Other's love, beyond mere object satisfaction.

Costanzo (2022) refers to Lacan's arguments in 1957 and 1958. According to this idea, the anonymous body of anorexia refers to "nothing" as the object of jouissance, with the anorexic subject consuming nothing and embodying an emptiness that defies discourse. This highlights the fundamental confusion in the parental Other, which administers care but fails to recognize and respond to the subject's demand for love. The anorexic body becomes a symbolic black hole, representing an infinite emptiness. According to Recalcati, the anorexic choice is a way of “being away from slavery that subject can't control, a separation of demand of Other, and an escape from being object of the jouissance of Other” (2014). Therefore, Özbek Şimşek (2019) suggest that understanding

the subject's problematic connection with food is of paramount importance as it symbolizes their relationship with the Other.

Recalcati emphasizes that food symbolizes the subject's desire, and the act of refusing to consume food serves as a mechanism to sustain that desire. The desire of individuals with anorexia is characterized as the "desire of nothing," signifying a yearning for emptiness. This pursuit of nothingness exposes the inherent insufficiency of any imaginary object linked to the fundamentally metonymic nature of human desire, thereby underscoring its elusive and symbolic nature (Recalcati, 2013). According to Recalcati's perspective (2014), the child's utilization of "nothing" as an object in relation to the mother's omnipotence, and as a lack that allows them to carve out their own space, can be viewed as an action unfolding within the symbolic order. By employing this act of "nothing," the child partakes in a symbolic gesture that challenges the mother's authority and asserts their own subjectivity. This act signifies a yearning for autonomy and the establishment of a distinct identity within the symbolic order. On a different note, Gherovici (2011) suggests that neither the repression of unconscious content, nor the emergence of repressed material appears to be viable alternatives. Instead, she contends that "pure suffering in the Real of the body by way of psychosomatic illnesses" becomes apparent.

The anorexic subject rejects the presence of the Other and focuses only on the idealized image reflected in the mirror, namely imaginary Other. This idealized image becomes the primary Other for the anorexic, representing a perfect projection of their own body. By rejecting symbolic dependency on the signifiers of the Other, the anorexic subject refuses division and presents themselves as a self-contained, unaltered entity. This paradoxical separation in anorexia results in a reinforced Ego and a rigidification of identity, rather than the usual loss associated with separation (Recalcati, 2014).

Recalcati also makes a distinction between anorexia and bulimia. The negation of the object in anorexia aims to transform the lack in the Other into a gift of love, seeking the sign of love rather than the object itself. In contrast, bulimia compensates for the frustration of the demand for love through compulsive consumption of the object, using food as a substitute for the absent sign of love. While bulimia follows a compensatory

logic, anorexia rejects any form of compensation and demands the sign of love even at the cost of giving up the object entirely. This displays the fundamentalism of anorexia, where the focus is on negating the object, maintaining absolute separation from the demand, and affirming the undivided subject by nullifying the signifying alienation and symbolic debt. In certain forms, anorexia oscillates between refusal as an appeal for the sign of love (as seen in hysteric anorexia, where desire manifests as refusal) and a manipulative strategy, reflecting a distinct perverse trait. Refusal then becomes a means to unsettle and disorient the familiar Other, subjecting them to anguish. According to Lacan, the perverse strategy involves intentionally causing anxiety in the Other, unsettling them and contaminating their place with a sense of anguish. In the context of anorexia, this maneuver can be seen as somewhat perverse as it operates on the border between life and death, exerting absolute control over the Other and becoming the source of their anguish (Recalcati, 2014).

Recalcati (2014) mentions: “the anorexic body is a wall-body. Within the anorexic choice the refusal of the body is primarily a refusal of the sexual body” which is a very similar idea of the psychoanalysts of his period. According to this idea, the situation with food in anorexia nervosa parallels the rejection of sexuality. In this perspective, food symbolizes the desire of the subject, and the act of refusing food intake serves to keep the subject's desire alive. The desire of the anorexic is characterized as the "desire of nothing," signifying a yearning for emptiness. This desire for nothingness exposes the inherent insufficiency of any imaginary object that is associated with the structurally metonymic nature of human desire (Recalcati 2013). Parallely, according to Silva et al. (2010), the anorexic subject's rejection of food serves as a means to exert control and resist the expectations imposed by the Other, as it is perceived as the sole method to preserve their identity as desiring subjects (as cited in Özbek Şimşek, 2019).

According to Verhaeghe, in eating problems, the Other lacks desire independent of the subject. The subject completely fulfills the Other's lack, thereby eliminating any potential for separation and concluding the process of subject-formation at alienation. This can lead to a state referred to as psychologically determined debility. A milder manifestation of this can be observed in individuals who have selflessly devoted their lives to fulfilling the desires of the Other, typically a parent, leaving minimal room for their own needs and

aspirations (Verhaeghe, 2008). Verhaeghe suggests that in the cases of anorexia, the desire for separation holds a central role, accompanied by a rejection of incorporation or alienation. Its counterpart, bulimia, represents the mirror image, where an insatiable desire persists to consume more from the Other. In both problems, there exists a lasting dependence on the Other, whether it manifests as a negative or positive reliance.

By opting to consume nothing, the individual effectively transforms this act of abstention into a protective barrier against the mother. The underlying hypothesis is that individuals with anorexia exhibit a relatively weak incorporation of the paternal metaphor, resulting in an insufficient countering of the mother's desires by the paternal function (Rudge & Fuks, 2014). According to this idea, the condition is not a foreclosure but rather stems from a weakened function of the paternal metaphor (Özbek Şimşek, 2019).

CHAPTER 3

METHODOLOGY

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

In this study, a qualitative method, Lacanian Discourse Analysis was chosen based on certain purposes and justifications. It is worth noting that from the 1950s, the theoretical framework of social constructivism offered a critical view of social sciences and brought a different approach to knowledge and the definition of reality. With the studies in linguistics, language began to be emphasized not only as a means of expression but also as a constructor. The idea that knowledge and reality are constructed within language enabled us to consider that reality is not singular, but rather there are different versions of reality (Burr, 2003). In this context, it has been emphasized that focusing on subjectivity rather than an objective point of view will provide a richer view in terms of the way of understanding and sense-making of the world and sociality. In this direction, the focus was on the constructions produced in language and discourse, and this accelerated the development of qualitative research methods in research that provides the opportunity to concentrate on subjectivity and constructions in sociality. Qualitative methods such as discourse analysis, traced the structures in language within texts in order to highlight these constructions and subjective positions (Willig, 1999).

In the same period, French psychoanalyst Jacques Lacan was in practice of rereading and reinterpreting Freud's work and this brought a new breath to psychoanalysis. Lacan's reinterpretation of the basic concepts of psychoanalysis in the light of linguistics is also not far from the discursive studies of the period. The formula of Lacan “the unconscious

is structured like a language” manifests that the practice of psychoanalysis itself is a linguistic study (Beira, 2000).

Lacanian discourse analysis is a form of discourse analysis that is influenced by the work of Lacanian psychoanalysis. The main goal is to understand the ways in which language is used in different contexts and interpret them in the light of Lacanian concepts (Parker & Pavon-Cuellar, 2013).

Within the framework of a Lacanian psychoanalytic orientation, the perspective of Lacanian discourse analysis is believed to offer an enriching insight into the comprehension of subjectivity and symptoms during the examination of texts pertaining to the research topic.

In the following section, the foundations of qualitative methods and Lacanian discourse analysis will be detailed together with the currents of thought and its historical context.

3.2 Background of the Study: Qualitative and Lacanian Discourse Analysis Perspective

3.2.1 Social Constructivism and “Turn to Language”

Qualitative research methods take their basis from the Social Constructivist approach and the movement of “Turn to Language” emerged in the mid-20th century. These movements have influenced fields such as linguistics, literary theory, anthropology, and psychology.

While the "turn to language" movement is a social theory that emphasizes the central role of language in shaping people’s understanding of the world and themselves, social constructivism is primarily concerned with the process of knowledge construction, and how this occurs through social interactions and communication. Social Construction and the Turn to Language movement share a common emphasis on the importance of language and communication in developing people’s understanding of the world and themselves.

George Herbert Mead is considered to be an important precursor to the "turn to language" movement, and as his work emphasized the crucial role of language and communication

in shaping social interaction and the development of the self. His studies have a significant influence on the constructionist perspective. As Mead argued, the mentality of an infant is primarily shaped by the communication between caregiver and child, rather than by individual factors. This perspective differs from the individual-focused approach of psychology. According to Mead, before an infant's cognitive abilities fully develop, a basic form of communication between the infant and caregiver exists. The internalization of expectations regarding how others in the situation will react allows an infant to grasp the significance of actions. The process of social interaction gives rise to thought, and the individualization of thought is a subsequent development that is largely reliant on the use of language as a social tool (Mead, 1934; as cited in Ashworth, 2008).

Social constructivists argue that knowledge is not simply transmitted from one individual to another, but rather constructed by people through their interactions with others and their environment. As the social constructionist view maintains, personal qualities are not only open to questioning as a concept but are also shaped by the particular cultural, historical, and relational contexts in which they are situated (Burr, 2003).

As Burr (2003) indicates, social constructionism emphasizes the dynamic and diverse nature of language, which is regarded as fundamental to human life. In contrast to traditional psychology, which has neglected its significance, language is seen as central to the construction of reality. Hence, according to Burr, the structure of language determines the structure of consciousness and experience.

With these radical changes in the perspective of social science, especially in the 1980s, the "turn to language" movement gained significant ground within the field of psychology (Willig, 2013).

With the emergence of the idea that knowledge or reality are not single and fixed concepts and they are constructed in the social field, the way the social sciences deal with methodology has also begun to change. These assumptions established a ground for qualitative research methods beyond an objectivist and positivist perspective (Baltacı, 2022).

3.2.2 Qualitative Psychology and Qualitative Research

Within the radical change of paradigm in social sciences and the focus on language, there has been a shift in the conceptualization of reality and knowledge. Qualitative methods offer a new point of view in psychology to link human experience with social action in contrast to the traditional emphasis on quantitative psychology (Parker, 2005a).

Qualitative approach is gaining increasing prominence as a focus of psychological research and theory, reflecting its growing recognition as a valuable method of research. Although qualitative methods have been employed in psychology for a considerable period, it is only in the 1980s that they started to gain notable ground. Qualitative research is characterized by several distinctive features, including a preference for data that is rich in description, the view that reality is socially constructed, and the research involves interpretation (Howitt, 2010).

Qualitative psychology is grounded in philosophical principles that diverge markedly from those that underlie quantitative psychology, and its methodological foundations frequently stand in contrast to the dominant methodologies used in mainstream psychology (Howitt, 2010). As a result, qualitative research methods have become an influential area of research and theory in its own right, offering valuable insights into the subjective experiences and social contexts that shape human behavior and psychology.

3.2.3 Discursive Psychology and Discourse Analysis

Discursive psychology is an approach within psychology that emphasizes the role of language and discourse in shaping people's understanding of the world and their experiences. Discursive psychologists analyze the ways in which language is used to construct meaning and identity, and how people use language to negotiate social and cultural norms. From a social constructionist perspective, in a discursive study, participant accounts of their experiences are seen as reflections of how they utilize established modes of communication regarding a topic, and how these discursive constructions can impact those affected by them (Willig, 2013).

In 1987, Potter and Wetherell's publication, "Discourse and Social Psychology: Beyond Attitudes and Behaviour" played a crucial role in the development of discourse analysis as a methodological approach in social psychology, by highlighting the importance of language and discourse in shaping social reality and inspiring subsequent studies in the field (Willig, 2013).

The discursive approach signifies a shift from the investigation of behavior to the examination of language. According to discursive social psychologists, social psychology phenomena are formed through social interaction, with particular emphasis on discursive interaction. As a result, it is crucial for them to investigate this interaction, specifically the usage of language by those involved in the practice (Billig, 1997). As a critique of mainstream psychological studies, an alternative conceptualization of language is provided by a discursive approach. This method of data analysis can provide insight into how social reality is discursively constructed. Thus, discourse analysis is more than a methodology, because "it provides a theoretical way of understanding the nature of discourse and the nature of psychological phenomena" (Billig, 1997, as cited in Willig, 2013, p. 343) As Burr (2003) indicates, discourses enable people to see the world in a certain way. They generate people's understanding of the world.

Mainstream psychology follows an approach that is tracing the concept in the process or structures such as people's cognitive perceptions or attitudes, and offers to change these processes. On the other hand, discourse analysis rejects the notion that this issue arises or takes place in some "distorted" processes in the minds, hence the focus should be on people's daily speech, daily interactions, and other things which can be read as a text, it allows to see how the concepts and ideas are constructed within language. In this approach, spoken words and phrases are considered as social actions, namely, these are discourses as social acts (Arkonaç, 2014).

The central point of discourse analysis is the assumption that "language is constructive". As Wetherell et al. (2001) points, language can be seen as the constitutive of social life. Discourses build all objects, cognitions and social relations. For a discourse analyst, the question is how and in which ways the text was formed.

As Parker notes, while discourse analysts in psychology have mostly concentrated on spoken and written texts, a “critical reading” of psychology as a cultural phenomenon should extend to all the symbolic material that is employed to represent subjects to others. The organization of symbolic material enables it to create a sense of identity and community among those who utilize it. According to Parker, discourse analysis is opening the way to questioning the way in which subjectivity is constituted both within and beyond psychology (Parker, 2013).

3.2.4 Lacan, Language and “Return to Freud”

In the mid-20th century, one of the prominent names in line with the focus on language is French psychoanalyst Jacques Lacan who played a significant role in the development of psychoanalytic theory and radically criticizes traditional psychoanalysis after Freud.

The concepts proposed by Lacanian psychoanalysis have had a significant impact on social interactionist and relativist studies. Like the "turn to language" movement, Lacan's "return to Freud" movement marked a significant shift in the field of psychoanalysis (Baltacı, 2022). Adopting a perspective of return to Freud, Lacan reformulated many of Freud's key concepts in linguistic terms in his early seminars (Beira, 2000).

Lacan approached the concept of the subject from a distinct perspective compared to contemporary psychological studies. He underscored the imperative to center attention on individuals' subjectivity rather than confining them within diverse classifications (Baltacı, 2019). According to Lacan, the subject is inherently marked by lack from the moment of his birth, and the formation of the subject hinges upon this lack, mediated by the symbolic order and language (Lacan, 1961/2010, as cited in Baltacı, 2019). Thus, the subject enters existence within a discourse, where the discourse of the other assumes a formative function. Even prior to birth, the infant becomes situated amidst the language and phantasms of its parents, resulting in the child being immersed in the discourse articulated by his parents. To exist within the system into which the subject is born, entering the realm of language becomes imperative (Uçar & Gençöz, 2019).

Lacan was significantly influenced by Freud's focus on language, which informed his reinterpretation of Freud's ideas and texts, in this way, Lacan remarks that the focus should be on an analysis of the verbal productions of patients. Hence, it can be seen as beyond the idea of Freud that the unconscious reveals itself by speech: Lacan argued that the fundamental premise underlying the concept of the unconscious and the symptom is inherently based on language. In 1953, he described the symptom as a “signifier”. According to Lacan, there is no universal meaning of a neurotic symptom, because each symptom is a particular subject’s unique production. In linguistic terms, he describes the symptom: “The symptom resolves itself entirely in an analysis of language, because the symptom is itself structured like a language, because it is from language that speech must be delivered” (1953/1991, p. 223).

Lacan argues that a symptom could “only be interpreted in the signifying order”, as a signifier's meaning depends on its relation to other signifiers (1953/1991, p.194). He says “a symptom here is the signifier of a signified that has been repressed from the subject's consciousness” (1953/1991, p. 232). His emphasis on symptom with the signifying function also differs from the symptom of the medical approach, as a neurotic symptom has not a universal meaning, because each symptom is unique and is an outcome of each subject’s personal history (Lacan, 1956/2006). In 1957, Lacan described the symptom as “a metaphor in which flesh or function is taken as a signifying element” (1991, p. 431). According to Lacan, the symptom represents a manifestation of truth. Its interpretation can only be made within the realm of the signifiers, as it derives its meaning solely from its relationship to other signifiers. The presence of symptoms further supports the argument that the unconscious is organized in a linguistic manner. The symptom serves as an additional confirmation of the proposition that the structure of the unconscious resembles that of a language (Dor, 2004).

Lacan also defines the unconscious as a discourse, as he states: “The unconscious is the discourse of the Other” (1953-54/1991, p. 85). Namely, the unconscious is the effects of the signifier on the subject, and the signifiers are “what is repressed and what returns in the formations of the unconscious” such as symptoms, parapraxes, dreams and jokes. The

references to language, speech, discourse, and signifiers position the unconscious within the realm of the symbolic order in Lacanian psychoanalysis, as Lacan mentions in his Seventh Seminar “the unconscious is structured as a function of the symbolic” (1959-60/1992, p. 12).

In conclusion, Jacques Lacan posits that the unconscious is composed of linguistic components, specifically signifiers that refer to other "signifiers" and lines of signification that are specific to the patient's personal history and experience (Beira, 2000). In Lacanian theory, the structure of the symptom is inherently linguistic and constructed in relation to the Other (Verhaeghe, 2008). This highlights the fundamental role of language and discourse in shaping and influencing the unconscious processes and experiences of the individual. Lacan's emphasis on the linguistic nature of the unconscious underscores the importance of language and discourse analysis in understanding and interpreting psychological phenomena.

3.2.5 Lacanian Discourse Analysis (LDA)

Lacanian discourse analysis is a theoretical framework and methodology that applies concepts and insights from Lacanian psychoanalysis to the analysis of discourse and language. The approach emphasizes the importance of the symbolic order in shaping and influencing language, discourse, and social relations. Lacanian discourse analysis focuses on identifying and analyzing the various signifiers and symbolic structures present in discourse, and exploring how these elements shape and influence subjective experience and social relations (Frosh et al., 2003, Parker & Pavon Cuellar 2013).

Lacan's reconsideration of the basic concepts of psychoanalysis with a linguistic perspective has brought a new breath to psychoanalysis. Moreover, the emphasis on discourses constructed within context and *ta*, the focus on unconscious as structured as a language and as a discourse of Other in Lacanian psychoanalysis offers a rich perspective to deal with the structure of language and discourses within psychoanalytic studies and qualitative research (Baltacı, 2022).

Lacanian Discourse Analysis (LDA) is a methodological ground that Parker et al. (1998) put forward with the view that the classical discourse view is limited. Classical discourse analysis focuses on the diversity through similarities and differences in a text, but according to Parker, the focus of discourse analysis should be on the “contradictions” in the text. In other words, instead of looking at how similar certain words are to others; it is necessary to look at how it differs, where it is separate from meaning, where it is wrongly established and corrupted; because the points where they differ determine the relationship between subjects (Parker, 2005)

Hence, the fundamental principle of LDA is an understanding of the human subject as a multitude that is constituted by language, bifurcated into conscious and unconscious functions, and correspondingly marked by contradictions (Swales et al., 2020).

According to Parker, in order to clarify the methodology for reading Lacanian theory that is appropriate for discourse analysis, he emphasizes four components of the theory. Firstly, regarding Lacan’s own ideas about the nature of the discourse leads researchers to think that every interpretation is a motivated reconstruction. Secondly, how the relationship between analyst and analysand conceptualized can be the new research questions for a discourse analysis with the Lacanian approach. Thirdly, a distortion about concepts could occur because Lacan’s work is mostly based on psychoanalysis and it differs from psychotherapy practice. And finally, these studies could potentially transform it into a version that is comprehensible to social psychology, so it will be important to define how the distinct concepts of discourse that Lacan outlines can apply to the types of texts that discourse analysts in psychology usually study on (Parker, 2005b).

3.2.6 Seven Elements of Lacanian Discourse Analysis

Parker et al. (2005) propose seven elements for Lacanian Discourse Analysis (LDA) based on a systematic approach to the points that LDA will address. However he strongly emphasizes that these seven elements are not supposed to be neither a method nor a fully formed theory of discourse. Rather, these seven elements represent a frame that would

hold currency for developing the researcher's view within Lacanian theory and examination of the text (Baltacı, 2022).

1 - Formal Qualities of Text: interpretation of a text should focus on the organization of the signifiers, rather than uncovering the unconscious meaning. So, the researcher traces the signifying elements that are nonsensical but organize or disrupt the flow of the text.

2 - Anchoring Representation: the aim of discourse analysis is to locate the anchoring points that serve as the "endpoints" of sentences or other segments of text. So "how the text is structured" is the main point of analysis.

3 - Agency and Determination: According to Lacan, language is a prerequisite for the existence of the unconscious, which is established when the subject begins to speak and manifests as "the discourse of the Other" (Lacan, 1979, p. 131, as cited in Parker 2005b). So the analysis of the unconscious in a text is characterized by analyzing the gaps and holes, namely the something that cannot be spoken, so the question of LDA is "what functions as absence in the text".

4 - The Role of Knowledge: Through the line of the imaginary, when we speak to particular others, also, the system of language extends beyond our immediate communication, existing in the realm of the Symbolic, where we speak in relation to the big Other. Hence, the question that the subject asks "What does the Other want from me?" is one of the main constructors for the text in LDA.

5 - Positions in Language: The concept of subject positions is utilized by certain social constructionist writers to refer to the process through which our identities are generated. Indeed, the positions of subjects are "the representations of ourselves and others that discourses invite" (Burr, 2003). From a Lacanian perspective, speaking divide the subject between the things they articulate to others about themselves and the act of speaking itself, an activity that reveals a realm of truth.

6 - Deadlocks of Perspective: In Lacanian psychoanalysis, an 'agreement' between the analyst and analysand regarding an interpretation would display the operation of 'the line

of the Imaginary'. Hence, in a discourse the disagreements should be traced when the subject speaks to others.

7- Interpretation of Textual Material: According to Parker, an analyst is supposed to work on 'the line of the Symbolic' namely work within the domain of the text, opening up the text by disrupting and disorganizing enables him to see the functions of spoken materials.

In this context, it is crucial to mention Lacan's emphasis on the idea that psychoanalysis is a linguistic process. Examining how language is constructed, what is expressed and what remains unsaid, slips of the tongue, metaphors, prominent signifiers, and repetitive patterns play a significant role in shaping the structure of the text and determining the subject's position within it. Each subject's positioning in the text is unique and specific to his own discourse.

Therefore, while Lacanian discourse analysis offers a general framework for analysis, it does not necessarily follow a fixed set of steps or adhere to the seven elements defined in a specific order, as Parker et al. (2005a) put emphasis on. Instead, the main focus lies in exploring how the discourses manifest in each individual text and the distinct ways in which they are expressed.

The scope of this study is focusing on subjective experiences about a clinical topic that is characterized by symptoms. How and in which ways these symptoms and experiences are constructed within the language and text are the main questions for this research. Discursive analysis enables the researcher to focus on the structure of language rather than cognitive processes or diagnostic descriptions. Within the frame of Lacanian psychoanalysis, these structures can be interpreted with an analytic approach.

In this research, it has been a matter of curiosity in which forms and with which signifiers the symptoms are stated by women diagnosed with eating disorders and their mothers, how these symptoms function in the discourse of each mother and daughter, and in which contexts they emerge. Therefore, Lacanian discourse analysis will provide a methodological basis for answering these questions.

3.3 Sampling and Participant

A purposive sample was formed for this study in accordance with the qualitative research approach. In the aim of examining the transmissions of discourses in mother-daughter relationships within eating problems, inclusion criteria are identified as having an eating disorder/history of an eating disorder including anorexia nervosa and bulimia nervosa, and the participants with eating disorders are required to be female. In this regard, six people diagnosed with eating disorders and their mothers were accepted, thus, 12 participants were engaged in the study. All six participants were diagnosed with eating disorders in psychiatry departments in public hospitals or private psychiatry clinics. The age range of six daughters was 15-28, and the age range of mothers was 45-58. In the sample, three daughters had current symptoms of anorexia nervosa or bulimia nervosa whose age were 15. On the other hand, three daughters indicated that they had an eating disorder history but they were in the recovery process, their age range were 23-28. In the following demographic information of participants can be seen, in Table 1.

Table 1

Demographic Information of Participants

	Nickname	Age	Marital Status	Education	Diagnosis	Duration of Interview	Style of Interview
Daughter	Ada	28	Married	University	AN	39 min	Online
Mother	Neriman	58	Married	High school	-	47 min	Online
Daughter	Aylin	28	Bachelor	University	BN	52 min	Online
Mother	Leyla	51	Married	High school	-	74 min	Online
Daughter	Sevda	23	Bachelor	University	BN	39 min	Online
Mother	Yasemin	47	Divorced	High school	-	47 min	Online
Daughter	Meltem	15	Bachelor	College student	BN	51 min	Online
Mother	Nesrin	52	Divorced	University	-	31 min	Online
Daughter	Melis	15	Bachelor	High school student	AN	54 min	Face to face
Mother	Saliha	49	Married	Primary school	-	53 min	Face to face
Daughter	Elif	15	Bachelor	High school student	AN	24 min	Face to face
Mother	Hatice	43	Married	High school	-	38 min	Face to face

3.3.1 The Information About Participants

In this part brief information about demographics and the history/current state about the process of participants is mentioned in order to follow the texts of mothers-daughters effortlessly. The volunteer participants were provided with detailed information in written informed consent to inform them about the terms of confidentiality (see Appendices B and C). Additionally, for participants under the age of 18, permission was obtained from their mothers, indicating that they allowed their children to be interviewed under these circumstances (see Appendix D). In the research, the names of all participants have been changed to ensure confidentiality.

3.3.1.1 Ada & Neriman

Ada, who is 28 years old and married, graduated from university. She reported a history of anorexia symptoms lasting for 2 years in the past, which were resolved after receiving psychiatric treatment. Ada also stated that she has been symptom-free for 8 years. Her mother, Neriman, is 58 years old, retired and also married. She mentioned that she has been suffering from panic attacks for 20 years and she continues to take medication for it.

3.3.1.2 Aylin & Leyla

Aylin, a 28-year-old unmarried university graduate, reported experiencing anorexia symptoms at the age of 20, which later developed into bulimia which persisted until she was 27 years old. Following a treatment process, Aylin reported a successful recovery and noted improvement with therapy. Her mother, Leyla, is 51 years old and married. She currently runs a shop in the food industry.

3.3.1.3 Sevda & Yasemin

Sevda who is a 23 year old, single woman, mentioned that she has anorexia symptoms approximately 2 years which later progressed into bulimic symptoms. She states that currently she has no symptoms and she is in recovery. Her mother, Yasemin is 47 years old and her marital status is divorced. She is a working woman in the culinary industry.

She explained that during the period when her daughter had an eating problem, Yasemin was also psychologically affected by this situation and lost weight.

3.3.1.4 Meltem & Nesrin

Meltem is 15 years old and a college student. She expressed her depressive state that has been going on for approximately 3 years and the bulimic symptoms for about a year. She also reported ongoing psychological treatment and therapy. Her mother Nesrin is a 52-year-old divorced woman. She is not currently working. She also mentioned that in the past she had the behavior of making herself vomit in order not to gain weight.

3.3.1.5 Melis & Saliha

Melis, a 15-year-old high school student, reported experiencing anorexia symptoms for approximately 1 year, and her treatment process is ongoing. Her mother, Saliha, is a 49-year-old married woman. She mentioned that she is a housewife.

3.3.1.6 Elif & Hatice

Elif is a 15 years old student in high school. She stated that she has anorexia symptoms for about one year. Her treatment process is continuing. Her mother Hatice is 43 years old and married, she is a housewife. She stated that when her daughter started to have an eating problem, Hatice also lost weight due to stress.

3.4 Procedure

At the beginning of the study, ethical permission was obtained from the Human Subject Ethics Committee of METU (see Appendix A). After the ethical approval, the participants were reached through the collaboration with the clinical psychologists and psychiatrists working with the sample group either at a public hospital or at a private clinic in İstanbul and Ankara. After the practitioners gave brief information to the patients who met the research criteria, the researcher contacted eligible individuals who expressed interest and agreed to participate in the study. A short interview was conducted by telephone in order to give information about the scope and rationale of the study, research process, and

content. The volunteer participants also were given detailed information in written informed consent in order to inform participants about the terms of confidentiality (see Appendices B and C). Besides, for the participants who are under the age of 18, permission was received from their mothers indicating that they are allowed to be interviewed with their children under these circumstances (see Appendix D).

Following this process, after getting written permission from participants, interview dates were planned. Due to the coronavirus pandemic at that time, interviewees were offered the option of meeting face-to-face or online.

According to the preferences of the participants, eight interviews were conducted online, and four interviews were conducted face to face. Among the face-to-face interviews, a mother-daughter's interviews were conducted in the public hospital and one mother-daughter's interviews were conducted in their home at their request.

Separate interviews were conducted with mothers and daughters, and prior to the interviews participants were informed that the interview contents would not be shared with each other. The interviews were in a semi-structured form, informant-centered, and in-depth interviews in accordance with Lacanian discourse analysis. As the participants were informed both in writing and verbally, audio recordings were taken during the interviews.

The interviews were planned for about 45-60 minutes. There were two different question sets for daughters and mothers. For daughters, the questions were prepared to focus on the experiences of their eating disorder process and the symptoms, the relationships with family and especially relationship with their mother, and the ideas and views about some concepts like motherhood and family.

For mothers, the questions were prepared to understand the mothers' own experiences during the process of their daughter's eating problem, the relationship with their daughter and their own mother, views and ideas about being a mother with individual and social aspects. The interview questions can be seen in Appendices E and F.

3.5 Process of Analysis

After twelve interviews, the transcription process started. The total transcribed record was 549 minutes. Each audiotape was transcribed. During the transcription, all participant's names, school names and city names they mentioned were changed for the privacy of the participants.

All transcripts underwent careful reading, and repetitive patterns and discourses were examined. The texts were analyzed using the perspective of Lacanian discourse analysis, which approaches discourses from a Lacanian standpoint.

In accordance with this perspective, the analysis delves into various aspects. Firstly, it examines how all texts are constructed and organized, the forms in which discourses emerge, the main signifiers concerning a subject, metaphors, linguistic slips related to significant discourses, and the positioning of the subjects while speaking. Additionally, it considers the significance of what is unspoken as well as spoken in the text, including instances of unfinished or omitted statements expressed in different contexts.

Secondly, the study explores how these analyzed situations manifest in mother-daughter pairs, and how the discourse of each mother and daughter interrelates. It identifies the points of similarity and divergence in the discourses of mothers and daughters.

Finally, the research identifies and examines the recurring discourses found in six mother-daughter pairs, which are considered essential for addressing the research questions. These identified discourses form the main themes and subthemes of the study.

For the study, significant sections in the excerpts were highlighted and included in the analysis using bold formatting. Sections that are not analyzed in quotations are abbreviated using the ellipsis (...) sign. In excerpts from the interviews, the speakers are represented by the following letters:

R: Researcher

D: Daughter

M: Mother

CHAPTER 4

ANALYSIS AND FINDINGS

Through the purpose of the research, first stage of analysis aimed to examine each mother-daughter pair individually and to identify recurring patterns. In this regard, firstly, each mother-daughter pair's texts were examined. The analysis was conducted with a specific emphasis on identifying signifiers and themes that were either similar or repetitive, as well as those that were distinctly different within the texts of daughters and mothers.

Following the analysis of each mother-daughter pair, the next step involved re-evaluating the identified themes from all participants collectively. By considering the themes that emerged across the entirety of the data, a broader perspective was gained, enabling a deeper exploration of the common themes shared by the mothers and daughters. Thus, recurring and prominent signifiers and patterns were reviewed across the entire sample.

Additionally, within the framework of Lacanian discourse analysis, the specific functions of these recurring patterns and signifiers, particularly in the context of eating disorder pathology, were examined. Their occurrences across various contexts and their manifestations within the text were also scrutinized. Following the elaborative examination of the interviews of each couples, identified repetitive patterns and diversifying situations were analyzed, categorized and entitled with a Lacanian psychoanalytic view.

In this regard, three primary themes and three subthemes within a main theme have been identified encompassing eating disorders, their associated symptoms, the various ways these symptoms are expressed, and the intricate dynamics within mother-daughter

relationships. The table (Table 2) presenting these main themes and subthemes can be seen below.

Table 2
Main Themes and Subthemes

Main Themes	Subthemes
<p>Similar Symptoms and Illnesses of Mothers and Daughters</p> <p>The Function of the Symptom</p> <p>Confusion of positions and uncertainty of borders in positioning</p>	<p>1- The confusion in positions of mother-father-child</p> <p>2- Knowing “everything” about the daughter: lack of boundaries</p> <p>3- Plural pronouns used by mothers for their daughters</p>

4.1 Similar Symptoms and Illnesses of Mothers and Daughters

4.1.1 Analysis

Within the first main theme of this study, a notable observation emerged across all six mother-daughter pairs, indicating that daughters and mothers exhibited similar symptoms of eating problems or shared somatic experiences. In other words, while the daughter is primarily the subject having an eating problem, the mother has also become the subject of an eating problem in this process.

In certain mother-daughter pairs, it is observed that when the daughter presented symptoms of an eating problem such as losing weight, the mother had also experienced weight loss during the same period. While the daughters described their own weight loss processes as driven by a desire to achieve thinness or beauty, the mothers expressed their weight loss status in relation to their experiences of concern, sadness, and stress regarding their daughters' condition. Additionally, in two other mother-daughter pairs, it is observed that the mother's statements and daughter's statements about their somatic experiences or illnesses are similar. Moreover, in one specific mother-daughter case, the mother states that she had engaged in vomiting in the past as a means to lose weight.

Regarding the situation in which their mothers showed similar symptoms when their daughters had symptoms related to eating problems, the case of Elif and Hatice provides relevant insights. Elif, who has been diagnosed with anorexia nervosa about a year earlier, mentioned in the research interview that she refrained from eating or drinking water for approximately a year due to her fear of gaining weight.

In the interview with Hatice (Elif's mother), she mentioned that she also lost weight because she was very upset about her daughter's situation. In other words, the mother and daughter experience weight loss and anxiety at the same time, although they define the causes differently.

While describing her process related to her eating problem, Elif expresses that she refrained from eating, avoiding soupy dishes and water due to her fear of gaining weight and appearing overweight. It can be seen in Excerpt 1:

Excerpt 1:

*D: Once my aunt came to our house, it was a while ago, **she told me that you are going to be obese, she said you have gained weight, I have been in this state since that day, I began to abstain from eating, I've stopped eating soups and soupy dishes, and, I don't drink much water actually, miss***

R: You have stopped soupy dishes, you don't drink water, what is the reason for these two?

D: The reason for these two is, for example, my friend told me 'if you drink water your stomach will swell a lot', so I can't drink since that day

R: So, what does it mean for you to have a swelling stomach or to be seen overweight?

D: For example, I feel very bad when I see it like that, miss, I feel a very bad emotion

Original 1:

D: Bi kere halam bize gelmişti, baya bi zaman oldu, bana obeze kadar gidiyosun demişti, kilo almışsın demişti, o günden beri bu haldeyim (...) ondan sonra işte yemek yememeye başladım, işte çorba sulu yemekleri bıraktım, ondan sonra, su da pek içmiyorum aslında, öğretmenim

R: Sulu yemekleri bıraktın, su içmiyorsun, bu ikisinin sebebi ne?

D: Bu ikisinin sebebi mesela arkadaşım bana demişti ki su içersen karnın çok şişer demişti o yüzden içmiyorum o günden beri

R: Peki, karnının çok şişmesi ya da kilolu göstermek, bunlar senin için nasıl bir anlam ifade ediyo?

D: Mesela, ben öyle gördüğüm zaman çok kötü oluyorum, öğretmenim, çok kötü bi duygu hissediyorum

Afterwards, in the interview with Hatice, Elif's mother, while talking about her daughter's symptoms, she states that she lost weight in the same period, and she explains this situation by being very upset. This observation led to the inference that the symptom exhibited by the daughter recurred in the mother:

Excerpt 2:

M: I am very upset (...) I lost weight, I was not too fat, I was already 65 or 66 kilograms, I lost 6 or 7 kilograms because of this thing, there is a lot of trouble, I also have a heart discomfort, sadness is too much for it to handle, I feel very upset, I feel extremely upset, miss, there are times when I cry, there are times when I do things I run out of house, I still cannot relax, I come home, it is the same for example, miss, it is so difficult, extremely difficult

Original 2:

M: Çok üzülüyorum (...) kilo falan verdim ben de çok kilolu diildim zaten, 65 66 kiloya geliyodum 6 7 kilo verdim yani bu şeyden dolayı, yani baya bi sıkıntı oluyo, kalp sıkışması var bi de benim kendimde, o da üzüntüye falan gelmiyor zaten, çok üzülüyorum yani, aşırı derecede üzülüyorum, hocam, ağladığım zamanlar oluyo (...) kendimi dışarı atıyorum, yine rahat edemiyom, eve geliyorum, gene aynı mesela hocam baya zor, çok çok zor

In these two excerpts, Elif expresses her fear of weight gain as "I feel very bad, I feel a very bad emotion" while the mother emphasizes her own emotional state regarding her daughter's situation by stating, "I feel very upset, I feel extremely upset." Both the mother and the daughter emphasize a sense of negativity or feeling bad in their respective expressions.

The second example of symptom recurrence in mothers and daughters is observed in the case of Sevda and Yasemin, another mother-daughter pair. Sevda, who is 23 years old, revealed that she underwent a transition from anorexia to bulimia approximately 2 years earlier. Sevda expressed a significant fear of weight gain during that period, leading her to engage in restrictive eating and engage in purging behaviors such as vomiting after meals. In addition to Sevda's situation, her mother, Yasemin, mentioned that she also lost weight due to stress during this period.

Sevda utters that during her anorexic phase, she engaged in restrictive eating to achieve weight loss, and she eventually progressed to bulimia where she developed a pattern of excessive eating followed by self-induced vomiting. Notably, when discussing her symptoms, Sevda emphasizes the impact it had on her family, stating that "it was difficult for my family." Despite being the one directly affected by the problem, she portrays her family as having struggled more than she has. It can be seen in Excerpt 3:

Excerpt 3:

*D: When I was anorexia, I didn't feel that I was anorexia, and also I didn't think that I had a health problem (...) but **after a while, you are regretful after eating too much, because it is mostly psychological, I am regretful and I induce myself to vomit (...)** There is also the process of realizing that I am experiencing such a thing (...) I noticed it after I look into it, I noticed after I went doctor, umm, **it was difficult, it was difficult for my family** but I got over it in some way, and within this period my family has been supportive, especially my mother*

Original 3:

*D: Anoreksiyayken anoreksiya olduğumu hissetmiyorum ve hani sağlık sıkıntısı yaşadığımı düşünmüyodum (...) **ama iş bir süre sonra çok yiyip hani çok yedikten sonra pişman oluyosun, birazcık daha psikolojik olduğu için, hani pişmanım sonra kendimi kusturmaya yöneliyorum (...)** böyle bişey yaşadığının farkına varma süreci de var (...) araştırdıktan sonra fark ettim, doktora gittikten sonra vesaire fark ettim, **zordu, ailem için***

zordu, ama bi şekilde atlattım ve bu süreçte ailem de hani destek oldu hani, annem özellikle

In Excerpt 4, Yasemin discusses her own weight loss experience during her daughter's eating dilemma. While describing her daughter's symptoms, she also relates it to her own personal experience. Yasemin associates this situation with stress, indicating that it had an impact on her well being as well.

Excerpt 4:

*M: Then she had anemia, a loss of menstruation occurred, she suicid- she started to say 'mom I am very bad, I will commit suicide, I will throw myself off the balcony'. **Psychologically, I also started to become weak**, I was work- I was also working at the same time, well, I found challenging to adapt my job, to be frank, **for example I was 98 kilograms in that time, I dropped to 70 kilograms** because of stress, I was very upset for my daughter frankly (...) then **there was a situation of losing weight**, and I was also continuously crying, no sleep, my food intake decreased (...) of course (because of) stress, it was normal, but I got better now*

Original 4:

*M: Sonra kansızlığı çıktı, adetten kesilme olmaya başladı, intihar etmeye- anne ben çok kötüyüm intihar edicem demeye başladı balkondan atlıycam demeye başladı. **Psikolojik olarak, ben de çok zayıflamaya başladım**, çalış- bi yandan çalışıyorum ee yani, işime adapte olamıyodum, açıkça söylüyim, **ben de mesela 98 kiloydum o zamanlar, 70 kiloya düştüm** stresten, yani kızım için çok üzülüyodum açıkçası (...) **sonra kilo kaybı olmaya başladı** ee bi de sürekli ağlıyodum yani, uyku yok, yemeğim azaldı (...) tabi stres, normal yani ama şu an düzeldim*

It is noteworthy that when Yasemin says “there was a situation of losing weight”, she forms a sentence that the subject is unclear. Yasemin may be uttering this sentence both for herself and for her daughter: from this point of view, it can be interpreted that she cannot distinguish her daughter's experience from her own in her discourse.

In the provided excerpt, Yasemin discusses her daughter's eating problems and then she transitions to recounting her own experiences. She speaks of her bodily complaints such as pains and cramps in her stomach. While addressing this particular situation, a notable observation arises concerning the textual composition, wherein subjects and experiences are intricately interwoven. In other words, text is structured in a way that combines or blends subjects and experiences together, leading to uncertainty or confusion about which individuals the stomach pains and cramps are attributed to.

Excerpt 5:

*M: In the beginning I was getting very angry, at first **I didn't believe**, to be frank (...), **pains in my stomach started**, **umm I was having stomach cramps**, then **my mother also didn't believe**, my mother said that she is doing it because of her pertness, **my uncle- I crossed with my brother** because of that, my brother thought like that (like my mother), nobody believed, we handle this matter, **my illness, on my own** and with my child- with my daughter*

Original 5:

*M: İlk başta çok sinirleniyodum, **ilkten inanmıyodum**, açıkça söylüyim (...), **midemde ağrılar başladı ee mide krampları giriyodu böyle** ondan sonra **annem de inanmıyodu** hani annem şımarıklığından yapıyo diyodu **dayım-** ben kardeşimle dargın oldum o yüzden kardeşim de öyle düşündü, hani hiç kimse inanmıyodu, ben o şeyi **hastalığımı** ve **tek başıma** ve çocuk- kızıyla beraber koşturarak şey yaptık yani*

In the provided excerpt, several salient observations come to light. Firstly, Yasemin describes experiencing stomach cramps similar to her daughter's vomiting. Another significant observation is Yasemin's slip of the tongue when referring to her relationship with Sevda. Initially, she starts by saying "my uncle" but quickly corrects herself to say "my brother." This slip of the tongue may indicate an unconscious association or confusion between her brother and her daughter, highlighting an unresolved boundary between them. Furthermore, Yasemin's use of possessive language is notable. She refers to Sevda's experiences as "my illness, on my own" and later revises it to "with my daughter." However, the earlier use of possessive language implies a sense of ownership over her daughter's experiences, potentially excluding Sevda from her own narrative and subjective experience.

Hence, statements provided by Sevda and Yasemin reveal intriguing patterns, indicating the simultaneous weight loss or stomach cramps experienced by Yasemin alongside her daughter. Moreover, the presence of confusions in their sentences and slips of the tongue prompts speculation that Yasemin might have difficulty discerning her daughter's experiences from her own.

The case of Ada and Neriman provides a third instance illustrating the recurrence of the daughter's symptoms in the mother. Ada states that following approximately 2 years of struggling with anorexia, she sought treatment and recovered. She further mentions that

she remained symptom-free for a period of 8 years. While sharing her experience about eating disturbances, Ada talks about the periods when she lost weight and also mentions her mother experiencing weight loss during the same timeframe. It can be seen in Excerpt 6:

Excerpt 6:

D: In that treatment process, umm I can say that my father accompanied me more, my mother possibly couldn't recover from the shock of situation (...) I know that she was also very worn down, she also lost weight at that time, for example. (...) I was not eating and (at the same time) she was not eating, that is weird

Original 6:

D: O tedavi sürecinde ee biraz babam daha yanımda durdu diyebilirim, annem herhalde olayın şokunu da çok atlattı (...), onun da çok yıprandığını biliyorum o da kilo vermişti mesela o süreçte (...) ben yemedikçe yemiyodu falan, garip bişey

Below, another example of a mother-daughter pair, Meltem and Nesrin, wherein the symptoms are replicated can be seen. In this particular instance, unlike other mother-daughter cases, the mother did not exhibit similar symptoms during the same period as her daughter. Nonetheless, it is significant to note that the mother acknowledged experiencing symptoms akin to those of her daughter in the past. Additionally, a resemblance can be observed between the mother's and daughter's discussions concerning their perception of being "thin."

Meltem initiated psychiatric treatment and therapy approximately 2 years earlier due to a diagnosis of depression. Concurrently, she has been discussing her experiences of bulimic episodes. She expresses that she has a fear of gaining weight and a desire to lose weight while also stating that she does not perceive herself as thin. Within Meltem's discourse, there exists a connection between thinness and beauty, which is particularly highlighted in the following excerpt: "I'm not saying that all overweight people are not ugly". It is notable that this statement unintentionally implies that "Some overweight people are ugly" or "All overweight people are ugly." It is additionally evident that Meltem expresses a wish for thinness, influenced by a widespread societal belief that associates a thin physique with broader standards of beauty.

Excerpt 7:

R: What kind of motivation lies at the core of the desire to lose weight?

D: Well I find myself weighty, I don't feel thin

R: What does being thin mean you?

D: Being thin for me, well I can say that it means more beauty, I am not saying that every thin people are beautiful, or (I am not saying that) all overweight people are not ugly of course, because based on my perception of beauty I can't say it, and I don't say according to my beauty perception, but generally I see that nowadays people tend to consider that thinner people are more beautiful, that's why, I want to be thinner

Original 7:

R: Kilo vermek istemenizin temelinde nasıl bir motivasyon var?

D: Yani kendimi kilolu bulmam, zayıf hissetmemem

R: Zayıflık ne anlam taşıyor sizin için?

D: Zayıflık benim için, yani daha çok güzellik anlamını taşıyor diyebilirim, her zayıf güzel ya da her kilolu çirkin değil demiyorum tabi ki de çünkü kendi güzellik algıma bakarsam da öyle bişey diyemem, demem zaten kendi güzellik algımda, ama genelde insanların günümüze baktığımızda zayıfları daha fazla güzel bulduğunu görüyorum, bu yüzden ben de zayıflamak istiyorum

In the interview of Meltem's mother Nesrin states that she does not perceive her daughter's experience as a "major trouble" because she herself had engaged in similar behaviors in the past. This can be observed in Excerpt 8.

Excerpt 8:

*M: She says she has been doing it for a long time but I hadn't noticed it before, I am also a bit- well, she has a vomiting problem, she vomits, but it's not regular or constant, it happens occasionally, we are currently monitoring her, after vomiting there are splatters and residue on the edges of the sink, I'm also a bit neat, but I haven't really noticed or seen it, she cleans it up very well, (...) she does it occasionally, **but I don't see it as a major trouble, well, I also engaged in (vomiting) in the past, I mean, when dealing with a weight problem, and when having an obsession with weight, it is possible, when strict diets are followed***

Original 8:

M: Uzun zamandır yaptığını söylüyor ama ben onu da fark etmemiştim ki şeyimdir yani- kusma problemi var, kusuyo, eee ama düzenli değil sürekli değil hani, ara ara, şu anda

onu takip ediyoruz lavabonun kenarlarında böyle hani kusunca sıçramalar olur şeyler olur ben biraz da titizim hiç fark etmedim görmedim de yani çok iyi de temizliyor (...) ara ara da bunu yapıyor ama ben bunu çok da büyük bir sorun olarak görmüyorum, hani, ben de yaptım zamanında, öyle diyim, biraz kilo problemi, kiloya takıntı yapınca olabiliyor yanında sert diyetler yapıldığı zaman

In this passage, Nesrin initially describes vomiting as a "problem". However, subsequently she expresses, "I don't see it as a major trouble." Immediately after, she adds, "I also engaged in (vomiting) in the past" which seems to create a foundation for her not perceiving her daughter's condition as a trouble.

In the subsequent minutes of the interview, emphasis was placed on Nesrin mentioning that she had also engaged in a similar behavior. Nesrin is asked about her own practices in this regard. She mentions that she had engaged in strict diets in the past and resorted to such behaviors to maintain that program. She describes these behaviors as an "experience" and does not use the word "vomit" which may suggest a positive attribution to the situation.

Excerpt 9:

M: Well, in past I had strict diets, umm withal under the doctor control, well it has a specific program, if you deviate it, it can be possible, in order to maintain the program. Not frequently, not much regular, but in past I had an experience like that

Original 9:

M: Yani bi dönem çok sert diyetler yaptım ben, ee doktor kontrolünde üstelik de, işte onun belirli bir programı var onun dışına çıktığınızda olabiliyor yani o programı korumak adına. Çok değil, çok düzenli değil, ama bi dönem benim de öyle bi deneyimim olmuştu

In Excerpt 10, Nesrin describes taking her daughter to a dietitian, and her phrases such as "I took her to a dietitian," "I'm telling her about the things I personally applied," and "she have taken a good path, she have become thinner" are considered remarkable.

Excerpt 10:

M: In past she was very fret about it (her weight), I took her to a dietitian, she have taken a good path, she have become thinner. I tell it her again, about eating habits I do same, for example after seven I don't eat heavy food, If I eat what I want, I do so before seven or even before five, and I don't gain weight, in fact, I even lose weight, I tell her the

things I personally applied, and above all, I tell her that she looks fine, I tell her I can bring you to dietitian again, the diet issues fag out her, she dislikes dieting

Original 10:

M: Bi ara çok takılıyordu buna (kilosuna) aldım ben onu diyetisyene götürdüm, iyi de bir yol aldı baya şey olmuştu incelmışti. Gene diyorum hani yemek düzeninde işte ben de aynısını yapıyorum mesela yediden sonra işte ciddi şeyler yemiyorum, asıl yemek istediğimi yediden önce hatta beşten önce yersem kilo da olmuyor hatta zayıflama bile oluyor kendi uyguladığım şeyleri söylüyorum hepsinden önemlisi iyi gözüktüğünü söylüyorum gene götürüyüm diyetisyene diyorum o diyet kısmı onu yoruyor hoşuna gitmiyor onu yapmak

The mother's statement regarding her daughter, "I took her to the dietitian," is particularly notable when considering the subject positions in language within the framework of seven elements of Lacanian discourse analysis. It can provide commentary on how the mother positions herself in her relationship with her daughter. In this sentence, Nesrin positions herself as the subject, while Meltem appears more as the object of the mother rather than the subject. Furthermore, Nesrin emphasizes that she specifically informed Meltem about her own practices. The sentence "above all, I tell her that she looks fine" portrays the situation through the mother's perspective, underscoring the significance of her gaze and how she is perceived. Therefore, within this excerpt, as the mother discusses Meltem, her discourse appears to encompass elements of self-reference, suggesting an intertwining of their subjectivities and a reflection of this interconnection in her narrative orientation. In addition to these observations, it is significant that Nesrin defines "thinning" as "taking a good path" when it comes to Meltem. This suggests that thinning is not only the daughter's desire but also that of the mother.

Another notable example can be found in the case of Aylin and Leyla. Upon examining the texts of this pair, it becomes apparent that Leyla, the mother, emphasizes her personal experience of going through the same physical situations as her daughter when discussing her daughter's eating problem. This emphasis is evident in Excerpts 11 and 12 below.

Excerpt 11:

M: I feel that Aylin sometimes refrains from sharing in order to avoid upsetting us, in order avoid upsetting me, even when she doesn't communicate, I sense the moments she

undergoes, the bond between us- actually I also experience the (same) pains she experience in her body

Original 11:

*M: Aylin'in bizi üzmemek için yani beni üzmemek için bazen paylaşmadığını hissediyorum ben, o ne kadar söylemese de onun yaşadığı dönemleri hissediyorum aramızdaki bağ-
aslarda onun vücudundaki yaşadığı bütün ağrıları ben de yaşıyorum*

Excerpt 12:

M: I understand instantly, during those times (she refers to the times when Aylin has symptoms) she reduces her level of communication, I immediately notice from her behavior and from her phone call. Her knees hurt, (at the same time) my knees hurt as well; her arm hurts, (at the same time) my arm hurts as well

Original 12:

M: Hemen anlıyorum, öyle olduğu zaman iletişimi biraz daha azalıyo biraz daha hemen böyle halinden tavrından, hareketlerinden telefon açmasından hemen fark ediyorum onun dizleri ağrıyo benim dizlerim ağrıyo onun kolu ağrıyo benim kolum ağrıyo

The linguistic expressions utilized by Leyla during her daughter Aylin's symptoms related eating problems prompt contemplation of a recurring situation directly pertaining to the body within the mother's discourse. Notably, Leyla's statement, "her knees hurt, (at the same time) my knees hurt as well; her arm hurts, (at the same time) my arm hurts as well," suggests a description of the matter as if her daughter's body and her own were intertwined or identical.

Melis and Saliha are a mother-daughter pair who have encountered the repetition illnesses in the discourses. In the interviews, Melis and Saliha defined eating disorder as an illness, also, they frequently mention physical illnesses. Although there was no example in the interviews where Melis's symptoms related eating problems appeared similarly in her mother, physical illnesses hold significant importance in the mother-daughter discourse, which can be considered as a transmission of illnesses. The mother, Saliha, states that she and her daughters had similar physical complaints.

Melis has been showing symptoms of anorexia for about 1 year. Melis deals with all the situations she experienced regarding anorexia within the framework of "illness" and "disease". For example, Melis mentions that she was absent from school due to "hospital

issues" when she is talking about her process of eating problems. It can be seen in Excerpt 13:

Excerpt 13:

*D: I didn't want to go to school so much, **I had a lot of hospital issues anyway** (...) and because I didn't go, I failed the class*

R: You said hospital issues, how was that process?

D: Well I already go to psychiatry and psychologist separately, apart from that, I have to go to hematology or something

R: So, how would you describe the situation you're experiencing, how would you explain the situation that led you to go to the hospital?

*D: About **eating disorder**? Well I don't know, I actually don't know why it happened like that*

Original 13:

*D: Okula çok gitmek istemiyordum, **hastane işlerim zaten çok oluyodu** (...) gitmediğim için de devamsızlıktan kaldım*

R: Hastane işleri diye bahsettin nasıl bir süreç vardı orda?

D: Eee zaten psikiyatriye ve psikoloğa ayrı ayrı gidiyorum, onun dışında, hematolojiye falan gitmem gerekiyor

R: peki yaşadığın durumu sen nasıl tanımlarsın, sen nasıl anlatırdın hastaneye gitmene sebep olan durumu?

*D: **yeme bozukluğuyla alakalı mı?** Yani bilmiyorum aslında neden böyle oldu onu da bilmiyorum*

Based on Melis's statements, it is seen that going to the hospital is defined as a routine for her. She also describes the reason for going to the hospital as an eating disorder. Initially, Melis appears to encounter challenges in articulating a clear definition of her eating disorder. Nevertheless, the subsequent discussion of her eating disorder immediately following the discourse on hospital matters implies an interconnectedness between these topics, suggesting a potential linkage that Melis establishes.

As regards her mother, Saliha, on the other hand, the issue of "illness" recurs quite frequently. Saliha not only mentions her daughter's eating problems as a disease, but also

often emphasizes both her own and her daughters' physical diseases or illnesses. In addition, it is seen that in this case, the diseases recur in mother and daughter. In Excerpt 14, Saliha mentions that her elder daughter had asthma and Melis had tonsillitis, and in Excerpt 15, She mentions Melis's diabetes and insulin resistance:

Excerpt 14:

M: My children were frequently ill as they were growing up, they have always fallen ill, my elder child had asthma, Melis had tonsillitis.

Original 14:

M: Benim çocuklarım hep hasta büyüdü, hep hastaydı, büyük çocuğumda astım vardı, Melis'te bademcik vardı

Excerpt 15:

M: Days pass without her eating anything, days pass without putting anything into her mouth, as a result the blood sugar- her blood sugar is low and our insulin resistance started to develop miss, despite her weakness, her blood sugar drops and this time headaches begin under any circumstances

Original 15:

M: Hiçbir şey yemeden günler çok geçiyor hiçbi şey ağzına almadan günler geçiyor o zaman da şekeri- şekeri düşük, bir de insülin direncimiz başladı hocam, o zayıflığına rağmen, bu sefer de şekeri düşüyor şekeri düşünce de baş ağrıları başlıyor en ufak bir şeyde

When asked probing questions to gain a deeper understanding of the mother's perspective on the illness and diseases, Saliha reveals that she also experiences these health conditions and illnesses. It can be observed in Excerpt 16.

Excerpt 16:

R: And do you have any health problems of your own? Are there any situations that require you to go to the hospital?

M: Of course my dear, my asthma, my sugar, I have everything miss

Original 16:

R: Peki sizin kendi sađlık sorununuz var mı yaşıadıđınız? Hastaneye gitmenizi gerektiren durumlar var mı

*M: Tabi canım benim **astımım, şekerim, her şeyim var hocam***

This statement made by Saliha leads to the perception that she has defined herself solely through her illnesses, stating "I have everything," leaving no room for her own identity beyond the context of her ailments. In Excerpt 17, Saliha utters the illness in her own youth, often mentioning that she was "hospitalized" and "fell ill at home".

Excerpt 17:

M: I had a migraine miss, I was hospitalized, I also have bronchitis, bronchitis developed into asthma, each time I required hospitalization (...), I frequently fell ill at home, I used drugs, I always spent my life with a lot of painkillers and else, I spent my life with this

Original 17:

M: benim migrenim vardı hocam, ben hastanelik oluyordum, bir de bronşitim var, bronşit astım oldu işte ben hastanelik oluyodum her defasında (...) hep evde hasta yatardım ilaçlar içerdim çok ağrı kesicilerle şeylerle hep ömrüm öyle geçti

Therefore, based on Saliha's account, both the daughters and the mother have been affected by asthma and diabetes. Headaches and migraine are also recurring conditions in mother and daughter in this case.

In the excerpt below, Saliha utters that she left doctors, drugs and illnesses. The construction of the text can be heard as "leaving the illnesses to her daughters" when it is thought with previous discourses of mother which can be considered as the transmission of illnesses from mother to daughter.

Excerpt 18:

M: I am telling you, I say that I will no longer visit doctor, I have left doctors, drugs, I have left tension, sugar, goiter, asthma, I've left them all

Original 18:

M: Diyorum artık size şey diyom doktora gitmiycem artık diyorum bıraktım doktoru ilaçları da bıraktım tansiyon şeker guatr astım hepsini bıraktım

The Excerpt 19 regarding the mother-daughter relationship highlights an important dynamic. It reveals that while the mother acknowledges her daughter's suffering, she tends to emphasize her own suffering as even greater.

Excerpt 19:

M: she has suffered a lot, when I saw her suffer, I suffered more, miss

R: How did you suffer? What did you experience?

M: Her sadness makes me even sadder, miss

Original 19:

M: Çok acı çekti, onun acı çektiğini görünce ben daha çok acı çektim, hocam

R: Nasıl siz nasıl acı çektiniz? Siz ne yaşadınız?

M: Onun üzülmesi beni daha çok üzüyo, hocam

These statements prompt contemplation on Saliha's comparison between her daughter and herself regarding matters of illness and affliction, an aspect to which Saliha assigns considerable significance.

4.1.2 Summary of Findings

Upon analyzing the texts of mother-daughter pairs collectively, recurrence of symptoms, shared somatic experiences, and illnesses were observed within each mother-daughter case. In particular mother-daughter couples, the mothers acknowledged their own weight loss experiences during the time when their daughters were going through an eating problem phase and losing weight. Daughters mostly stated that they lost weight with a desire to become thin or more beautiful. On the other hand, mothers described their own weight loss process as a result of their concern or anxiety about their daughters. In some mother-daughter cases, similar somatic experiences and transmission of illnesses was

observed. Furthermore, in one specific case, the mother disclosed her past engagement in behaviors like vomiting to lose weight, which led her to perceive her daughter's bulimic symptoms as not being "a trouble".

4.2 The Function of the Symptom

4.2.1 Analysis

In literature concerning eating problems, the discourse reveals a distinct relational aspect, wherein patients describe various scenarios that involve the activation or functional manifestation of symptoms, particularly within the context of family dynamics.

The present analysis aims to explore how daughters articulate their experiences with eating problems through texts and the contextual factors associated with the discussion of symptoms and their corresponding signifiers. Furthermore, in this part, an examination was conducted on how mothers addressed their daughters' eating problems and the associated indicators. The objective of this analysis is to interpret the role of symptoms in shaping the mother-daughter relationship and family dynamics.

Notably, common patterns emerged among all mothers and daughters, regarding the conditions in which eating problems were expressed by participants and how these symptoms functioned in relation to the familial dynamics. How the daughters' symptoms function and how this reflects on mother-daughter relationships will be discussed from different perspectives.

During the conducted interviews with mothers and daughters, a noteworthy observation emerged indicating that the daughters primarily centered their discussions on the process of their eating problems within the context of familial relationships. Notably, they frequently made important references to their interactions with their mothers. It was evident that the daughters occasionally expressed their desire to demonstrate something to their mothers and seek attention or try to get reactions from their families when discussing their symptoms and experiences. By exploring these discourses, an endeavor

is made to interpret them within the dynamics inherent in the mother-daughter relationship.

One illustrative example pertains to the case of Meltem and Nesrin. In this mother-daughter pair, it becomes evident that as Meltem narrates her challenges, she reveals instances where her emotional state went unnoticed by her family and mother. Meltem utters that certain emotions remained unaddressed, and she navigated through numerous issues on her own. It is considered that Meltem's bulimic symptoms indirectly communicate certain aspects within the dynamics of her mother-daughter relationship. On the other hand, in addition to manifesting these symptoms, Meltem also endeavors to conceal them. Notably, her mother similarly acknowledged not having perceived these symptoms or regarding them as troublesome. Excerpts regarding this subject can be seen below.

First of all, after talking about her symptoms in the interview, Meltem mentions her mother's past attitudes. She talks about her elder sister telling her mother that she was crying at night, and she utters that her mother met this situation as "Meltem is strong enough to overcome this". Here, it is apparent that the daughter and the mother are transmitting information to each other through someone else (through Meltem's elder sister). Additionally, when Meltem states, "she sees that I can't overcome it anyway," the structure of the text further signifies that this information is once again conveyed indirectly, namely, through symptomatic manifestations.

Excerpt 20:

D: My sister mentioned to my mum something like 'Meltem cries at night', and my mother had said that Meltem is strong and she can overcome it

R: Hmm, how do you feel about hearing that?

D: eem I don't know, it sounds tragicomic, this sentence is just a comed- it's a very funny sentence really, when you look at the whole situation it is impossible for a child to overcome it on her own. (...) I keep my emotions hidden, I appear perfectly fine, but my sister said that Meltem cries at night, that's a sign that I'm not well, but she (the mother) said she (Meltem) will overcome it. At present, she acknowledges that I am unable to overcome it in any case

Original 21:

D: Meltem geceleri ağlıyo gibi bişey demişti ablam anneme, annem de demiş ki Meltem güçlü bunun üstesinden gelir gibi bişey demiş yani

R: Hmm bunu duymak nasıl geliyor size

D: Eem bilmiyorum, trajikomik geliyor, bu cümlelerin başlı başına bi kom- ya çok komik bi cümle gerçekten, düşününce yani komple duruma bakıldığında bi çocuğun bunu kendi kendine üstesinden gelmesi imkansız zaten. (...) Ben duygularımı içime aktarıyorum, dışardan çok iyiymiş gibi görünüyorum, ama ablam gidip demiş Meltem geceleri ağlıyo diye demiş, hani bu zaten bi işaret iyi olmadığıma dair, ama (annem), (Meltem) üstesinden gelir demiş. Artık gelemediğimi görüyor zaten

It is evident that Meltem expresses anger and reproach towards her mother in her statements. Initially, she describes the situation as tragicomic, emphasizing its tragic aspect. However, she later changes her description to being funny and comical. This shift in her expression may indicate an attempt to avoid displaying her anger openly. Nonetheless, she implies that her symptoms are a way of communicating to her mother the impact of her mother's actions had on her.

Following this, she explains that she always concealed her problems inside her because they were never “asked”. This process, which she states, “these problems kept piling up without being resolved, and as they pile up, I exploded inside” can be thought of as a representation of bulimic symptoms:

Excerpt 22:

D: I consistently kept my problems and feelings to myself (...), I refrained from sharing my opinions (...) and I was not asked

R: Was not asked

D: Yes that's why I consistently kept them to myself, I kept them to myself for years and it wasn't asked, I became an introverted person so much and these problems kept piling up without being resolved and as they piled up, I eventually exploded inside in a recent situation

Original 22:

D: Sorunlarımı çok duygularımı hep içime attım (...) düşüncelerimi kimseye paylaşmıyodum (...) bana da çok gelip sorulmuyodu

R: Sorulmuyordu

D: *Evet bu yüzden zaten sorulmadığı için ben bunları hep içime attım, hani yıllar boyunca içime attım sorulmadı bana, içime çok kapanık birisi oldum ve bu sorunlarım da çözülmeden birikmeye devam etti ve biriktikçe de ben bi durumda patladım yani artık*

Following, Meltem talks about her symptoms and describes how her mother "does not notice" her vomiting and how Meltem "hides" the vomiting action.

Excerpt 23:

D: *Currently my mother does not notice when I vomit, I can hide it very easily*

R: *How do you hide*

D: *Well she does not comprehend, she does not notice, I usually turn on something loud when I'm in the toilet, I turn on a video or music, then, umm I clean the toilet (...) When I first told it to my fa- family- to my mother, I t- to my family, she sometimes used to ask me if I had vomited. But currently they suppose that I don't do it anymore probably, well it is wrong, they suppose wrong*

Original 23:

D: *Annem şu anda kustuğumda fark etmiyor, çok rahat saklayabiliyorum*

R: *Nasıl saklıyorsunuz*

D: *Yani anlamıyor, fark etmiyor işte, hani tuvaletteyken genelde yüksek sesli bişey açıyorum ne biliyim bi video olur ya da müzik açıyorum ondan sonra işte ee tuvaleti temizliyorum falan (...) ilk hani a- aile- anneme falan, s- aileme falan söylediğimde her tuvalete gittiğimde falan az çok soruyodu yani bana kustun mu falan diye. Ama artık yapmadığımı zannediyorlar galiba yanlış yani yanlış zannediyorlar*

Meltem associates her issues with the fact that she has not been openly asked about them. This linguistic aspect, particularly in Turkish, brings forth an essential observation. In Turkish, the words "asking" ("soru") and "problem" ("sorun") share the same root. Hence, Meltem's use of the word "sorun" (problem) could be interpreted as her way of conveying the message "ask me how I am" ("bana nasıl olduğumu sorun"). Hence, considering the current bulimic symptoms of Meltem, it can be interpreted that vomiting is closely related to showing something to her mother. Here, similar to the past, the information is trying to be conveyed to the mother not directly, but through a bodily action. At the same time, regarding Meltem's act of hiding her vomiting, Meltem can also be "showing the hidden action" within the text and discourse.

In this context, it is noteworthy that the mother said that her daughter's vomiting problem "I do not see it as a major trouble".

Excerpt 24:

*M: She says she has been doing it for a long time but I hadn't noticed it before, I am also a bit- well, she has a vomiting problem, she vomits, umm but it's not regular or constant, it happens occasionally, we are currently monitoring her, after vomiting there are splatters and residue on the edges of the sink, I'm also a bit neat, but I haven't really noticed or seen it, she cleans it up very well, (...) she does it occasionally, **but I don't see it as a major trouble***

Original 24:

*M: Uzun zamandır yaptığını söylüyor ama ben onu da fark etmemiştim ki şeyimdir yani kusma problemi var, kusuyo, eee ama düzenli değil sürekli değil hani, ara ara, şu anda onu takip ediyoruz lavabonun kenarlarında böyle hani kusunca sıçramalar olur şeyler olur ben biraz da titizim hiç fark etmedim görmedim de yani çok iyi de temizliyor (...) ara ara da bunu yapıyor **ama ben bunu çok da büyük bir sorun olarak görmüyorum***

Consequently, when these excerpts are interpreted together, Meltem exhibited her frustration with her mother's lack of recognition towards her and her issues. She connected her symptoms to her mother's failure to inquire about her well-being, attempting to signal that something was amiss through these symptoms. Additionally, she mentioned concealing these symptoms from her mother, essentially trying to convey the bodily symptom's significance to her mother through concealment. Thus, Meltem's "what she tries to show by hiding" is not seen by the mother both literally "not noticed" and "not seen as a trouble" in a metaphorical sense.

It is considered that the case of Ada-Neriman is another example where the symptoms related to eating problems function to convey a message and receive attention or reaction from the family. In this case, Ada states that when her symptoms were severe and she lost weight seriously, this was not observed by her family, and the situation was noticed too late. She expresses her family's negligence in this regard, and then speaks of her family's general lack of reaction and affection. It is thought that many of Ada's emphases on getting her father's reaction in her discourses were also intended to be conveyed to the mother.

Firstly while describing her symptoms during her eating problem and her weight loss process, Ada explains that when her weight dropped drastically, it was "finally noticed by the people around her", which can be exemplified in Excerpt 25.

Excerpt 25:

*D: I suppose when I dropped to 42 kilos, it was **finally noticed** by the people around me, as **until then, I was able to deceive them by saying that 'I have eaten until the evening, I will not eat with you in the evening', I was able to deceive them in that way***

Original 25:

*D: Artık herhalde 42 kiloya düştüğümde bu çevremdekiler tarafından **nihayet fark edildi çünkü o zamana kadar şey şeklinde kandırabiliyordum işte ben akşama kadar yedim, akşam sizinle yemiycem o şekilde kandırabiliyordum***

Ada addresses both the notion of 'successfully concealing her condition from her family until a certain point' and acknowledges the eventual recognition of it. This dual expression implies an underlying desire for the situation to be unconsciously noticed, indicating her subtle intention to draw her family's attention

In the example below, it is observed that Ada especially emphasizes that it is seen from the outside that she is getting weak, therefore it should be understood that she is lying. When she asserts, "people should consider why she doesn't eat," it suggests that Ada aims to prompt her family to "consider" her situation, reflect upon, and "notice" her.

Furthermore, in accordance with the text, it can be observed that Ada does not actively pursue an explanation for her abstention from eating while articulating her ruminations during that period. However, her approach appears suggestive of a desire for her family members to assume underlying reasons behind her behavior, and although she is lying, she almost states that her expressions should not be considered.

Excerpt 26:

D: I mean, it is apparent that I'm getting weaker, and I'm constantly lying, is this not noticeable? For example I don't eat in the evening, so I think someone should notice it after a certain period of time, you should realize it after two or three years, it is your

child after all. She is extremely weak, now I look at my photos of that time, I look terrible even at 50 kilograms, if you blow I'm about to fly, people should consider why she doesn't eat, even if they are unaware of this disease, I believe it would be a good alternative to take her and communicate with her positively, I think, I was left alone a little bit about that situation

Original 26:

D: Yani şöyle neticede benim zayıfladığım dışardan da gözüküyo ve sürekli yalan söylüyorum yani bu anlaşılmıyor mu? Mesela akşam yemek yemiyorum yani bir insan belli bir süreden sonra fark eder iki üç yıl sonra fark edersiniz diye düşünüyorum, çocuğunuz neticede. İnanılmaz zayıf şu an o zamanki fotoğraflarıma bakıyorum korkunç gözükiyorum yani 50 kiloda bile böyle üfleseniz uçacak kıvamdayım bi insan düşünür neden acaba neden yemiyo hani bu hastalığı bilmese bile alıp karşısına güzel bir şekilde iletişim kurmak bence iyi bir alternatif olurdu o konuda da biraz hani yalnız bırakıldığımı düşünüyorum

In this context, it is a clear expression of accusation and reproach towards the family for their failure to perceive her struggles. It is considered that Ada aimed to communicate something to her family by experiencing weight loss, yet her intentions were not acknowledged. Furthermore, Ada's statements about lying and her family's failure of noticing are conveyed through accusatory expressions.

The statements made by Ada about her father are also connected to the aforementioned examples. Ada mentions that her father is "very silent", that he has little reaction and "he was not excited" even when Ada is accepted to a prestigious university. In this instance, there is also evident frustration regarding the father's inadequacy, manifesting both in his physical absence and the limitations of his communication.

Excerpt 27:

D: As I said, my father is very silent, if there would be a description for my father, it would probably be silent (...) I was accepted to X University without taking any preparatory courses, and I achieved a high score, I enrolled in the department I desired (...) I returned home with excitement, announcing that I had been accepted, his response was a simple hmm good, congrats (...) I have a 9-year-old cat, I give more excited reactions to my cat when something happens, it makes me wonder, what sort of reluctance is this, weren't you excited at all?"

Original 27:

D: Babam zaten dediğim gibi çok sessiz, yani babam için bir tanım olsa sessiz olurdu herhalde (...) ben bir gün bile dershaneye gitmeden X üniversitesi gibi bir yeri kazandım

güzel de bi puanla kazandım, istediğim bölümü kazandım (...) eve gittim böyle heyecanla ben bunu kazandım diye hmm iyi tebrikler bu oldu (...) yani benim şu an 9 yaşında bi kedim var ona bile daha heyecanlı tepkiler veriyorum bişey olduğu zaman yani bu nasıl bir isteksizliktir diye düşünüyorum, hiç mi heyecanlanmadın?

In Excerpt 28, when inquired about her expectations from her father, Ada conveyed her desire for him to display his reactions or affection more openly.

Excerpt 28:

D: As I mentioned earlier, I wish he would communicate more, or he would show a little bit more reaction when needed, or, well I know absolutely he loves, anyone loves his own child, but I wish he would show his love, I wish he did not stay like this, it really wears me out, the attitude of my father

Original 28:

D: Dediğim gibi biraz daha konuşsun, ya biraz daha tepkisini de gösterebilirsen gerekiyorsa, ya da işte biliyorum illa ki seviyordur, insan çocuğunu sever yani, sevgisini de gösterebilir, böyle durmasın yani bu beni çok yıpratıyor birşey, babamın ordaki duruşu

In light of Excerpts 27 and 28, Ada's discourse concerning eating-related symptoms potentially serves the purpose of eliciting reactions and affection from her mother and father, thereby evoking a response and expression of their love. Furthermore, when questioned about her understanding of love, Ada's mention of 'taking a bowl of soup when she is sick' underscores the equivalence she draws between love and food within her discourse.

Excerpt 29:

D: To think about someone, how can I say, to be happy to something positive in her life as well as her (...) or well mm to take a bowl of soup when she is sick, well, to ask her how are you, are you ok, these are love and care for me

Original 29:

D: Bi insanı düşünmek, yani nasıl diyim, onun hayatındaki olumlu bir şeye aynı şekilde sevinebilmek (...) ya da işte mm hasta olduğunda ne biliyim bir kase çorba götürmek işte nasulsun iyi misin diye sormak bunlar sevgidir ve ilgidir bana göre

Beyond merely describing these symptoms within the context of seeking reaction and attention from her parents, Ada's mother also highlights in Excerpt 30 that they dedicated

increased attention to Ada throughout her experience of eating disturbance, expressing their genuine concern for her well-being.

Excerpt 30:

M: We became even more concerned when my (elder) daughter warned me to be careful about her, we panicked even more, we were more careful, so that she wouldn't get an infection, because she was too- we couldn't leave her alone at home thinking that if something would happen, if she would faint- because she was not eating, she was not eating anything

Original 30:

M: Bişey olacak diye insan korkuyo hani işte bi de benim kız anne buna dikkat et dedikten sonra daha da panikledik biz yani daha da hani dikkat ettik şey yaptık enfeksiyon almasın diye çünkü baya bir şeydi- evde tek bırakamıyoduk bişey olacak düşecek bayılacak falan diye çünkü bişey yemediği için hiçbir şey yemediği için

In this regard, as exemplified in Excerpt 30, the family's response to the prospect of Ada experiencing a fall, fainting, or contracting an infection is depicted as inducing a state of panic. Thus, these symptoms are believed to serve the purpose of conveying a message, inciting reactions, and triggering excitement within the parents through the mechanism of inducing panic.

In the case of Aylin and Leyla, the texts reveal their expressions of secondary gains associated with the psychological problems they experience, particularly concerning their family relationships. It was observed that, during the interview, Leyla utters about the problems she had with her family. She mentions about some of her attempts to protect herself against the pressure of her family and states that these attempts protected her. Similarly, Aylin also talks about her mother's expectations from her, and she mentions that some of her mother's expectations and pressures decreased after her illness.

Firstly, the mother, Leyla recounts instances from her past where she feigned mental instability as a means to avoid familial interference. Moreover, she references somatizations, including frequent episodes of fainting. She describes these situations as pretending as psychological crazy.

Excerpt 31:

M: I pretended to be psychologically crazy, for a long time I put my feet on the ground, I fainted consistently, so they did not touch me, they never beat me, (if I had not pretended like that) they would really kill me, I pretended to be crazy on purpose

Original 31:

M: Psikolojik deli numarası yaptım, uzun bi süre ayaklarımı yere sürdüm, sürekli bayıldım, bana o yüzden dokunmadılar, hiç dövmediler beni yoksa gerçekten öldürürlerdi, bilerek deli numarası yaptım

Despite Aylin's distinct life experiences from her mother's, she also notes a shift in her mother's expectations resulting from her health issues (eating problems). Aylin observes that her mother no longer regards her with the same perfectionist standards

Original 32:

*D: Well for example when I got 100 points in class, she used to say oo mummy well done, but how many other people got 100 points? I mean her perfectionism or something comes from there, **but she definitely stopped doing this especially after my health problems**, well she was a person who gave importance to the profession and career, she always wanted what was good for us but she also wanted the prestigious one, now she says just be happy, be healthy, whatever you do, such like that, she expect that I would be fine now*

Original 32:

*D: Ee mesela 100 alırdım bi dersten aa annecim çok güzel, başka kaç kişi yüz aldı derdi sınıfta. Yani zaten mükemmeliyetçiliği falan biraz ordan geliyor **ama bu yaptıklarını özellikle sağlık konusunda yaşadığım problemlerden sonra kesinlikle bıraktı** ee önceden daha mesleğe kariyere isim olarak önem veren biriydi yani bizim için hep iyi olanı isterdi ama hani havalı da dursun isterdi hani biraz daha artık siz mutlu olun sağlıklı olun naapıyosanız yapın şeyinde yani herhalde iyi olmamı bekliyo sanırım sadece şu an*

Therefore, it is discernible that both the mother and daughter experienced the reflections of the secondary gains of these psychological problems in their own lives. Both of them express these psychological states together with somatic states (for mother: fainting and for daughter: symptoms related to eating problems). They talk about these situations especially when expressing their relationships with their mothers/families. In this respect, a similarity is apparent between mother and daughter.

Another noteworthy instance within this theme pertains to the case involving Melis and Saliha. In Melis and Saliha mother-daughter pair, as previously mentioned in the first theme, no repetition of symptoms pertaining to eating problems was identified in their texts, but that the subject of "illness" have been observed as an important signifier, and examples of quotations have given regarding the transmission of diseases/repetition of diseases. In this second theme, how illness can function for this mother and daughter will be discussed through the following examples.

Saliha, the mother, often talks about situations such as being ill and going to hospital in different contexts. It is evident that the discussed diseases are framed by the mother within the thematic contexts of 'motherhood' and 'doing anything for her children. For example, in Excerpt 33, when she is asked about her own experiences in motherhood, she discusses the issue in terms of illness and care of patient.

Excerpt 33:

R: How would you describe yourself as a mother? Maybe you can talk about your own experiences

*M: Ee miss, how can I say, my children were frequently ill as they were growing up, they have always fallen ill, my elder child had asthma, Melis had tonsillitis. **Monthly, alw- they were falling ill so much, they were falling ill extremely, and we perpetually had to go to hospital. And my husband accompanied them only once, look, one of my child is 15 years old and other is 18 years old, he accompanied only once, he brought the elder for two times, and brought the younger for one time, that's why I have been spending my life in hospitals until today, I have been always in hospital. Whatever I can do, I would die for them in any way (...) if they say to me bring your children to hospital every day, I would bring them, I don't care whatever anyone say, I can do everything for my children, miss***

Original 33:

R: Siz kendinizi bir anne olarak nasıl tanımlarsınız kendi deneyimlerinizden belki biraz bahsedebilirsiniz

*M: Ee hocam nasıl desem **benim çocuklarım hep hasta büyüdü, hep hastaydı büyük çocuğumda astım vardı, Melis'te bademcik vardı. Ayda bir, mut- yani çok hastalanırlardı, aşırsı derecede hastalanırlardı ve sssürekli hastaneye gitmek zorunda kalırdık. O da, eşim bir kere götürdü, bak, çocuğumun biri 15 yaşında, biri 18 yaşında, bir kere götürdü, büyüğü iki defa götürdü, küçüğü bi defa götürdü, onun için hep benim hayatım hastanelerde geçti bugüne kadar, hep hastanedeydim yani. Elimden ne gelirse canımı verecek şekilde, her şekilde yaparım (...) her gün hastaneye götür desinler her***

gün götürürüm, kim ne derse desin hiç kimse umurumda olmaz çocuklarım için her şeyi yaparım hocam

The statements made by the mother in Excerpt 33 shed light on her experience of illness, suggesting a sense of jouissance. As she discusses her husband's lack of involvement in taking the children to the hospital, her complaints and reproaches serve to emphasize her own position on this matter. Furthermore, Saliha discusses that since her daughters were constantly falling ill, highlighting that her life has been predominantly spent in hospitals. These accounts highlight the significant impact of illness on their lives and the prominent role hospitals have played in their family's experiences.

In another part of the interview, Saliha speaks about her parents and their inclination to intervene in various matters. She mentions that they frequently ask why she goes to the hospital, to which she responds, "Am I going there for the thrill of it?" and then adds, "Sometimes I want to do, so I do". With a Lacanian perspective, this discourse suggests that the mother unconsciously perpetuates the state of being ill and going to the hospital.

Excerpt 34:

(refers to her own parents)

*M: For example, when I have to go to somewhere, (my parents ask) why do you do it so much, why do you go to the hospital- **Am I going there for the thrill of it?** (They ask) why do you do this so much, but I do it because I have to, **sometimes I want to do, so I do***

Original 34:

(kendi anne ve babasından söz ediyor)

*M: Mesela bi yere yürümek gitmem gerekiyor siz ne çok oraya onu yapıyorsunuz, niye çok hastaneye- ya **ben merakımdan mı gidiyorum?** Niye şunu çok yapıyorsunuz, e yapmam gerekiyor ki yapıyorum bazen de **canım istiyor da yapıyorum***

Therefore, it can be thought that “being ill, going to the hospital, taking the children to the hospital” has a function that confirms her motherhood for Saliha. The confirmation of motherhood through illness can be an important indicator for positioning of the daughter and mother.

Sevda and Yasemin represent another significant mother-daughter couple that exemplifies the relational role of symptoms. Sevda articulates statements indicating that her symptoms may emerge as a means to elicit attention and care from her mother, seeking a reaction and maintaining her mother's focus on her. Her text emphasizes her mother's presence and involvement, particularly during periods when Sevda experiences her eating problem. Conversely, Yasemin perceives her relationship with her daughter as characterized by a sense of urgency and significance, often responding to critical situations promptly.

In the example below, Sevda mentions that during the eating disorder process her mother was always with her and she only wanted to be with her mother:

Excerpt 35:

(speaks of her mother's support)

D: It was very helpful maybe I might have bored my mother a bit during that period, I didn't want to talk to my friends so much, just with my mother (...) (crying)

R: What makes you emotional currently?

D: the reason (that makes me emotional) is that my mother have been always with me and supported me, and I wanted to spend time only with my mother and I could only tell my mother, I couldn't tell anyone else, because I was very embarrassed (...). If I had told to my friends about it I don't know how they would welcome me, but they wouldn't be as supportive as my mother, this makes me very emotional that my mother always stays by my side, because of this, I am already fond of my mother

Original 35:

(annesinin desteğinden söz ediyor)

D: Çok iyi geliyordu hatta annemi belki o dönem birazcık sıkılmış olabilirim hani arkadaşlarımla falan çok görüşmek istemiyoğum, sadece annemle (...) (ağlıyor)

R: Nedir sizi duygulandıran burda?

D: Ya annemin sürekli benim yanımda olması ve bana destek çıkması ve benim sadece annemle vakit geçirmek istememdi ve sadece anneme anlatabiliyodum başka kimseye anlatamıyodum çok utanıyodum çünkü (...) bunu arkadaşlarıma anlatsam herhalde beni bilmiyorum nasıl karşılarlardı ama annem kadar destek olmazlardı annemin her zaman benim yanımda olması beni çok duygulandırıyor, ondan dolayı, anneme zaten düşkünüm

In Sevda's mother, on the other hand, the discourse of "staying by" is expressed in a slightly different way. Above, in Excerpt 35, Sevda's quote shows her desire to have her mother always with her, while in Excerpt 36 below, Yasemin states that her daughter wanted her to be with her every minute but that she cannot respond unless there is an emergency:

Excerpt 36:

*M: Also Sevda has been obsessed about something, in the case of even a minor illness, she messages me on whatsapp (...) I say, girl, there is no need to call me (...) she says mom let's go to doctor together. (I tell her) **girl you are already 22 years old, I cannot come unless it is an emergent illness, when you have a mild throat ache you can go for instance- aren't I right well if there is an emergency then I quickly respond, but she wants me to stay by her side in every minute, she always wants to do with me, I don't know why, well for instance when I get sick I can go by myself, but if she is bedfast of course in that case I quickly respond the first I quickly respond***

Original 36:

M: bi de Sevda'da bi takıntı kaldı ufacık bi hastalığında bana whatsapp'tan yazıyo (...) mesela kızım diyorum bu ufacık şeylerde beni aramana gerek yok (...) anne beraber gidelim doktora diyo kızım artık sen 22 yaşına geldin hani acil bi hasta olmadığın sürece ben gelemem boğazın mı ağrıyo hani hafif gidebilirsin sen örnek veriyim- doğru demiyo muyum hani ee çok acil bir vakka olur o zaman koşarım ama her dakika da istiyo ki ben yanında oluyim hep beraber gidelim istiyo neden öyle anlamadım gitti yani yani ben mesela hasta oluyim tek başıma gidebiliyorum ama yatalak olduğu zaman tabi ki öyle bişeye ben koşarım ilk başta ben koşarım

It can be inferred that the mother conveys the message "I will be there for you only in emergencies" to her daughter. Based on this interpretation, it is possible to consider that Sevda might intentionally or unconsciously create emergencies as a way to seek her mother's presence and support. The development of an eating problem and associated mood disorders (such as depressive states or suicidal tendencies) could be seen as a consequence of this dynamic. Regarding this situation, it is observed that Yasemin talks about another experience in Excerpt 37 about her daughter's utterance "I will commit suicide":

Excerpt 37:

*M: Then she was sick in May again (...) she began to say **mom I feel bad, I miss you, I will commit suicide. When I went to her, she mentioned that she missed me- however***

my daughter was fine psychologically (...) I have been a bit obsessed to be honest, whenever something happens to my daughter, I become afraid that the same things might happen, to be frank, I have a fear of suicide, and my greatest concern is that she might contemplate it, I never want anything to happen to my child, so my fear is centered around them, what if the same things were to happen? I quickly finished my work and went to Çanakkale, I noticed that she missed me during that time, and she stayed with me for 15 days, afterward, she was fine, and there were no issues

Original 37:

M: Sonra mayısta gene rahatsızlandı (...) anne ben kötü hissediyorum seni çok özledim ben intihar edicem demeye başladı. Ee sonra yanına gittiğimde beni özlediğini- ama öyle psikolojik olarak gayet iyiydi kızım (...) bende biraz takıntı kaldı açıkçası bi kızıma bişey olduğu zaman acaba gine aynı şeyler olucak mı diye korkuyorum açıkça söylüyüm intihar en büyük korkum intihar etmesi, yani yavruma hiçbir şey olmasını istemem, ondan sonra korkum onlarda acaba yine olucak mı apar topar işten çıktım Çanakkaleye gittim o zaman ama beni özlediğini fark ettim 15 gün yanımda kaldı sonra iyiydi ondan sonra bir problem yok

In connection with this, the example in which Yasemin mentions that "to be more watchful about her daughter" during her illness, and that she had dialogue with her friends when her daughter was far from her. In this instance, the curiosity and anxiety that the daughter's actions evoke in the mother can be observed in the discourses.

Excerpt 38:

M: Then I started to be more watchful, my son said, 'Mom, mom, you used to worry a lot about my sister, but now you're worrying even more', when she was in university, my thoughts were always with her, I would wonder what she was doing, and I would have conversations with her friends, I was curious about how my child was doing about health issues, sometimes I- but I wasn't with her every minute, of course

Original 38:

M: Ondan sonra kızımda sürekli böyle bi takip altında olmaya başladım, oğlum dedi ki 'anne anne sen ablamın üstüne çok tit- titriyodun daha fazla titremeye başladın', üniversite hayatında bile hep aklım ordaydı, acaba naaptı, arkadaşlarıyla diyalog kuruyodum, hani sağlık açısından çocuğum nasıl diye merak ediyodum, arada sırada ya- ama her dakika da yanında değildim tabi

In the mother-daughter pair of Elif and Hatice, two commonly observed situations in eating disturbance cases were identified. Firstly, there is a notable emphasis placed on the food-related aspects of their daily lives, frequently leading to detailed discussions within

the family setting. This pattern is particularly evident in the mother's text, where she provided extensive accounts of Elif's eating habits and preferences. Additionally, the mother describes their shared activities and highlighted the areas of disagreement related to the topic of eating. Although to a lesser extent, a similar pattern is observed in Elif's discourse, indicating the significance of food as a prominent aspect of their relationship. The analysis of their interviews revealed that this subject matter strongly influenced and shaped the majority of their interactions.

Another common situation observed in cases of eating problems, which can be addressed in conjunction with the previous issue, is the tendency for mother to attribute the majority of problems or difficulties within the family solely to her daughter's problematic eating behavior. The mother, in particular, repeatedly emphasizes that there are no other significant issues or challenges at home or within the family dynamics. She explicitly states that Elif's eating behavior is the primary concern and the main source of disruption within the household.

At the onset of the interview with Hatice, when questioned about her connection with her daughter, she describes the course of their relationship through the eating. Hatice explains that their relationship had been positive thus far, but the dynamics has changed with the emergence of her daughter's eating issue. The mother's description of the relationship as "very good" undergoes a shift when her daughter's eating behavior has changed. The daughter's refusal to eat is perceived as a disruption to the mother-daughter relationship. This implies that Elif's eating habits thereof become a determining factor in shaping their relationship.

Excerpt 39:

R: Can you talk a little bit about your relationship with Elif

M: We have a very good relationship with Elif, miss, up until last year, her aunt said 'you might become obese be careful' and after it something have happened to this child, however she did not have that much weight, she was like this, she was normal, she was a child who ate and drank well, but then that's what happened

Original 39:

R: Peki biraz Elif'le olan ilişkinizden söz edebilir misiniz

M: Elif'le çok güzel ilişkimiz hocam, ta ki geçen seneye kadar, halası biraz dedi hani obeziteye gidiyo gidersen falan biraz dikkat et kendine falan diyince bu çocukta yememe şeyi oldu halbuki o kadar da kilosunu yoktu yine aynı böyleydi normaldi yani çok güzel yiyen için bi çocuktu ama sonra böyle oldu

Excerpt 40 provides an illustrative example of Hatice's significant preoccupation with her daughter's eating habits, evident through the detailed descriptions of food. Additionally, Hatice claims to exerting pressure on her daughter to eat, indicating a high level of involvement in her daughter's eating behavior while potentially neglecting her daughter's individual subjectivity. And lastly Hatice emphasized the potential decrease in her daughter's "vitamin values." The mother's mention of the "values drops" without specifying the context of "vitamins" suggests that, in her perspective, food becomes a determining factor of her daughter's worth or value. This can be seen in Excerpt 40.

Excerpt 40:

M: I feed her forcefully, she hardly ever wants to eat bread, I try to get her to eat a little bit

R: You said forcefully, how is it, forcefully?

M: I tell her 'if you do not eat, at all you will fall loosely for example your vitamin values will drop girl'

Original 40:

M: Zorla yediriyorum işte hocam ekmek hiç kullanmamak nerdeyse öyle bişey istiyö az da olsa ben de yedirmeye çalışıyorum

R: Zorla dediniz nasıl oluyor nasıl mesela zorla

M: 'hiç yemesen halden düşersin mesela vitamin değerlerin düşer kızım' diyorum

Hence, it is seen that the mother tends to define her relationship with her daughter and social activities through food and kitchen which can be seen in Excerpt 41:

Excerpt 41:

R: How is your relationship with Elif

*M: It's good, miss, for example we do everything, we talk, we engage in many things, for example she used to be more active before, **we would participate in social activities as much as we could, miss, for example she asks 'while you are doing something in the kitchen can I do that', I say 'of course', for instance this makes her happy***

Original 41:

R: Sizin Elif'le ilişkiniz nasıldır aranız nasıldır

*M: Güzeldir hocam, mesela her şeyimizi yaparız ederiz, konuşuruz, şey yaparız mesela, önce daha çok şeydi mesela aktifti, **böyle hani sosyal faaliyetimiz falan elimizden geldiği kadar yapıyorduk hocam, mesela mutfakta diyor anne sen bişey yaparken ben de yapabilir miyim, tabi diyom, mesela o ona mutlu oluyo***

Hatice also discusses the ongoing disagreements they have regarding food. The repeated mention of these disagreements further underscores the significance of food as a central topic within their relationship, highlighting the potential impact it has on their overall dynamics and communication.

Excerpt 42:

R: Do you have any disagreements?

*M: **Not much miss, we can't agree on just this issue, we only have this issue (...)** if she eats, so she eats, if she does not eat, so she does not eat, she is such- she is quite stubborn, **we cannot agree on this issue, apart from this, we do not have any other problem miss, the same goes for her elder sister, her elder sister is also quite concerned, and her father is also very concerned.***

Original 42:

R: Anlaşamadığınız konular var mıdır

*M: **Pek yok hocam, bu konuda bi anlaşamıyoruz, sadece bu konumuz var (...)** yerse yiyo yemezse yemiyo öyle şeyi var- inatçı biraz **bu konuda anlaşamıyoruz bi başka bi sıkıntımız yok hocam ablasıyla da yok ablası da çok üzülüyor babası da çok üzülüyor***

In Elif's text, a similar pattern emerges. When she is asked about topics they struggle to agree on, Elif immediately brings up the issue of food. This suggests that food plays a significant role in their relationship and is a recurring source of disagreement or tension between them.

Excerpt 43:

R: Are there any issues that you cannot agree with your mother

D: There is an issue we cannot agree on, I say 'I will not eat', (but) she makes me forced, we cannot agree on it

Original 43:

R: Sizin anlaşılamadığınız konular var mı annenle

D: Anlaşılamadığımız konu var hocam, 'yemek yemiyecem' diyorum, zorluyor beni onda anlaşılamıyoruz

As previously mentioned in previous excerpts of this pair, an important aspect highlighted in Hatice's discourse is her insistence that everything is fine at home and that there are no problems. Particularly prior to Elif's symptoms, Hatice emphasizes that Elif's eating and drinking habits are completely normal. This can be observed in the following excerpt:

Excerpt 44:

M: She used to be a child who ate very well, she wasn't a picky eater, but she was not overweight, she was already normal

Original 44:

M: Güzel çok güzel yiyen bi çocuktü hani hiçbirşey ayırmayan ama fazla kilosü olmayan bi çocuktü zaten normaldi yani

Likewise, in Excerpt 45, Hatice reiterates that they had no issues or problems in the past. Towards the end of the statement, she mentions that when Elif has entered puberty, "she became obsessed about (her weight)" which is considered as a significant remark. This statement leads to contemplate that the girl's puberty has caused a crisis within the family. It suggests that the focus is not solely on food but rather that puberty is regarded as the primary problem affecting the household dynamics.

Excerpt 45:

M: There was nothing before, miss, for example she ate and drank whatever (...) I put in front of her, we had nothing to worry thank god when she reach puberty she became obsessed about (her weight)

Original 45:

M: Önceden hiçbir şey yoktu hocam mesela önüne ne koysam (...) yiyip içiyodu yani hiçbir sıkıntımız yoktu yani allaha şükürler olsun ergenlik çağına girdi miydi bu takıntı oldu onda (kilo konusunda)

In eating disorders, it is often observed that the underlying conflict and issue manifest in the symptom itself. In this regard, although Elif did not explicitly mention it in her text, it is possible that she is unconsciously communicating the message "there is a problem" within her family through her symptoms. Given the significance placed on food within family relationships, the problematic behavior related to food may serve as the only tangible way for the family to recognize and acknowledge the existence of the problem.

Furthermore, the positioning of the phrase "thank god" is considered significant. In the quoted passage, this portion is presented without a comma intentionally, directing focus to the sequence of sentences rather than the significance of the punctuation. While the mother expresses it as "we had no problems, so thank god," it can be read as "thank god, when she reached puberty, she became obsessed about it," which takes on a different meaning. Her daughter's entry into puberty might have been recognized by expressing gratitude to God for unveiling potential issues in family. In terms of unconscious dynamics, this aspect could be of significant importance. The girl's symptoms could serve as a means of conveying her message "there is a problem," while simultaneously the mother may perceive this situation as a crisis at home but even if she is in a state of panic, her reaction may also carry the implicit plea of the mother that reveals the problem at home.

Within the eating disorder literature, it is frequently observed that families tend to deny the existence of any significant issues within the family dynamics. This pattern is often reflected in the way family problems are approached, with the symptoms of the individual with the eating problem being perceived as originating solely within the home environment (as discussed by Minuchin, 1978). Consequently, the problematic eating behavior or symptom is often seen as the primary source of disruption within the family. Similarly, in the case of this particular mother and daughter, it is plausible to consider

Elif's symptom as an unconscious expression conveying the message that there is an underlying problem within the family system.

4.2.2 Summary of Findings

Upon examining the manifestations of eating problems in women and their potential functions, it becomes evident that these symptoms offer valuable insights into the dynamics within the family, particularly the relationships between mothers and daughters.

The analysis of the eating disorder processes and symptoms of mother-daughter cases suggests that the girls may utilize these behaviors to communicate a message to their families. The underlying purpose appears to be seeking attention, love, or a specific reaction from family members, or giving a message that there is a problem. The girls' efforts to elicit a response vary, ranging from eliciting excitement, evoking concern, maintaining sustained gaze and attention, to signaling that something is amiss. Significantly, the discourse of the girls is predominantly aligned with the narratives expressed by their mothers. Unconscious parallelism can be observed in how mothers respond to these messages alongside their daughters.

4.3 Confusion of Positions and Uncertainty of Borders in Positioning

4.3.1 Analysis

The third theme of the study centers on mother-daughter relationships and their discourses encompassing both each other and family dynamics, with a specific emphasis on these aspects rather than solely on symptoms.

During the research interviews, a notable observation emerged as both mothers and daughters expressed uncertainties regarding the roles and boundaries within their family dynamics. As they delved into discussions about their personal lives and familial relationships, it became apparent that the generation gap occasionally dissipated, blurring the distinctions between family members. Moreover, the discourses reveals instances where participants assumed varying positions within the family structure. Based on these findings, three sub-themes were identified, providing a framework for further analysis and

exploration. 1- The confusion in positions of mother-father-child, 2- Knowing “everything” about the daughter: lack of boundaries and 3- Plural pronouns used by mothers for their daughters.

4.3.1.1 The Confusion in Positions of Mother-Father-Child

Within the context of this subtheme, the aim is to shed light on the uncertainties voiced by daughters and mothers regarding the roles within their families, with a specific focus on the positions of subjects within the family structure through the perspective of Lacanian theory.

During the analysis of three mother-daughter pairs, several noteworthy discursive situations emerged concerning the positioning of the mother, father, and child within the family. Notably, attention was drawn to the uncertainties and obscurities surrounding these positions or the relational distances associated with them.

Firstly, the texts of Melis and Saliha shed light on significant aspects concerning the role of the father within the family, as expressed by both the mother and the daughter. Notably, there is a prevailing negative sentiment in their discourses regarding the father, with both parties tending to devalue him.

While talking about her relationship with her father, Melis firstly utters that she doesn't love him since childhood and expresses her feelings and thoughts about her father in an ambiguous manner:

Excerpt 46:

R: What kind of person is your father?

*D: I'm not on good terms with my father, **I don't like him since childhood** actually, I've not been on good terms since I was very young, **maybe my father can be good at heart; but I don't want to see him as a good man, or he is bad towards me, I don't know. He is not exactly bad, actually other fathers- every day something happens, so if we look at them, my father is a good father, but there are other better fathers, if we look at them, my father is a bad father, but I don't know how he is, I haven't figured it out yet***

Original 46:

R: Baban nasıl biridir

D: Babamla aram iyi değil, yani çocuklukta beri sevmiyorum aslında, çok küçüklükten beri aram iyi değil babam belki özünde iyi biri olabilir ama ya ben onu iyi biri olarak görmek istemiyorum ya da bana karşı kötü de olabilir, onu bilmiyorum. Tam kötü biri de değil aslında, başka babalara- yani her gün başka bir olay oluyor yani onlara bakarsak benim babam iyi bir baba ama yani başka daha iyi babalar var onlara bakarsak da kötü bir baba ama nasıl biri bilmiyorum daha çözemedim

Melis's discourse exhibits a fluctuation between her reluctance to view her father positively and her perception of him as being unfavorable in her interactions. Moreover, she frequently juxtaposes her father with other father figures, consistently framing him within a comparative context. This nuanced dynamic raises inquiries regarding the ambiguity surrounding the father's role.

In another example, the involvement of the daughter in the relationship of her parents is observed in terms of her discourse. While Saliha is talking about Melis's relationship with Melis's father, she utters "she keeps saying 'I hate my father, why don't you leave this man'". It is apparent that the position of Melis between mother and father is ambiguous, creating confusion as to who is the real subject of the issue. In other words, the daughter's animosity towards her father can be seen as a means of attempting to moderate the dynamics within the marital relationship between the parents. Excerpt 47 can be seen below:

Excerpt 47:

M: She is saying, she keeps saying 'I hate my father, why don't you leave this man'

Original 47:

M: Söylüyor, sürekli söylüyor 'ben babamdan nefret ediyom diyo neden ayrılmıyon bu adamdan' diyo

Another instance of position ambiguities was observed in the case of Sevda and Yasemin, particularly in terms of their roles as mother, father, daughter, and son within the family. Yasemin's, she mentions that she is separated from her husband and as a result, she

described herself as being "both mother and father" to her children which can be verified in Excerpt 48 and 49 below:

Excerpt 48:

M: I'm both a mother and a father, it is such difficult, and there is two children so stress is normal of course

Original 48:

M: Hem anneyim hem babayım, hem o zorluğu var iki çocuk, hani eee tabi stres normal yani

Excerpt 49:

M: Oh well I've come to realize that I did it, I have made mistakes for 16 years, because there is not a father, both mother and father, because I have done everything they said, I have made such mistakes

Original 49:

M: Ya ee bunu yaptığımı fark ettim 16 yıldan hem baba olmadığı için, hem anne hem baba, her dediklerini yaptığım için çok yanlış şeyler yapmışım

Another example is what Yasemin utters about her own father and the position of the grandfather in terms of children. While talking about her father, Yasemin states that her own father was a father to her daughter. Also she adds that her daughter also saw her grandfather as her father. It can be detected in Excerpt 50.

Excerpt 50:

M: Oh my father was very good, rest in peace, my right-hand man is gone, then I was in dep- look, I broke up with my husband, I was very sad (...), I was psychologically affected at that time, but when my father died my right-hand man is gone, my father- so, my father became a father to my daughter after I broke up with my husband (...). After my father died, my daughter's condition worsen, like an asthma, she had a difficulty in breathing, because, she saw the father figure in my father, like a father

Original 50:

M: Ay babam çok iyiydi babam, mekanı cennet olsun, benim sağ kolum gitti, ondan sonra ben dep- bak eşimden ayrıldım, çok üzüldüm (...) o zaman da psikolojik etkilendim ama babam öldükten sonra sağ kolum gitti, babam- eee eşimden ayrıldıktan sonra kızıma

babalık babam yaptı benim (...). Babam öldükten sonra kızım böyle çok fenalaştı astım bi tıkanır gibi oldu çünkü baba şeyini babam gibi babamda gördüğü için

Within the textual analysis, certain situations warrant attention. Firstly, the expression "my right-hand man" does not commonly feature in the social discourse of family relationships, particularly in the context of parent-child interactions. Yasemin's usage of this phrase suggests a deliberate positioning of her father. This choice of words can be interpreted as disregarding the inherent generation gap. Furthermore, Yasemin draws a comparison between the experience of separating from her husband and losing her father, suggesting that while parting ways with her husband caused distress, the loss of her father had a more profound impact. This discourse raises intriguing considerations regarding the positioning of both her spouse and her father within her discourse. Additionally, Yasemin mentions that her own father (i.e., Sevda's grandfather) acted as the father figure for her daughter which suggests an ambiguity in the positions within the family.

Boundary/location uncertainties in Sevda can be observed in the excerpts below. Firstly, Sevda's statement of "my mothers divorced" suggests the exclusion of her father from the discussion. Additionally, she describes her grandmother as her mother and her grandfather as her father. These discursive choices raise questions regarding the positioning of her parents and the roles attributed to her grandparents within the family dynamic.

Excerpt 51:

*D: In my education life for example, my grandma have always supported me and when **our mothers divorced** (...) we moved to my grandma's. My grandma was always with me from my childhood to my adulthood, and so my grandpa, **she raised me as well as my grandpa, I mean I sometimes call my grandma as mother** (...) **I even used to call my grandpa as father because he raised me that way***

Original 51:

*D: Eğitim hayatımda da mesela hani hep bana destek oldu ananem de **biz annemler boşandı** (...) direkt ananemin yanına geçtik. Annanem benim zaten çocukluğumdan yetişkin olma sürecime kadar hep yanımdaydı hani dedem de aynı şekilde, annanemler hep diyorum **ananem de beni büyüttü dedem de yani ananeme de bazen anne derim** (...) **dedemi de dedeme de baba derdim hatta çünkü beni o şekilde büyüttü***

Sevda's discourse concerning motherhood, along with her revelation that she perceives herself as having a maternal role when separated from her brother, highlights a discursive

stance where she adopts the position of her brother's mother. This discourses are evident in Excerpt 52.

Excerpt 52:

D: I have always been with my brother since his childhood. For example when I teach him a lesson, or I prepare food for him, or when my mother is sick or sleeping, for example he wants something, I take care of my brother. For example when I went to Çanakkale, I felt as if I had a son and he was in İzmir

Original 52:

D: Ben kardeşimin küçüklüğünden beri hep yanındaydım, o yüzden mesela ona ders çalıştırdığımda veya benden ona yemek hazırlıyorum veya annem hasta oldu veya uyuyo, bişey istiyo mesela, kardeşimle ilgileniyorum. Hani mesela kardeşim ben Çanakkale'ye gittiğimde de sanki oğlum varmış da İzmir'deymiş gibi hissediyodum

Another example where the confusion regarding the positions can be seen in the case of Meltem and Nesrin. It is observed that Meltem often uses the word "concept" when talking about her parents and family. In the excerpt below, Meltem utters “there is not much difference between the concept of mother and father” and she linked this issue to the discussion of the concept of gender.

Excerpt 53:

D: I mean, in my view, there is not much difference between the concepts of mother and father, frankly. Two of them are parents, the only distinction between them is gender, which is a very debated concept nowadays

Original 53:

D: yani benim gözümde zaten anne ve baba kavramının pek farkı yok açıkçası. İkisi de ebeveyn, aralarındaki tek fark cinsiyet oluyo ki cinsiyet de çok tartışmaya açık bi kavram artık

In Excerpt 54, Meltem again uses definitions such as "the concept of having a child" and "parent individuals". These phrases suggests that she is speaking in a position that distanced herself from his mother and father. In addition, Meltem describes the child as something that interferes with the relationship between the parents:

Excerpt 54:

*D: I'm a bit against the **concept of having a child** and so on, **because the smallest action you do can change that child's life incredibly and I think this is an incredibly great responsibility.** And it's impossible for two people to get married and then live happily ever after, it is almost very rare and also **a child's intervention** between them and for instance it is also very possible that the child will be affected by the quarrels or divorces of the **parent individuals***

Original 54:

*D: Çocuk yapma kavramına vesaire birazcık karşıyım, çünkü yaptığınız en küçük şey bile o çocuğun hayatını inanılmaz derecede değiştirebiliyor ve bu inanılmaz büyük bir sorumluluk olduğunu düşünüyorum ve iki insanın hani evlenip sonra ömür sonuna kadar mutlu yaşaması imkansız birşey nerdeyse çok nadir olan birşey ve **araya bi de çocuğun girmesi** ve hani o **çocuğun anne baba bireyinin** atıyorum kavgalarından boşanmalarından etkilenmesi de çok olası birşey*

4.3.1.2 Knowing “Everything” about Daughter

The analysis of the interviews reveals a significant observation pertaining to the communication dynamics between mothers and daughters, specifically regarding their shared experiences. Notably, within all the participating mother-daughter pairs, the mothers consistently asserts their comprehensive knowledge of "everything" about their daughters, emphasizing a sense of complete sharing between them. However, it is noteworthy that the daughters, in their discussions about sharing with their mothers, present a distinct discourse that diverges from the notion of all-encompassing sharing described by their mothers. In fact, it is observed in four out of the six daughters that their accounts of sharing do not align with the extent of "everything" as described by their mothers.

Regarding this topic, the first example is apparent in Melis and Saliha. A notable circumstance within the texts of this mother-daughter pair is Saliha's assertion that she possesses comprehensive knowledge about Melis.

Excerpt 55:

R: So what does she (your daughter) share with you?

M: She shares everything, so I don't think there are any secrets, it's very rare, she usually ends up revealing it after a certain period of time. Even if she tries to hide something, she always ends up telling me, because I usually find out after a while. Perhaps she wouldn't tell me if she believed I couldn't find out, but she ends up sharing everything, thinking I'll eventually learn about it. I'm aware of their conversations, their outings, their boyfriends, in one way or another.

R: And what do you share with her

M: They are my everything, I tell them matters that I can't tell anyone, so my two daughters know everything

Original 55:

R: Peki (kızınız) neler paylaşır sizinle?

M: Her şeyi paylaşır, yani gizli bir şey olduğunu düşünmüyorum, ama çok nadirdir hani belli bir süre sonra mutlaka onu söyler, hani bişey saklıyorsa bile bi dönem sonra mutlaka benim benim öğrenecek diye söyler belki öğrenemeyeceğimi bilse söylemez ama benim öğreneceğimi düşündüğü için söyler, her şeyini söyler, her şeylerini bilirim, konuştuklarını, gezdiklerini, erkek arkadaşlarını her şekilde bilirim

R: peki siz onunla neler paylaşırsınız

M: her şeyi onlar benim her şeyim kimseye söyleyemediğimi onlara söylüyorum iki kızım her şeyi bilir yani

Within the outlined context, the mother's declaration of openly sharing information with her daughter, along with her conviction that the daughter confides in her with the expectation of gaining insight, illuminates the concepts of personal boundaries, privacy, and transparency in the relationship. The mother's perspective suggests that she believes she possesses comprehensive knowledge about her daughter.

Furthermore, in Excerpt 56, Saliha mentions that her daughter occasionally conceals certain matters from the psychologist, but Saliha, becomes aware of these hidden issues and informs the psychologist about them.

Excerpt 56:

M: She also talks to the psychologist, sometimes she shares some issues, sometimes not. Sometimes she keeps from the psychologist in psychiatry, there are things she hide, when I hear about them, I tell them (to the psychologist), then she (Melis) gets annoyed. When once we go there, she (psychologist) wants to see her (Melis) alone, I say that I'll speak first and then you can talk whatever you want (...), I am ready to tell everything for their health, I'm ready to do whatever is necessary.

Original 56:

M: Psikolog hanımla da konuşuyor bazı şeyleri söylüyor söylemiyo, sakladığı da oluyor, psikoloğtan psikiyatride hocası bundan sakladığı şeyler de oluyo, ben duyuyom ben gidip söylüyom, sonra o da rahatsız oluyo. Ben ilk gittiğimizde hemen varırız onla yalnız görüşmek ister ben derim ki önce ben bi konuşuyim çıkıyım ondan sonra siz ne konuşuyorsanız konuşun derim (...) onların sağlığı için her şeyi söylerim, gereken her şeyi yaparım

The provided excerpt exemplifies the mother's active participation within the therapeutic setting. Additionally, the mother's portrayal of this scenario using the concept of self-sacrifice — "I am prepared to divulge everything for their well-being, I am willing to take any necessary action" — carries particular significance. This emphasis underscores the paramount importance of health-related matters within the mother-daughter dynamic. Consequently, it can be considered that the mother's heightened involvement in her daughter's life could be rationalized by her deep commitment to her daughter's health and well-being

In contrast, Melis offers a different perspective on sharing everything with her mother. She acknowledges that her mother sometimes imposes excessive restrictions. But Melis adds that she still keeps some things secret by saying "of course I am a bit secretly-". This can be interpreted as Melis's attempt to assert her independence and establish a sense of autonomy and separation from her mother:

Excerpt 57:

R: How is your relationship with your mother?

D: My mother is good, actually she is like a friend, but I can't share too much with her because she gets upset, so, I avoid telling her too much to prevent her from getting upset.

(...)

R: What kind of mother is your mother

*D: She's very understanding in some matters. For instance, while many of my friends' mothers might get angry if they have a boyfriend, my mother isn't that angry about it. **Certainly, my mother has many rules and she does get angry when we go out, but overall, I have a good mother***

R: You say your mother has rules, what do you think about those rules?

D: I think they are too restrictive, for example my sister is 18 years old, she has only gone out with her friends two or three times (...) aside from going to her classes. She (my mother) gets angry when she (my sister) goes out, she is angry when she meets with her boyfriend, she also gets angry at me, but of course I'm a bit secretly-

Original 57:

R: Annenle ilişkin nasıldır

D: Annem iyi, aslında arkadaş gibi, ama çok bişiy anlatamıyorum ona, çünkü üzülüyor, üzülmesin diye çok bişiy anlatmıyorum

(...)

R: nasıl bir annedir annen

D: çok anlayışlı ama bazı konularda yani çoğu arkadaşımın annesi mesela bi sevgilisi olmasına kızar ama benim annem çok kızmıyor ama annemin de fazla kuralları var tabi buluşmamıza kızar görüşmemize kızar ama yani genel olarak iyi bir annem var

R: annemin kuralları vardır diyorsun ya sen ne düşünüyorsun o kurallarla ilgili

D: bence fazla kısıtlıyo mesela ablam 18 yaşında, toplasan üç dört kere dershaneye gitmesi dışında (...) arkadaşlarıyla gezmeye gitmiştir yani gezmesine kızar sevgilisiyle buluşmasına kızar bana da kızyo tabi de ben birazcık gizli gizli-

The second example of “sharing everything” can be seen in the mother-daughter pair Aylin-Leyla. Leyla mentions that there is no secret between her and her daughter.

Excerpt 58:

R: How is your relationship, what do you do with your daughter

M: (...) For example, we share everything, we have not something that keeps secret (...) we did not have conflicts with Aylin during her adolescence (...) I share everything, I support her in every endeavor, in every idea of hers. She always tells me, in every idea of her, if it is wrong, I tell that it's wrong, I tell that it's true. I always say this is wrong this is right for you,

Original 58:

R: Nasıldır ilişkiniz, kızınızla neler yaparsınız

M: (...) Mesela her şeyi paylaşıyoruz, her şeyi, gizlimiz saklımız yoktur (...) hani ergenlik döneminde de Aylin'le çatışmamız olmadı (...) her şeyi paylaşırım, her konuda desteklerim, her fikrinde, her zaman anlatır, yanlışsa yanlış söylerim doğruyu söylerim. Bu yanlış bu doğrusu için senin derim her zaman

Aylin, on the other hand, mentions that she used to "overly share what she did" with her mother, but now she has some hesitations about sharing everything with her mother, by uttering "I need to create some space for myself". An important point here is that Aylin expresses that it is only possible to protect her boundaries on the condition that her mother is not curious.

Excerpt 59:

*D: I also made this mistake to some extent during adolescence; I used to overly share what I did (...) So she has become accustomed to that oversharing, and she still expects it, and I can't bear to hurt her either. However, I realize that I need to create some space for myself. I've been attempting to do so in the past few years, **but I- for example if I don't tell her something in detail, I notice that she is hurt- maybe not hurt, but she is curious, she wants to know, I notice it. On one hand I am itching for, but on the other hand, umm how can I say, I know that- because I know that there should be a boundary, for example, I wish she would not be curious, but she does, so there is nothing to do***

Original 59:

*D: Biraz bende de bu hata var, geçmişte ergenlik döneminde yaptığım, **aşırı paylaşıyodum (...)**. O aşırı paylaşım alışıp hala aynı şekliyle bekliyo, ben de kıyamıyorum. Aslında biraz daha **ee kendime bi alan yaratmam gerekiyor** işte son bir iki senedir onu deniyorum **ama far- mesela bişiyi çok anlatmayınca fark ederse kırıldığını fark et- kırılma değil de yani merak ediy o bilmek istiy o fark ediyorum bi yandan içim gidiyo ama bi yandan bi eii her nasıl diyim doğru düz- bi sınır olması gerektiğini de bildiğim için, yani mesela biraz merak etmemesini isterdim ama ediy o yani yapcak bişiy yok***

In the third example related to this theme, the discourses of Ada and Neriman will be examined. In this mother-daughter couple, Neriman mentions about talking to her daughter about everything and knowing each other's secrets.

Excerpt 60:

R: How is your relationship with Ada in general?

*M: Well with Ada- with Ada- we are closer when I look at the other daughters, so I don't know, she is more- well eee though it doesn't make any difference to all three of them, but Ada-, I don't know, we are **a more distance- or closer with her (...)** we are close, we are very close, we know each other's secret, and so we can talk to each other in every matter, so there is no such thing, although we are the same as all of my daughters, but we are closer with Ada*

Original 60:

R: Ada hanımla ilişkiniz nasıldır genel olarak

M: Ya Adaylan- Adaylan- daha yakınız öbür kızlara bakarak, daha yakınız, eee bilemiyorum, o daha şey- eee gerçi üçü de aynı fark etmez ama Ada daha- bilemiyorum, daha bir mesafe- ya daha yakınız onlan (...) yakınız baya yakınız yani birbirimizin sırrını falan biliriz birbirimizle her şeyi konuşuruz yani öyle şey yok gerçi kızlarımlan hepsiyle aynıyız da Adaylan daha yakınız

Neriman's description of her relationship with Ada, referring to her other daughters as points of reference, and the presence of hesitations in her discourse is notable. Moreover, Neriman says that she is closer to Ada than her other daughters, the word "more distance" comes out of her language. It is thought that Neriman's use of the word "distance" is an important slip of the tongue. She mentions that they talk about everything and know each other's secrets, but the word "distance", hesitations and ambiguities in Neriman's discourse could be emerged as products of unconscious process.

Ada, on the other hand, describes a different situation than her mother. In the excerpt below, it is noteworthy that Ada mentions that she has communication problems with her mother:

Excerpt 61:

R: You have mentioned your mother, how is your relationship with your mother in general

D: So let me tell you, we have a communication problem since childhood, my mother has already come around very difficult illnesses, she is a panic attack patient, I think she has also various different problems, but I do not know what she shares with her doctor, she is not so- she doesn't want to talk about these issues, my mother is a very uncommunicative person, umm how can I say (...) Because of my perception of her, I might have struggled to establish a relationship

Original 61:

R: Annenizden söz ettiniz genel olarak annenizle ilişkiniz nasıldır

D: yani şöyle söylüyüm bizim çocukluktan beri bir iletişim sorunumuz var annemle annem zaten çok zor hastalıklar atlattı panik atak hastası bence farklı sorunları da var ama ne paylaşıyor doktoruyla bilmiyorum çok kendini o konularla ilgili konuşmak istemez annem çok iletişimsiz bir insan ee nasıl diyim (...) yani onu hissettiğim için de ben herhalde tam o bağı kuramamışım

In the provided Excerpt 62, Ada further notes her tendency to share everyday occurrences with her mother, highlighting the absence of genuine "heart-to-heart" conversations.

Original 62:

R: Do you have anything you share with your mother?

D: There is, but daily issues, and there is something about my mother, for example when you talk about something negative, she immediately adapts it to herself (...) because she is a very anxious person, and it's difficult to alleviate that anxiety, so you prefer not to share at all, that's why I always prefer to talk about the positive aspects of life, so something like heart to heart talk can't be possible with my mother

Original 62:

R: Annenizle paylaştığınız şeyler var mı

D: yani oluyo ama günlük şeyler oluyo bi de annemde bi şey var mesela olumsuz bişeyden bahsettiğiniz anda hemen kendisine onu adapte ediyö (...) yani çok kaygılı bi insan olduğu için onu da ordan çıkıp alamadığınız için o kaygının içerisinde hiç paylaşmamayı tercih ediyosunuz o yüzden hep hayatın olumlu yanlarını konuşmayı tercih ediyorum yani ekstra bişey hani dertleşmek şeklinde annemle olamaz

In this respect, discourses as closeness, sharing and knowing each other's secrets in this case are described in different ways by the mother and the daughter.

In another mother-daughter pair, Meltem and Nesrin, the mother, Nesrin, conveys that she grants permission for complete awareness of her daughter's situation. This stance implies an ongoing vigilant watchfulness, signifying her continuous attentiveness to her daughter.

Excerpt 63:

M: I know her friends, she has a boyfriend, for example he came and stayed at our house, I let him stay, I am a mother who permits everything in order to be informed about what they do, as much as possible, a mother with a wide perspective. This suits me, I applied the same approach with my eldest daughter as well, because when you forbid, you can't learn anything from the children, but when you let it, at least you have a chance to observe them, I behave like this, as far as I can see, there doesn't appear to be any problematic situation that I'm unaware of.

Original 63:

M: Arkadaşlarını biliyorum, erkek arkadaşı var, mesela geldi bizim evde kaldılar, kalmasına izin veriyorum, hani olabildiğince ben durumdan haberdar olmak için izin veren, daha geniş açıdan bakan bir anne. Bu bana uygun geliyor, hani büyük kızıma da aynısını yaptım, hani yasaklayınca çünkü çocuklardan hiçbir şey öğrenemiyorsunuz ama izin verince hiç değilse sizin gözlemlene şansınız oluyor, bunu yapıyorum işte, gördüğüm kadarıyla, hani bilmediğim sıkıntılı bi durum yok gibi

On the other hand, Meltem frequently hesitates while describing her relationship with her mother and mentioned that she did not have a strong connection with her. The frequent pauses during her discourse imply that discussing her relationship with her mother is challenging and hint at a potential difference from her mother's description.

Excerpt 64:

R: Well you talked about your mother how is your relationship generally

D: with my mother- generally my relationship- mm currently in family- I don't know, with my mother- not we- my relationship- umm well we don't have a daily conversation, I can say this at least

Original 64:

R: peki annenizden söz ettiniz genel olarak ilişkiniz nasıldır

D: annemle- genel olarak ilişkim- mm ya şu an ailede- bilmiyorum, annemle- pek a- ilişkim- eee yani günlük çok sohbetimiz falan yok diyim en azından

4.3.1.3 Plural Pronouns Used by Mothers for Their Daughters

Within this sub-theme, a noteworthy observation emerges regarding the frequent use of plural pronouns, such as "we," by mothers when discussing their daughters. It is observed that mothers tend to employ plural expressions when recounting their daughters' experiences. Such an observation prompts an examination of how mothers position themselves within their speech.

The first mother-daughter is Elif - Hatice in this subtheme. In Excerpt 67, it is seen that while Hatice was talking about Elif not eating, her discourse changed from singular to plural at some point, and she kept describing something her daughter did by saying "we".

This linguistic shift implies that the mother lived the experience of the daughter together with her, discursively.

Excerpt 65:

M: She eats borlotti beans or so, but we give up such as soups we give up soupy meals, she doesn't eat

Original 65:

M: Barbunya pilaki falan onları yiyo, ama çorbayı falan kestik sulu yemekleri kestik, onları yemiyo

Meltem and Nesrin are the second mother-daughter pair in which the plural language is used in mother's discourse. It is noteworthy that Nesrin uses the expression "we" several times in matters related to her daughter. In Excerpt 68, it is seen that Nesrin starts the sentence with "we" and then continues by talking about Meltem. In this context, Nesrin's description is indicative of a shared experience of nearly simultaneous adolescence in discourse.

Excerpt 66:

R: Well can you talk a little bit about your relationship with Meltem

M: Ee we- umm she has a bit of a rough puberty, but our relationship is good so

Original 66:

R: Peki biraz Meltem'le ilişkinizden söz edebilir misiniz

M: ee biz- eee biraz ergenliğini sert geçiriyor, ama ilişkimiz iyi yani

A second example of Nesrin's use of plural language occurs when she utters about her daughter's process of receiving psychological support. Although the subject of this process is Meltem, her mother's use of plural language has drawn attention, which can be seen in Excerpt 69:

Excerpt 67:

M: I accept it in any condition, I want her to feel better, we do my best, we receive support from Miss Gamze, we have been on a better path for almost 2 years

Original 67:

M: Koşulsuz kabul ediyorum, ben onun iyi hissetmesini istiyorum elimden geleni de yapıyoruz işte Gamze hanımdan destek alıyoruz 2 yıldır nerdeyse daha iyi bi yoldayız

In the context of Excerpt 69, the utilization of the phrase 'we do my best' is notable due to its dual function of shifting from a plural to a singular pronoun, thereby underscoring an emphasis on the concept of "mother's best". This occurrence appears to embody a discursive exclusion of Meltem from the conversation.

The third pair exemplifying the mother's utilization of plural language consists of Melis and Saliha. Saliha uses a plural language while describing her daughter's experiences and talks about her daughter's life as "we". Three examples of this can be brought forward in Excerpt 70:

Excerpt 68:

M: ... we have a nausea that never goes away

M: ... our insulin resistance started to develop

M: ... We were hospitalized for 27 days (while talking about her other daughter's disease)

Original 68:

M: ... Hiç geçmeyen bir mide bulantımız var

M: ... İnsülin direncimiz başladı

M: ... Biz hastanede yattık 27 gün (diğer kızının suçıçeği hastalığından söz ederken)

Indeed, the examples from the texts of the three mothers mentioned above indicate this notable pattern in their language use. The mothers tend to employ a plural language when describing their daughters' situations and often express their daughters' experiences using the pronoun "we." This particular discursive phenomenon prompts to consider the possibility of mothers feeling inseparable from their daughters, implying a strong identification between them.

A remarkable situation regarding this sub-theme is that plural language is only present in the mother's discourse. No plural expressions were found regarding the situations in which

they talked about their mothers in any of the daughters. Therefore, it is seen that this plurality of subjects is unique to the discourse of mothers only.

4.3.2 Summary of Findings

During the research interviews, it was observed that a significant number of mothers and daughters expressed uncertainties regarding the roles and boundaries within their family dynamics. As they discussed their personal lives and family relationships, the generation gap seemed to fade at times, with individuals being assigned different positions in the discourse or subjects becoming intertwined in their sentences. Additionally, instances related to the ambiguous boundaries between mothers and daughters were observed, particularly in the context of mothers claiming to "know everything" about their daughters. These observations are further explored in three sub-themes within this topic.

Firstly, it has been noted that there is a sense of confusion or uncertainty in the narratives of both mothers and daughters, particularly concerning the roles of the mother, father, and child within their interactions. In other words, both the daughters and mothers expressed ambiguity in terms of their positions or the distances associated with certain roles within the family dynamic. This has become evident through discourses where the mother or daughter occasionally takes on a role that does not inherently belong to her, struggles to define roles or seeks external references to define them, and at times, leaves the roles ambiguous.

Secondly, in particular mother-daughter cases there is a notable discrepancy between the mothers' claims of knowing everything about their daughters and the expressions of the girls themselves. While mothers generally assert their comprehensive knowledge of their daughters, the girls may indicate that there are certain things they keep hidden from their mothers or that they desire to create personal space. Some girls also express a need for secrecy or independence. Furthermore, while some mothers describe their relationships with their daughters in positive terms, it has been observed that the daughters may perceive the relationship more negatively.

Finally, in particular mother-daughter cases a notable pattern was observed in the expressions used by the mothers when discussing their daughters' experiences. The mothers frequently shifted from using singular pronouns to plural pronouns, referring to their daughter's experiences as "we." However, it is worth noting that such plural usage was not found in the discourse of any of the girls.

CHAPTER 5

DISCUSSION

In this study, the discourses of young women with eating disorders and their mothers have been examined, and the similarities, differences, and relational dynamics in the discourses of mothers and daughters have been addressed. Accordingly, the mother-daughter relationships in eating problems were approached from three different perspectives. Firstly, the place of repetitions related to the symptoms of mothers and daughters in the mother-daughter relationship and its significance in terms of eating problems were discussed. Secondly, the function of symptoms and how they are manifested in the dynamics of the mother-daughter relationship were examined in the context of eating problems. Thirdly, certain relational dynamics frequently observed in eating problems were discussed, focusing on the indicators reflected in the discourses of mothers and daughters.

5.1 Fail of Separation of Mothers and Daughters

In this study, the first theme focuses on examining the discourses involving mothers who displayed similar symptoms or underwent comparable somatic experiences during periods when their daughters exhibited symptoms related to eating problems. The findings reveal that while the daughters were primarily experiencing eating problems, there was a notable observation that the mothers also became subjects of eating problems during the same period. In specific instances, it is noted that mothers exhibited symptoms concurrently with their daughters. Moreover, certain experiences indicated the transmission of similar somatic or illness experiences from mother to daughter, or the presence of past concerns about weight and similar symptoms in the mother's history.

The repetition of symptoms and shared experiences between mothers and daughters in relation to eating disorders aligns with existing findings in the literature. Numerous studies

highlight the genetic factors of eating disorders (Bulik & Tozzi, 2004; Kaye, 2008), the psychopathological history of family and intergenerational transmissions of eating disturbances (Cerniglia et al., 2017; Erriu et al., 2020; Lilenfeld & Kaye, 1996; Lilenfeld et al., 1998; Logue et al., 1989; Strober et al., 2000, Winokur et al., 1980). Furthermore, studies examining the familial nature of eating disorders emphasizes the role of mother-daughter relationships in their development and maintenance (Humphrey, 1986; Striegel-Moore et al., 1986; Strober, 1990). These findings provide additional support for the transmissions and the complex interplay between familial dynamics, maternal influence, and the development of eating problems.

Researchers have indeed frequently noted the presence of separation problems in patients with eating disorders. Separation have argued within early mother-child relationships especially by the clinicians adopting object relations theory (Farrell, 2000). In his work, Nemiah (1950) emphasized the presence of an over-protective attitude and abnormal dependence commonly observed in mothers of individuals with anorexia. Research by Minuchin et al. (1978), the works of Bruch (1970, 1971, 1982) and Selvini-Palazzoli (1974; as cited in Caparrotta & Ghaffari, 2006) have shown the significance of separation difficulties between mothers and daughters as a characteristic feature of eating disorders. According to Farrell (2000), anorexia is characterized by a perception in which the mother is not recognized as a separate individual. This perspective suggests the presence of a controlling mother who resists separation and remains unaware of her own neediness. According to Palazzoli (1974), a mother's overprotection and failure to recognize her child as a separate individual can foster compliance and submission, resulting in the child's ineffectiveness (as cited in Caparrotta & Ghaffari, 2006). According to Bruch (1971), the child experiences a loss of autonomy and struggles to develop a sense of separateness from the mother. According to Minuchin (1978), in contrast to typical adolescents who start to perceive their parents from a broader perspective influenced by external relationships, the anorectic child faces difficulties in forming a distinct identity. Instead of expanding their attention outward, they redirect it back to their parents, seeking to modify and assist them, and the whole family system is influenced by the symptoms (Minuchin, 1978). Due to the separation problems, researchers in the field have extensively examined the phenomenon of individuals with eating disorders engaging in

food refusal as a means to establish autonomy from their mothers and carve out an independent identity (Brusset, 1998; Gürdal Küey, 2013; Schupak-Neuberg & Nemeroff, 1993).

The challenge of separation in eating problems is also elucidated in Lacanian psychoanalytic theory. According to Lacan (1938), the weaning complex is considered significant as it encompasses the child's encounter with the absence or unavailability of the mother's breast. This experience of loss and separation plays a pivotal role in the child's development of a distinct sense of identity and autonomy. Lacan suggests that the weaning complex serves as a fundamental process that allows the child to enter the symbolic order, facilitating their acquisition of language and cultural norms. Another important concept proposed by Lacan is the oedipal complex, wherein the child internalizes the laws and norms of the symbolic order.

The primary concern for the Lacanian subject to access his own desire lies in the experience of lack. The interplay between the child and the mother, who initially serves as both the object of love and the primary figure of the big Other, undergoes a significant transformation with the introduction of a third, namely the father and his symbolic role (Lacan, 1957-58/2020). The Oedipus complex revolves around the positioning of the phallus in relation to the desire of the mother, the child, and the father (Dor, 2004). Simultaneously, the subject begins to consider the desire of the Other and questions, "What does the other want from me?" This inquiry can only be answered through the subject's own desire (Gherovici, 2011). The desire can be only formed within the subject's "lack" (Lacan, 1954-55/1991).

At the culmination of the mirror stage, the child initiates her development as a subject but remains in an undifferentiated relationship with the mother. Differentiation and separation in Lacanian theory are facilitated by the introduction of the Name-of-the-Father, with the Oedipal complex. The formation of the Lacanian subject as the "subject of desire" involves two crucial stages: alienation and separation which are results of the Oedipal process (Fink, 1997). Indeed, in Lacanian theory, if the child fails to successfully separate from the mother and does not experience the necessary deprivation, it can hinder the development of their own desire. Child's detachment from the imaginary bond with the

mother is essential for their integration into the social realm. Failing to accomplish this separation and the inability to establish autonomy and a distinct sense of self can give rise to a spectrum of psychopathologies, idiosyncrasies, encompassing phobias and perversions (Lacan, 1957-58/2020).

The experience of lack is not limited to the child but also extends to the mother in Lacanian theory. The mother's experience of lack is the complementary aspect of the child's lack (Lacan, 1957-58/2020). When the child is unable to achieve separation from the mother, it implies that the mother herself has not achieved separation from the child. The mother's own unresolved desires, unfulfilled needs, and inability to establish independence can contribute to the child's difficulty in developing her own autonomy.

In the Oedipus complex, the intrusion of the father into the mother-child relationship is perceived by the child as a prohibition. Simultaneously, the father deprives the mother of the symbolic phallus she supposedly possesses through the child's identification as the object of desire (Lacan, 1957-58/2020). This configuration places the child in a dilemma, as she is confronted with the question of whether to be the phallus or having the phallus (Dor, 2004). The mother sees the child as a potential source of fulfillment for her desires and as a way to complete herself. However, Lacan emphasizes that this substitute, the child, can never truly satisfy the mother's desire for the phallus. Even after having a child, the mother's longing for the phallus persists (1957-58/2020). If the mother does not accept her lack, her relationship with the child is characterized by inseparability.

It is important to incorporate Lacan's concept of the "object nothing" discussed in his Fourth Seminar when examining anorexia nervosa. Lacan argues that anorexia nervosa goes beyond a mere refusal to eat; it involves a consumption of "nothingness" that is distinct from simply negating an activity. The child, perceiving the mother as all-powerful, utilizes this sense of nothingness and absence as a strategy for separating from the mother. In their experience of powerlessness, the child employs the "object nothing" to assert their own sense of omnipotence by nourishing themselves with "nothing" (Lacan, 1957-58/2020). Therefore, Lacanian theoreticians state that the existing situation in eating problems is a separation problem. As Gherovici (2011) remarks, in the context of eating

disorders, difficulties in separating from the mother and creating an autonomous space for oneself can manifest as problematic relationships with food and a distorted sense of body image. Similarly, Recalcati (2014) supports the idea that the act of consuming the "no thing" or abstaining from eating is regarded as a mechanism through which the subject can protect their individuality and establish separation from the oppressive demands imposed by the Other. Verhaeghe (2008) also posits that anorexia nervosa places central importance on the desire for separation and the rejection of incorporation or alienation. It can be seen as the mirror image of bulimia, where there is an insatiable desire to consume more of the Other. In both anorexia and bulimia, there exists a lasting dependence on the Other, whether it manifests as a negative or positive relationship.

Within the scope of this study, the examination of the mother-daughter relationship is approached through the perspective of Lacanian psychoanalytic theory. A central proposition within this section is the interpretation of mothers' manifestation of symptoms when their daughters exhibit symptoms, which can be understood as stemming from the mothers' challenges in establishing separateness from their daughters.

In the context of the three mother-daughter couples in this research, it was observed that the mothers acknowledged their own experiences of weight loss while their daughters were going through a symptom related to eating problems such as losing weight. The shared experience of bodily changes can be a result of failure of separation of daughters and mothers.

For instance, in Sevda and Yasemin case, the daughter's eating issue also elicited stomachaches in the mother. The crisis at home persisted, with the mother experiencing symptoms similar to her daughter's. Furthermore, there is a significant confusion regarding the positions within the family, and there is unclear discourse regarding who is the mother and whose brother is being referred to. Moreover, the mother refers to Sevda's symptoms as "my illness." This circumstance leads to contemplating that experiences are shared and familial positions are intertwined. It is thought that this ambiguity and gaps in discourse give clues about unconscious dynamics.

In the Meltem - Nesrin case, the mother revealed that she had previously engaged in behaviors such as vomiting to lose weight. Also, when examining their texts, there are instances that indicating the desire for weakness is not solely confined to the daughter but also extends to the mother. This leads to the understanding that the desires of the mother and daughter cannot be separated, and highlights the notion that the mother continues to pursue her own desires through the daughter. Research also support that when families prioritize appearance and thinness, there is a relatively higher risk for bulimia in daughters (e.g. Striegel-Moore et al., 1986).

In the case of Aylin and Leyla, the mother's expression that she had undergone comparable somatic experiences during the periods when her daughter was grappling with an eating problem by saying: "Her knees hurt (at the same time) my knees hurt as well, her arm hurts (at the same time) my arm hurts as well" (Original: "onun dizleri ağrıyo, benim dizlerim ağrıyo; onun kolu ağrıyo, benim kolum ağrıyo"). These shared bodily encounters served as a way for the mother to relate to and understand her daughter's struggles on a similar level as if the mother could not separate her body from her daughter's. When considering that the metaphors are traces of the unconscious, the mother's metaphor leads to think about the inseparability of their relationship.

In the study, it was observed that in Melis and Saliha, the symptoms of eating problems were expressed as "illness," and the concept of "being sick" held significant importance in the texts of both the mother and daughter. These observations suggest the existence of discernible patterns in the discourses passed from mother to daughter concerning experiences of illness. When remembering mother's discourse: "I left tension, sugar, goiter, asthma, I left all of them" (Original: "bıraktım, tansiyon, şeker, guatr, astım, hepsini bıraktım") it is thought that this can be interpreted as the notion of "transferring the illness onto the daughters." This observation suggests a potential issue related to separation, as it implies that the mother's bodily experiences are being similarly experienced by her daughter.

The challenges related to separation between mother and daughter have been extensively discussed not only within the context of eating disorder literature but also among

numerous psychoanalysts in general. The dynamics of mother-daughter relationships have been a significant subject of exploration in the realm of separation since the time of Freud. Sigmund Freud (1931/1999; 1932/1999) explored the development of femininity and female sexuality, in which he also addressed the mother-daughter relationship.

Freud discussed that the birth of a girl may evoke fantasies of creating an improved version of oneself. It can also generate a unique sense of intimacy and self-gratification. Additionally, mothers themselves may undergo a parallel process of grappling with their daughters' emerging autonomy and separateness (Bergman, 1987). According to Friedman (1980), the process of separation between mother and daughter is characterized by pain and the struggle to attain independence from each other. It involves an anticipation of loss and impending change. Deutsch (1944) suggests that mothers frequently experienced a sense of abandonment by their adolescent daughters (as cited in Friedman, 1980). Similarly, Sternscrein (1973) further observes that the initial experience of loss in the mother occurs during the toddler's separation process, but it is during the child's adolescence that parents truly confront the reality of loss. Hence, they experience their own internal struggle when confronted with their daughters' increasing autonomy and separateness. As their daughters grow and assert their independence, mothers may find themselves grappling with their own feelings of loss and adjustment. Therefore, it can be interpreted that girls' entry into puberty also brings to the surface certain conflicts in mothers, stemming from her experience of loss.

It is widely recognized among researchers that the process of separation between mothers and daughters poses greater challenges compared to the separation between mothers and sons. According to many authors like Bernstein (1983) and Bergman (1987), it appears that mothers perceive the process of separation from their daughters, which follows a period of intense closeness known as symbiosis, to be more challenging and marked by conflicts compared to separating from their sons. Mothers often have more difficulty perceiving their daughters as separate individuals, resulting in higher levels of control and possessiveness. Chodorow (1994) asserts that due to the mother's stronger and more enduring identification with her same-sex baby, girls develop heightened relational capacities and needs. This extended and intricate process of separation is thus prolonged

and complicated for girls. Authors like Friedman (1980), Beattie (1988) and Bergman (1987) also emphasize that due to the paradoxical task of both identifying and separating from the same person makes the separation process harder.

According to Bergman, this may be due to the stronger emotional investment mothers have in their daughters, seeing them as extensions of themselves and projecting their own hopes, fears, and fantasies about femininity onto them. Bergman also posits that this complexity arises from the dual nature of the mother-daughter relationship. On one hand, a little girl can be perceived by the mother as a potential rival, signaling the emergence of competition. On the other hand, the girl can also be seen as an extension of the mother, fulfilling some of the mother's unfulfilled aspirations as a woman or embodying aspects of the mother's own enjoyment of femininity (Bergman, 1987). With development, girls face the challenge of establishing their own identity while simultaneously developing a sense of identification with their mother as a female. They strive to be both distinct from their mother and similar to her (Tabin, 1985 as cited in Beattie, 1988). According to these perspectives, it is plausible to consider that the mother's strong emotional attachment to her daughter is influenced by how she confronts her own lack. If the mother struggles to acknowledge her own lack, she may find it difficult to perceive her daughter as a distinct individual separate from herself. Consequently, the process of her daughter's individuality and feminization might be distressing for the mother. The endeavor to establish daughter's own identity may also give rise to conflicts within the mother-daughter relationship. On the other hand, the daughter's journey towards femininity and individuality is undeniably influenced by the messages conveyed by her mother. However, the daughter, as an autonomous subject, must undergo the process of individuality and feminization within her own subjectivity. In instances where this process encounters obstacles, as frequently observed in eating disorders, diverse symptomatic manifestations emerge. Paradoxically, while these symptoms ostensibly serve the purpose of establishing separation, they concurrently illuminate the challenges faced by anorexic and bulimic subjects in their endeavor to disengage from the mother.

5.2 The Rivalry Between Mothers and Daughters

The aforementioned perspectives on separation offer a foundation for comprehending the dynamics of mother-daughter relationships within this research. Furthermore, certain psychoanalysts who delve into the topic of mother-daughter separation have underscored the presence of mother-daughter rivalry. The transfer and similarity of symptoms and illnesses between mothers and daughters can be further interpreted as a manifestation of the rivalry within the mother-daughter relationship.

The conflict between a daughter and her mother arises from a deep fear of and dependence on the mother, which becomes more pronounced during the oedipal phase when the daughter competes for the father's affection. This conflict gives rise to anxiety about assuming the female sexual role and reinforces the daughter's reliance on the mother. The struggle for individuation and autonomy extends beyond the Oedipal phase and becomes particularly intense during puberty, with its demands for physical and psychosocial development. The daughter's pursuit of independence often triggers the mother's unresolved conflicts regarding separation and loss, as she fears losing the nurturing relationship with her daughter and is simultaneously threatened by her growing sexual attractiveness. Due to this condition, both mother and daughter find themselves entangled in a challenging "double bind" (Beattie, 1988).

On the other hand, from the daughter's perspective, Mahler et al (1975) suggests that regarding the rapprochement crisis, one contributing factor to this difference is the girls' discovery of anatomical differences, which can be seen as a challenge to their sense of omnipotence. As a result, they may attribute this realization to their mothers and hold them responsible (as cited in Bergman, 1987).

As per the insights of these researchers, it is conceivable to interpret that separation issues serve as the foundation for rivalry within the mother-daughter relationship. The way the mother handles her own lack and her own Oedipal process, including her relationship with her own mother and symbolic father, lays the groundwork for her interactions with her daughter. Consequently, the rivalry between the mother and daughter is directly linked to how both of them navigate their own Oedipal desires and lack. The occurrence of rivalry

between mother and daughter, stemming from issues of separation and oedipal dynamics, might yield valuable insights for this research. It offers significant data that contributes to our understanding of the subject matter at hand.

Upon revisiting the cases, it becomes apparent that similar symptoms or somatic experiences directly manifested in mothers and daughters. The mother's own weight loss following her daughter's eating problems or her heightened expression of anxiety and sadness suggests a projection of anxiety onto herself. The crisis within the household no longer remains solely the daughter's struggle but becomes a predicament for the mother as well. This may give rise to a rivalry regarding who is experiencing greater adversity or suffering. For instance, Mother Saliha's statement "Her sadness makes me even sadder" ("onun üzülməsi beni daha çok üzüyor"), Mother Hatice's specific emphasis on her own sadness and anxiety rather than daughter's, Mother Yasemin's anger during her daughter's symptoms and adopting her daughter's "illness by saying "my illness" can be interpreted in this context. Consequently, this rivalry finds expression in the dynamics of the mother-daughter relationship, often manifesting through symptoms and experiences of illness. If illness, symptoms, and suffering are considered as expressions of the inexpressible (as discussed in Theme 2), these expressions emerge in mothers and daughters in intergenerational patterns that exhibit striking similarities. This parallelism indicates challenges associated with separation as well as the presence of a rivalry between mother and daughter.

5.3 Bodily Manifestations Instead of Words

The second theme of this study is the function of the symptoms of daughters. The examination of the symptoms related eating problems observed in the cases involving mother-daughter relationships indicates that the girls may employ these behaviors as a means of conveying a message to their families. Their underlying intention seems to revolve around seeking acknowledgment, affection, or a particular response from their family members. The methods employed by the girls eliciting a reaction vary, encompassing actions aimed at generating excitement, triggering concern, maintaining prolonged engagement and attention, or indicating that "something is not right". It is

noteworthy that the girls' discourse largely aligns with the narratives conveyed by their mothers.

In the context of seeking a response from their families, girls tend to employ indirect means rather than direct communication. They resort to using their bodies as a form of expression instead of relying on verbalization. This pattern is commonly observed in individuals with psychosomatic tendencies. For example, Bion (1961, as cited in Sanders, 1984), suggested that the capacity to think about frustration and mental pain develops through the container-contained structure and function. If the parental environment is inadequate or if the infant has difficulty tolerating frustration, the child may face challenges in developing effective coping mechanisms for dealing with frustration, which is attributed to symbolization. Marty and M'uzan (2010) highlighted that patients employ their bodies as a means to manifest their unconscious conflicts and convey their distress, instead of verbalizing their experiences and expressing through language. In the context of eating disorders literature, the phenomenon of using the body instead of verbal language to express unconscious conflicts and distress is often attributed to the capacity for symbolization by some psychoanalytic clinicians. When considering the previous discussions in the first theme, the problems of separation and the intrusive role and excessive involvement of the mother, which hinders the development of the child's own desires, it will be more overarching: according to many authors, the absence of maternal attunement has a profound impact on the child's ability to engage in symbolization (Bourke, Taylor & Crisp, 1985; Charles, 2006; Hinshelwood, 1994; Krueger, 2001; Lane, 2002; Ritvo, 1984; Schwartz, 1986, as cited in Ruangsri, 2009). Lawrence (2002) discusses the issue of deficient symbolization and proposes that the symbolic elements of the maternal role, particularly in relation to food, are compromised and ultimately rejected. When the mother is unable to recognize the child as a separate and distinct individual, this sense of unity and fusion persists, leading the child to experience an overwhelming inundation of maternal projections. Birksted-Breen (1989) emphasizes the underlying disruption in the process of symbolization among eating disorder patients and their efforts to reject fundamental aspects of human existence. According to Parman (2021), digesting the food symbolically represents internalization, achieved through imagining the absence of the object while physically present. However, for adolescents

perceiving their mothers as intrusive, imagining the object's absence becomes challenging. Consequently, the symbolic meaning of ingestion is lost, and eating disorder patients' struggles with introjection and retention can be seen as attempts to repair wounds in the realm of imagination rather than symbolism.

The inability to symbolize certain experiences or emotions leads to their manifestation through bodily symptoms instead of verbal communication. This is evident in the symptoms of eating disorders in general, as observed in the cases examined in this study. For instance, Ada's message by getting weaker is an illustrative example of the body's replacement with verbalization: Ada stresses that she concealed the truth from her family regarding her dinner consumption, even though she was experiencing significant weight loss, a fact that went unnoticed by her family. In this instance, she gives the message that her word should not be respected (because she lied), but her weakness should be seen. As well as, Meltem's statements (she looks fine, but she is actually not really well) can be a manifestation and indirect communication with the symptom of vomiting.

An example embedded in the text and not expressed in the interview but interpreted by the researcher belongs to Elif and Hatice. The remarks made by Hatice regarding the attribution of all disagreements with her daughter to the eating problem and the repeated insistence that there were no problems in the past is worth considering. The emphasis on the absence of problems raises the question of whether there might actually be underlying issues that are being overlooked or denied. The emphasis on "we had nothing to worry" recurring in the mother's text highlights the significance of this aspect and calls for special attention. It brings to mind the perspective of Minuchin regarding psychosomatic families:

These families typically represent themselves as normal and untroubled, except for the one child's medical problem (...) The parents submerge their conflicts in a posture of protecting or blaming their sick child, who is defined as the only family problem (...) the child is frequently involved in the role of conflict defuser" (1978, p.31).

In this regard, the patient's symptom assumes a significant regulatory function within the family system. It becomes apparent that the child's engagement in parental conflict serves as a crucial factor that reinforces the specific symptom. Parents often suppress their own conflicts by assuming the roles of protectors or by attributing blame to the sick child, who

frequently assumes the role of diffusing the conflict (Minuchin et al., 1978). Elif's symptoms may occupy a similar position within her family dynamic.

The use of bodily symptoms as a means of communication appears to arise when conflicts cannot be expressed through words, indicating a difficulty in symbolization, according to some psychoanalysts, but with a Lacanian view, it is possible to make a comment that goes beyond this idea. Lacan (1938) places importance on the weaning complex and oedipal complex which are fundamental processes that allows the child to enter the symbolic order, enabling their acquisition of language and culture, internalizing laws of symbolic order. This interpretation of Lacan extends beyond the child's capacity to symbolize and highlights the significance of the symbolic plane as the foundation for cultural norms and structures. Lacan's perspective on symptoms suggests that they can also be addressed within the symbolic order.

When it comes to symptoms, Lacan attested in 1953, “symptoms can be entirely resolved in an analysis of language, because a symptom is itself structured like a language: a symptom is language from which speech must be delivered.” (1953/1991, pp. 222-223). In 1957, he described the symptom as “a metaphor in which flesh or function is taken as a signifying element” (1991, pp. 431). According to Lacan's theoretical framework, symptoms exhibit a structural connection to the Other, emphasizing the role of language and the symbolic order. The manifestation and interpretation of symptoms are inherently linked to the linguistic domain, wherein individuals express their inner conflicts and distress through symbolic representations. Hence, the symptom's structure is inherently linguistic and formed in relation to the Other (Verhaege, 2008). The symptom, in relation to the Other, functions as its own language, implying that each symptom carries the purpose of conveying a message to the Other. Hence, this study focuses on examining how the symptoms manifested in the body are discursively and linguistically addressed by mothers and daughters. The aim is to explore the ways in which these interactions shape the understanding and interpretation of symptoms within the context of the mother-daughter relationship.

Furthermore, Lacan's insights regarding eating disorders are also relevant to the findings within this theme. His conceptualizations reveal the underlying dynamics of eating problems.

If the Other, which has its own ideas about his needs, interferes and, instead of what it does not have, that is confuses the care it provides with the gift of its love. It is the child who is the most lovingly fed who refuses food and employs his refusal as if it were a desire (anorexia nervosa) (1958/1991, p. 524).

In this regard, when m(Other) fails to allow the child to experience her own lack and inhibits the development of the child's desires by fulfilling their needs based on her own desires, it becomes inevitable for the child to struggle with differentiating between their own desires and bodily needs. The concrete act of eating can then serve as a substitute for the child's desires. This perspective aligns with the viewpoints of theorists who have expanded upon Lacan's theories on eating disorders. For example, as Recalcati (2014) describes, the Other, in its failure to respond to the subject's demands based on its own desires, neglects the distinction between the realm of need and the realm of desire within the subject. Instead, the Other primarily focuses on fulfilling the practical needs for care, disregarding the human need for desire, love, and recognition—the desire for the Other's desire. In cases of anorexia, the Other tends to reduce the subject to a passive object of care, suppressing desire and confining it to the realm of mere need. Lacan refers to this phenomenon as the suffocating dimension of the Other's demand. Similarly, as Costanzo (2022) emphasizes, anorexia is characterized by a rejection of the embodied experience and a refusal to conform to the desires of others, as the individual strives for independence.

Lacan's examination of childhood experiences in anorexia reveals a deficiency in nurturing care and a blurring of boundaries between the Other's provision of physical needs and the essential demand for love. The subject yearns for a symbolic gift that signifies the Other's love, transcending mere object satisfaction (Costanzo, 2022). Thus, the attempt to create desire in alignment with bodily needs and the expression of conflict through bodily manifestations are apparent.

The symbolic significance attributed to a basic bodily need like food is evident in the discourse of many girls in this study. For instance, Ada associates the expression of love

with the act of “taking a bowl of soup”, indicating her desire for attention and affection from her parents. Similarly, Hatice stating that all the issues she cannot agree with her daughter are related to food, and linking everything positive or negative in their relationship to food can be considered as an example in this context. These examples illustrate the symbolic meanings attached to these experiences within the context of their relationships and demonstrate the interplay between bodily needs and symbolic representations in their narratives. As Recalcati (2014) suggests by referring Lacan, that in anorexia, the negation of the object serves the purpose of converting the lack present in the Other into a symbolic gift of love. The subject seeks not the actual object but the sign or symbol of love from the Other. On the other hand, in bulimia, the frustration resulting from the unmet demand for love is compensated through compulsive consumption of the object, in this case, food. Food becomes a substitute for the missing sign of love.

Also Recalcati (2014) suggests that in certain forms of anorexia, there exists a fluctuation between refusal as a plea for the sign of love (as seen in hysteric anorexia, where the expression of desire takes the form of refusal) and a manipulative strategy that reflects a distinct perverse trait. Refusal then becomes a tool to disrupt and disorient the familiar Other, subjecting them to anguish. According to Lacan, the perverse strategy involves intentionally inducing anxiety in the Other, unsettling them and contaminating their position with a sense of anguish. In the context of anorexia, this maneuver can be viewed as somewhat perverse as it operates on the boundary between life and death, exerting absolute control over the Other and becoming the source of their anguish. This view is supported in this study in the daughters several attempts to make the family panicked or anxious about their condition.

Similar to this perspective, in this study, the daughters’ descriptions of their symptoms consistently reveal a relational aspect, particularly with family members, predominantly their mothers. The explicit purpose of their symptom expressions may not be direct, but as can be seen in excerpts detail analysis, the textual structure strongly indicates their desire to be acknowledged as unable to overcome their difficulties, to elicit attention or reactions from their families, to receive love, affection, or avoid anger, and to disrupt the perception of an idealized "everything is fine" state. These symptoms manifest through

bodily experiences as a means to convey the message that "there is a problem" to their mothers. So, this situation can also be considered in the context of the problematic relationship with the Other. The subject's unconventional relationship with food can be seen as a representation of their relationship with the Other (Özbek Şimşek, 2019). Therefore, refusal to eat or vomiting seem to describe the problematic relationship with food, and showing something through it seems to describe the problematic situation with the mother.

Mothers have been observed to respond to these messages, both directly and indirectly, in ways that are noteworthy within the context of mother-daughter relationships as in each case, they have similar patterns. There appears to be an unconscious parallelism in how mothers respond to these messages alongside their daughters. For instance, Meltem conceals her symptoms from her mother, in order to make her "not see" and the mother "does not see" it as a trouble. In the case of Elif, the crisis at home created by the symptom is met with a seemingly positive response from the mother, expressed as a "thank God" slip. Sevda's mother conveys the message that she will only be available in emergencies, and as a result, the daughter Sevda creates such emergencies. In the case of Melis, the mother attributes her own illness to her daughter and continues to derive *jouissance* from her daughter's symptoms. Ada aims to provoke panic in her mother, and the mother responds accordingly.

These examples highlight the significance of the dynamics within the mother-daughter relationship. Therefore, understanding not only how the symptom is expressed by the daughter but also how it is received by the mother provides valuable insights into the relationship dynamics between the subject and the Other.

5.4 Problems in Positioning

The third theme of the study encompasses various position ambiguities expressed by both mothers and daughters when describing their relationships. This includes the confusion surrounding the roles of mother, father, and child, as well as the interventions of mothers in relation to the boundaries of their daughters. Additionally, the discourse reveals the presence of a shared identity or sense of "we" and "us" between the mothers and

daughters. These aspects are further explored and categorized into three distinct subthemes.

5.4.1 The Obscurity of Name-of-the-Father

Within the first sub-theme, the focus is on the confusions and complexities arising from the positions of mother, father, and child within the discourses of both mothers and daughters. The analysis of these discourses reveals the presence of similar structures and signifiers, which highlight the unique dynamics within each relationship.

In the study, the initial findings shed light on the discourses of certain daughters that either neglect or provide vague descriptions of the father's position within the family. For instance, Melis mentions her negative relationship with her father; but more importantly, the ambiguity present in her discourse regarding her father's character is critical at this point. It is observed that she consistently defines her father based on another point of reference, indicating a certain level of uncertainty or lack of clarity in her understanding of her father's identity. The inability to identify the father may stem from the ambiguity surrounding the father's role and position within the family. This notion is further supported by another example in which Melis's mother references a statement made by Melis about her father “she keeps saying ‘I hate my father, why don't you leave this man’ ” (Original: sürekli söylüyor, ben babamdan nefret ediyom, diyo, neden ayrılmıyon bu adamdan, diyo”). In this context, a significant role confusion is believed to arise. Mother Saliha reveals that Melis, her daughter, expressed a desire for her to divorce her husband ("this man") due to her negative feelings towards her father. Importantly, it is the mother who presents this information, suggesting that Melis perceives her own emotions towards her father as capable of influencing the mother's relationship with her husband. This particular statement is attributed to the mother, as Melis's own discourse does not touch upon this matter. However, when examining the mother-daughter relationship, the fact that the mother expresses this notion raises considerations about the ambiguity and intermingling of roles within the family dynamic. This situation can basically be interpreted as the weakness of the paternal metaphor. The concept of the paternal metaphor is initially introduced by Lacan in Seminar 4. He represents the Oedipus

complex as a paternal metaphor in which one signifier, the “Name-of-the-Father” substitutes another signifier that is “the desire of the mother”. Desire of the mother is shaped by her relationship with the phallus as a symbolic object of desire. It can be considered as the weakness of the paternal metaphor when the mother rejects her own lack and cannot establish her own desire through the father. This does not constitute a foreclosure akin to psychosis, but rather reflects a deficiency in the paternal metaphor. Therefore, proponents of the Lacanian theory posit that eating disorders exhibit not foreclosure but rather a weakness within the paternal metaphor (e.g. Özbek Şimşek, 2019). When examining the discourses, the presence of ambiguity regarding the father's role, the positioning of both the mother and daughter in relation to the father, and the difficulty in establishing appropriate individual positions indicate the existence of this weakness in the paternal metaphor.

Another example is the Sevda-Yasemin case. Yasemin has stated several times that she has taken on the role of both a mother and father, and in parallel, Sevda cannot bring the father into existence in her discourse (“my parents are divorced” can be given as an example). The assignment of the father's role to the grandfather by both the mother and the daughter also highlights the confusion in the roles. This indicates that the functioning of the Oedipal complex in regulating family relationships may be limited. The Oedipal complex involves a transition from the pre-Oedipal triangle (mother-child-phallus) to the oedipal triangle (mother-child-father) (Evans, 2006). Therefore, in cases where there are challenges within the Oedipal complex, such as the father's name being inactive or weakly involved, the child's relationship with the mother can be viewed as existing within the pre-Oedipal domain.

Confusion about positions in the family, difficulties in resolving oedipal conflict, and the weakness of paternal metaphor are frequently observed in cases of eating problems. The dominant position of mothers and the weakness of fathers are frequently referenced in the literature (Bruch, 1971; Brusset, 1998; Kagansky & Remy, 1989; Gürdal Küey, 2013). The fact that these conditions are seen in both mothers and daughters emphasizes the intergenerational dimension of the situation. The continuing uncertainty of boundaries and

location within the family may be repeated in different or similar ways in the next generation.

The ambiguity of roles can also be considered for Meltem, who is a third example in this subtheme, who distances herself from mother and father and talks about motherhood and fatherhood in a more conceptual and theoretical framework; it should be taken into account that the closeness of the relationship with the mother and father during adolescence may also be a challenge for the young person, as issues related to separation emerge in different ways in adolescence. Adolescence is a critical period during which oedipal conflicts become prominent. One of the significant reasons why young people seek independence and explore outside their family is to find a way to navigate the complex dynamics of the Oedipal desire. If parents do not provide the necessary space for their children to develop autonomy and explore their identities, the presence of the mother and father can be perceived as threatening to the young person's attempts to establish a separate sense of self. For this reason, this process may be experienced by Meltem as threatening. Therefore, distancing from the name of the parents may be a defense against the intrusive image of the mother or father.

5.4.2 Daughters' Struggle to Separate Against Mothers' Fail of Separation

In the third main theme, specifically within the second and third subthemes, the research explores the manifestations of mothers' challenges in achieving separation from their daughters as reflected in their discourses. Analyzing the discourses of the daughters revealed distinctive patterns compared to those of their mothers, leading to discussions about their potential implications for the mother-daughter relationship.

Firstly, a collection of instances emerged where mothers claim that “they know everything about their daughters”. These mothers assert that they share everything with them, and have no secrets, and that they have complete knowledge about their daughters' lives. However, in contrast to the mothers' perspective, the daughters mostly do not describe a comparable situation. Instead, they expressed complaints about their mothers' excessive desire to know everything, suggesting that there might be aspects they choose to keep hidden from their mothers.

The perception of mothers that they possess complete knowledge of their daughters can be seen as indicative of the mother's fused position. This observation aligns with the issue of separation as conceptualized in psychoanalytic terms (Birksted-Breen, 1989; Brusset, 1998; Farrell, 2000; Özbek Şimşek, 2019; Parman, 2021; Recalcati, 2014; Verhaeghe, 2008). According to Lacanian theory, the mother, unable to separate from the child, keeps the child in the position of the phallus, thereby denying her own sense of lack (Lacan, 1957-58/2020). The belief of "knowing everything" reflects a situation where there is an absence of lack. Simultaneously, the idea of "knowing everything about the daughter" implies disregarding the daughter's subjectivity and points to boundary difficulties. Secondly, the instances where mothers refer to their daughters' experiences as "we" are examined. This phenomenon is seen as indicative of a separation issue. It suggests a state of fusion with the child, where the mother disregards the child's individual desires and subjectivity (Birksted-Breen, 1989, Brusset, 1998; Farrell, 2000; Parman, 2021) This concept resonates with Lacanian theory, specifically the notions of lack, the devouring mother, privation, and resources.

Similar to the second subtheme, no discourse of "we" was found in any of the girls' narratives, in contrast to the mothers. This observation may support the idea that mothers perceive their children as narcissistic extensions of themselves, while daughters, conversely, strive for separation and individuation. Nevertheless, despite occasional indications of attempts at individuation in the girls' discourse, their pursuit of separation is marked by the intricate relationship they form with food. This observation underscores the symbolic-level dysfunction within the Lacanian framework. Hence, it is imperative to acknowledge that issues concerning separation involve two distinct subjects, both the mother and the daughter.

As previously discussed, these findings highlight the issue of separation, which is particularly prominent in eating problems. The subject with an eating problem develops symptoms as a result of the struggle to establish separation in response to the areas that the mother does not readily open up to. This endeavor to establish autonomy becomes evident not only through the manifested symptoms but also in the nuances of the

discourses, or when certain aspects are left unspoken, such as the use of plural language by the mother while the daughters do not follow suit.

5.5 Conclusion

The scope of this study was examining the discourses of women with eating problems and the discourses of their mothers about symptoms. More specifically, within the mother-daughter couples, the aim is to determine the similarities or differentiating features of discourses, and to identify the main themes and signifiers related to how the symptoms related eating problems and family relations are spoken and handled by the mother and daughter, and in which context these discourses emerge. To investigate the research questions, a total of twelve participants were interviewed, comprising 6 mother-daughter couples. Through these interviews, recurring patterns and themes were identified in the narratives of both the mothers and daughters. These patterns were analyzed and categorized into three distinct themes, allowing for a comprehensive exploration of the mother-daughter relationships within the context of eating problems. Each theme sheds light on a different aspect of the relationship dynamics and the meanings attributed to the eating problem experiences. By examining these three distinct foci, this study aims to provide a nuanced understanding of the complexities and nuances of the mother-daughter relationships in the context of eating problems.

Firstly, upon collective analysis of the texts from the mother-daughter couples, a significant pattern emerged involving the recurrence of symptoms, shared somatic experiences, and illnesses within each mother-daughter case. Among particular other-daughter couples, the mothers acknowledged their own history of weight loss experiences during the time when their daughters were undergoing an eating problem and losing weight. In particular cases, there were similarities in somatic experiences and the transmission of illnesses between the mothers and daughters. Additionally, in one specific case, the mother revealed her past engagement in behaviors such as vomiting to achieve weight loss.

The symptoms and similar experiences of mothers and daughters was associated with the common occurrence of separation difficulties in eating problems. It was hypothesized that

these shared bodily experiences between mothers and daughters could be indicative of an undifferentiated body phenomenon. Furthermore, previous studies in the literature have supported the notion that the separation challenges experienced by mothers and daughters may also be influenced by mother-daughter rivalry dynamics. These findings highlight the interconnectedness of symptoms, experiences, and relationships within the context of eating problems, underscoring the complex nature of these conditions and the need for a comprehensive understanding of the mother-daughter dynamics involved.

Secondly, upon closer examination of the manifestations of eating problems in women, it becomes apparent that these symptoms serve as significant indicators of the dynamics within the family, specifically the relationships between mothers and daughters. The analysis of process or eating problems and symptoms in mother-daughter cases suggests that girls may employ these symptoms as a means of conveying a message to their families and to their mother. The underlying purpose appears to involve seeking attention, love, or a specific reaction from family members, or conveying the existence of a problem. The strategies employed by girls to elicit a response vary, ranging from seeking excitement, evoking concern, maintaining sustained gaze and attention, to signaling that something is not right. Importantly, the discourse of the girls aligns predominantly with the narratives expressed by their mothers.

In this context, the potential meaning of these bodily symptoms, which stand in place of words, for each mother-daughter pair has been discussed. The communicative function of symptoms has been addressed from a Lacanian perspective. When there are challenges with separation, it becomes evident that the mother struggles to distinguish between her child's physical needs and emotional needs, consequently transferring a similar pattern to her child. The problematic relationship with food that the anorexic/bulimic subject establishes stems from the equating of her own physical needs and desires. Within the scope of the study, various examples that highlight these patterns are thoroughly discussed. How these symptoms shape the dynamics of the mother-daughter relationship in their problematic relation to the Other has been interpreted based on Lacan's notions of need and desire, particularly concerning eating problems.

Lastly, the third theme of the study delved into the nuances of the daughters' relationships with their mothers and other family members. The analysis examined the expressions and discourses that conveyed a sense of ambiguity within family relations and boundarylessness in the mother-daughter relationships. Particularly, the study observed that the uncertainty surrounding boundaries and the excessive involvement of mothers in their daughters' lives were expressed differently by both mothers and daughters.

Uncertainties about boundaries and positions have been interpreted in relation to the separation problem and the weakness in the paternal metaphor frequently observed in eating problems. The findings indicate that in some cases, both the mother and the daughter exhibit a similar pattern, while in other instances, the daughter's efforts to differentiate herself from the intrusive position of the mother and her attempts to separate her identity from her mother have been noticeable. This situation supports the idea that, with the central role of separation-related problems in eating disturbances, the symptoms may actually represent an attempt by the daughters to separate themselves from their mothers. However, eating-related problems and symptoms, wherein the body takes on the role of articulating instead of words, indicate the daughter's challenge in individuating from the mother and underscore the dysfunctional nature of her separation process.

Finally, it is important to say a few words about my motivation and reflection on conducting this thesis. Particularly, my own personal and professional experiences led me to trace the path of mother-daughter relationships. I aimed to better understand this dynamic by focusing on the eating disorders group, where this relationship holds significant importance. Embracing a Lacanian psychoanalytic orientation, as a psychologist, I chose Lacanian discourse analysis as the method to delve into the linguistic structures to comprehend these dynamics more profoundly. I hope that my work will contribute to the existing body of literature in this field.

5.6 Strengths and Limitations of the Study and Suggestions for Future Studies

This research adopted a qualitative research method, focusing on the discourses of the participants. The aim was to understand how the subjects express their own experiences, with interpretations based on linguistic constructions found in the texts. Unlike

quantitative research, the goal was not to provide clear clinical interpretations and generalizations, but rather to delve into specific subjective experiences and dynamics within a particular sample.

Qualitative research aims to understand the nuances and complexities of individual experiences, rather than solely relying on diagnostic criteria. By examining subjective experiences and linguistic structures, this study offers a different perspective, emphasizing the form and function of symptoms and experiences in the context of psychopathology. It provides valuable data for understanding how language operates within this specific group.

Furthermore, this research may have implications for language-focused therapeutic methods, such as Lacanian psychoanalysis. Although the interviews were not conducted as therapy sessions, they contribute to enriching theoretical discussions about language structures. While this study serves a specific purpose, it can be a valuable resource for advancing the understanding of language in psychopathology and potentially informing language-centered therapeutic approaches.

While there are existing studies in the literature that emphasize intergenerational transmissions in eating problems, it is worth noting that, to the best of our knowledge, this research is unique in its focus on the discourses of both the women with eating problems and their mothers. This distinct approach offers a valuable contribution to the field by providing insights into the dynamics of eating problems from multiple perspectives.

The sample selection for this study was carefully aligned with the chosen qualitative research methodology, ensuring homogeneity and coherence with the study's objectives. However, it is believed that conducting future research with more specific participant criteria and focusing on particular aspects could further enrich the field. Exploring various angles and delving into specific issues might yield additional valuable findings and insights for the understanding and management of eating problems.

Another limitation which should be considered is related to the motivation of the participants. Unlike the general population of eating disorder patients, the mothers and

daughters who participated in this study were motivated to be part of the research. Many potential participants, who were referred from hospitals and private clinics, declined to be interviewed or initially agreed, but later withdrew from participation. It is well-known in the literature that individuals with eating problems may find it challenging to adapt and cooperate with therapy and treatment processes. Despite clarifying that the interviews were not intended for therapy, participants who were directed to the researcher by their therapists or psychiatrists might have perceived the researcher as a therapist during the interviews. This situation could have influenced their motivation to participate and might have affected the nature of their responses.

Considering that the participants' acceptance to take part in the study might indicate a certain willingness to discuss their experiences or a relatively lower resistance to self-expression, it is essential to acknowledge that this could have created a more specific and possibly less homogeneous group of subjects with eating problems. It is crucial to remember that this research did not aim to encompass all individuals with eating problems, but rather focused on a specific sample to explore the dynamics of the mother-daughter relationship and eating problems through discourse analysis.

Furthermore, in line with the research method, the study aimed to delve into not only what was spoken but also what was unspoken, the gaps, and the unarticulated. According to a Lacanian perspective, every symptom is a linguistic structure, often manifesting itself through symptoms that cannot be easily verbalized. However, it is essential to recognize that there might be variations between subjects who willingly participated in conversational interviews and those who did not. These differences should be taken into consideration while interpreting the findings and understanding the complex dynamics of eating problems in the context of the mother-daughter relationship.

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



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06 AĞUSTOS 2021

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Tülin GENÇÖZ

Danışmanlığını yürüttüğünüz Ayça Tezerişir'in "Yeme Bozukluğunda Nesillerarası Anne Kız İlişkilerinde Kadınlık Söylemi" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve 326-ODTU-2021 protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
İAEK Başkan

B. INFORMED CONSENT FORM-DAUGHTERS

GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü Klinik Psikoloji Anabilim Dalı yüksek lisans öğrencisi Ayça Tezerişir'in yüksek lisans tez çalışması kapsamında olup Prof. Dr. Tülin Gençöz danışmanlığında ve Öğretim Üyesi Dr. Sinem Baltacı'nın eş danışmanlığında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın amacı nedir?

Bu araştırmanın amacı yeme bozukluğu tanısı almış olan bireylerin kişisel deneyimlerini anlamak, bu deneyimlerle birlikte "kadın" ve "anne" olmak ile ilgili düşüncelerini ve söylemlerini incelemektir.

Bize nasıl yardımcı olmanızı isteyeceğiz?

Çalışmanın amacı doğrultusunda sizinle 60-90 dakika arasında süren bir görüşme gerçekleştireceğiz. Bu görüşmede araştırmacı tarafından sözel olarak sunulacak bir grup soruyu kendi düşünceleriniz ve deneyimleriniz çerçevesinde değerlendirerek cevaplandırmanız beklenmektedir.

Sizden topladığımız bilgileri nasıl kullanacağız?

Görüşme süresince ses kaydı alınacaktır; ancak verdiğiniz bilgiler ve düşünceler tamamen gizli tutulacak, kimlik bilgilerinize yer verilmeyecek, sonuçlar sadece araştırmacılar tarafından değerlendirilecektir. Sizden edindiğimiz bilgileri diğer katılımcıların yanıtlarıyla beraber, bir bütün olarak ele alınıp değerlendirilecek ve yalnızca bilimsel amaçlarla kullanılacaktır. Bu çalışmanın sonuçları bilimsel dergi veya toplantılarda sunulabilir.

Katılımla ilgili bilmeniz gerekenler

Bu çalışmaya katılım tamamen gönüllülük esasına bağlıdır. Araştırma kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir; ancak görüşme esnasında sorulardan ya da herhangi başka bir sebepten dolayı rahatsız hissettiğiniz durumda araştırmaya katılmaktan vazgeçebilirsiniz. Böyle bir durumda çalışmayı uygulayan kişiye, çalışmadan çıkmak istediğinizi söylemeniz yeterli olacaktır.

Katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Ayça Tezerişir ile iletişim kurabilirsiniz (e-posta: ayca.tezerisir@metu.edu.tr).

Mevcut çalışmanın kapsamı ve amacı araştırmacı tarafından görüşme öncesinde tarafıma sözel olarak yapıldı. Yukarıda yer alan bilgileri okudum, katılımcı olarak sorumluluklarımı anladım ve çalışmaya katılmayı kabul ediyorum.

Katılımcının Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):

C. INFORMED CONSENT FORM-MOTHERS

GÖNÜLLÜ KATILIM FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü Klinik Psikoloji Anabilim Dalı yüksek lisans öğrencisi Ayça Tezerişir'in yüksek lisans tez çalışması kapsamında olup Prof. Dr. Tülin Gençöz danışmanlığında ve Öğretim Üyesi Dr. Sinem Baltacı'nın eş danışmanlığında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın amacı nedir?

Bu araştırmanın amacı yeme bozukluğu tanısı almış olan bireylerin annelerinin kişisel deneyimlerini anlamak, bu deneyimlerle birlikte “kadın” ve “anne” olmak ile ilgili düşüncelerini ve söylemlerini incelemektir.

Bize nasıl yardımcı olmanızı isteyeceğiz?

Çalışmanın amacı doğrultusunda sizinle 60-90 dakika arasında süren bir görüşme gerçekleştireceğiz. Bu görüşmede araştırmacı tarafından sözel olarak sunulacak bir grup soruyu kendi düşünceleriniz ve deneyimleriniz çerçevesinde değerlendirerek cevaplandırmanız beklenmektedir.

Sizden topladığımız bilgileri nasıl kullanacağız?

Görüşme süresince ses kaydı alınacaktır; ancak verdiğiniz bilgiler ve düşünceler tamamen gizli tutulacak, kimlik bilgilerinize yer verilmeyecek, sonuçlar sadece araştırmacılar tarafından değerlendirilecektir. Sizden edindiğimiz bilgileri diğer katılımcıların yanıtlarıyla beraber, bir bütün olarak ele alınıp değerlendirilecek ve yalnızca bilimsel amaçlarla kullanılacaktır. Bu çalışmanın sonuçları bilimsel dergi veya toplantılarda sunulabilir.

Katılımla ilgili bilmeniz gerekenler

Bu çalışmaya katılım tamamen gönüllülük esasına bağlıdır. Araştırma kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir; ancak görüşme esnasında sorulardan ya da herhangi başka bir sebepten dolayı rahatsız hissettiğiniz durumda araştırmaya katılmaktan vazgeçebilirsiniz. Böyle bir durumda çalışmayı uygulayan kişiye, çalışmadan çıkmak istediğinizi söylemeniz yeterli olacaktır.

Katıldığımız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Ayça Tezerişir ile iletişim kurabilirsiniz (e-posta: ayca.tezerisir@metu.edu.tr).

Mevcut çalışmanın kapsamı ve amacı araştırmacı tarafından görüşme öncesinde tarafıma sözel olarak yapıldı. Yukarıda yer alan bilgileri okudum, katılımcı olarak sorumluluklarımı anladım ve çalışmaya katılmayı kabul ediyorum.

Katılımcının Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):

D. PARENTAL CONSENT FORM

EBEVEYN ONAY FORMU

Bu araştırma, ODTÜ Psikoloji Bölümü Klinik Psikoloji Anabilim Dalı yüksek lisans öğrencisi Ayça Tezerişir'in yüksek lisans tez çalışması kapsamında olup Prof. Dr. Tülin Gençöz danışmanlığında ve Öğretim Üyesi Dr. Sinem Baltacı'nın eş danışmanlığında yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır. Aynı bilgilendirme, çocuğunuza da yapılacaktır.

Bu araştırmanın amacı nedir?

Bu araştırmanın amacı yeme bozukluğu tanısı almış olan bireylerin ve annelerinin kişisel deneyimlerini anlamak, bu deneyimlerle birlikte "kadın" ve "anne" olmak ile ilgili düşüncelerini ve söylemlerini incelemektir.

Çocuğunuzun katılımcı olarak ne yapmasını istiyoruz?

Çalışmanın amaçları doğrultusunda çocuğunuzla 60-90 dakika arasında süren bir görüşme gerçekleştirilecektir. Çocuğunuzdan araştırmacı tarafından sözel olarak sunulacak bir grup soruyu kendi düşünceleri ve deneyimleri çerçevesinde değerlendirerek cevaplandırması beklenmektedir. Araştırmada her bir görüşme bireysel olarak gerçekleştirilecektir.

Sizden çocuğunuzun katılımcı olmasıyla ilgili izin istediğimiz gibi, çalışmaya başlamadan çocuğunuzdan da katılımıyla ilgili rızası mutlaka alınacaktır.

Çocuğunuzdan alınan bilgiler ne amaçla ve nasıl kullanılacak?

Çocuğunuz ile gerçekleştirilecek görüşme süresince ses kaydı alınacaktır; ancak verilen bilgiler ve düşünceler tamamen gizli tutulacak, çocuğunuzun kimlik bilgilerine yer verilmeyecek, sonuçlar sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan edinilen bilgiler diğer katılımcıların yanıtlarıyla beraber, bir bütün olarak ele alınıp değerlendirilecek ve yalnızca bilimsel amaçlarla kullanılacaktır. Bu çalışmanın sonuçları bilimsel dergi veya toplantılarda sunulabilir.

Çocuğunuz çalışmayı yarıda kesmek isterse:

Bu çalışmaya katılım tamamen gönüllülük esasına bağlıdır. Araştırma kişisel rahatsızlık verecek sorular veya uygulamalar içermemektedir. Ancak katılım sırasında sorulan sorulardan ya da herhangi başka bir nedenden ötürü çocuğunuz kendisini rahatsız hissettiğini belirtirse, ya da kendi belirtmese de araştırmacı çocuğunuzun rahatsız olduğunu öngörürse, çalışmaya sorular tamamlanmadan ve derhal son verilecektir.

Çocuğunuzun araştırmaya katılmasına onay verdiğiniz için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Ayça Tezerişir ile iletişim kurabilirsiniz (e-posta: ayca.tezerisir@metu.edu.tr).

Mevcut çalışmanın kapsamı ve amacı araştırmacı tarafından görüşme öncesinde tarafıma sözel olarak yapıldı. Yukarıda yer alan bilgileri okudum çocuğumun araştırmaya katılmasına onay veriyorum

Lütfen alttaki iki seçenektten birini işaretleyiniz.

Evet onaylıyorum ___

Hayır, onaylamıyorum ___

Annenin adı-soyadı: _____

Bugünün Tarihi: _____

Çocuğun adı soyadı ve doğum tarihi: _____

(Formu doldurup imzaladıktan sonra arařtırmacıya ulařtırınız).

E. SEMI-STRUCTURED INTERVIEW QUESTIONS-DAUGHTERS

YARI YAPILANDIRILMIŞ GÖRÜŞME SORULARI-KIZLAR

- 1- Biraz kendinizden bahsedebilir misiniz?
- 2- Yeme bozukluğu konusunda sürecinizden ve deneyimlerinizden bahsedebilir misiniz?
- 3- Bu süreçte yaşadığınız zorluklardan bahsedebilir misiniz?
- 4- Bu süreçte çevrenizde sizin için önemli olan kişiler kimlerdi?
- 5- Bu süreçte annenizle olan ilişkiniz nasıldı? Anneniz yeme bozukluğu süreciniz ile ilgili neler söylemekteydi?
- 6- Annenizi nasıl tanımlarsınız? İlişkinizi nasıl tanımlarsınız?
- 7- Annenizden beklentileriniz nedir? Annenizin sizden beklentilerinin neler olduğunu düşünüyorsunuz?
- 8- Babanızı nasıl tanımlarsınız? İlişkinizi nasıl tanımlarsınız?
- 9- Babanızdan beklentileriniz nedir? Babanızın sizden beklentilerinin neler olduğunu düşünüyorsunuz?
- 10- Anne olmak sizin için nasıl bir anlam ifade eder, anneliği nasıl tanımlarsınız?
- 11- Cinsiyet, kız-erkek, kadın-erkek gibi kavramlara dair fikirleriniz nelerdir?

F. SEMI-STRUCTURED INTERVIEW QUESTIONS-MOTHERS

YARI YAPILANDIRILMIŞ GÖRÜŞME SORULARI-ANNELER

- 1- Biraz kendinizden bahsedebilir misiniz?
- 2- Kızınızla ilişkinizden söz edebilir misiniz?
- 3- Kızınızın yeme bozukluğu sürecinde sizin deneyimleriniz nelerdir?
- 4- Kızınızın yeme bozukluğu sürecinde kızınızın nasıl deneyimler yaşadığını düşünüyorsunuz?
- 5- Eşiniz nasıl biridir, eşinizi ve eşinizle olan ilişkinizi nasıl tanımlarsınız?
- 6- Anneniz nasıl biridir, ilişkinizi nasıl tanımlarsınız?
- 7- Babanız nasıl biridir? Babanızla ilişkinizi nasıl tanımlarsınız?
- 8- Cinsiyet, kadınlık, kadın-erkek, kız-erkek gibi kavramlarla ilgili fikirleriniz nedir?
- 9- Anneliği nasıl tanımlarsınız? Anne olmanın sizin için anlamı nedir?

G. TURKISH SUMMARY / TÜRKE ÖZET

BÖLÜM 1

GENEL GİRİŞ

1.1. Bağlam ve Genel Bakış

Bu araştırma, yeme bozukluğu tanısına sahip genç kadınların ve annelerinin söylemlerini Lacanyen psikanalitik teori ışığında incelemeyi hedeflemiştir. Çalışmada anne ve kızların yeme problemleri ile ilişkili semptomlara nasıl bir anlam attettiklerine, bu semptomlarla ilişkili olan gösterenlere ve bu semptomların anne-kız ilişkisinin dinamiğine nasıl bir etkisinin olduğuna odaklanılmış, anne ve kızların söylemlerindeki benzerlikler ve farklılıklar, anne-kız ilişkisi açısından ve yeme problemleri açısından incelenmiştir.

Yeme bozuklukları, temel olarak kilo almaya yönelik aşırı düzeyde korku, zayıf bir vücuda sahip olmaya yönelik şiddetli arzu, beden imgesine ilişkin bozukluklar, yeme reddi ve kilo almayı engelleyen telafi edici davranışlar ile karakterizedir. Yeme problemleri, 20. Yüzyıldan itibaren klinisyenlerin üstünde durduğu bir konu olmuş ve farklı ekollerce çalışılmıştır. Özellikle psikanalitik teori bu alandaki çalışmalara büyük katkı sunmuştur.

Psikanalitik kuram çerçevesinde düşünüldüğünde yeme problemlerini diğer psikopatolojilerden ayıran iki önemli özellik olduğu görülmektedir. Birincisi, yeme problemleri, kadınlarda erkeklere göre daha yaygın olarak görülmektedir (Barakat et al., 2023; Bulik, 2002; Collier & Treasure, 2014; Jacobi et al., 2004; Striegel-Moore & Bulik, 2007; Striegel-Moore & Smolak, 2002; Yao et al., 2021). İkincisi, yeme problemlerinin yüksek oranda ergenlik veya genç yetişkinlik döneminde ortaya çıktığı görülmektedir (Bulik, 2002; Klein & Walsh, 2003; Reijonen et al., 2003; Striegel-Moore & Bulik, 2007). Ergenlik, özellikle cinsiyete özgü deneyimler, cinselliğin gelişimi ve kimlik açısından kritik bir dönemdir. Bu sebeple, araştırmacılar bu iki özellikten yola çıkarak yeme

problemlerinin femininite ve kadınlık ile nasıl bir ilişkisi olabileceğinin üzerinde durmuşlardır.

Psikanalitik kuramın kurucusu olarak kabul edilen Sigmund Freud ve onu takip eden kuramcılar problematik yeme davranışını dürtü-çatışma ekseninde ele almış ve yeme problemlerinin kaynağının seksüel çatışmalar ve bilinçdışı Ödipal arzulardan kaynaklı olabileceğini vurgulamışlardır. İlerleyen yıllarda özellikle nesne ilişkileri kuramının gelişimi ile birlikte yeme problemlerinin ilişkisel dinamikleri üzerinde durulmaya başlanmış ve özellikle anne-çocuk ilişkisinin önemi vurgulanmıştır. Freud'un 1931 ve 1932'de anne ve kız ilişkilerinin femininite ve kadınlığın gelişimindeki kritik rolüne yaptığı vurgu da hatırlanacak olursa, yeme problemlerinde anne ve kız ilişkilerini çalışmanın önemli olduğu düşünülmektedir.

20. Yüzyılın ikinci yarısından itibaren, psikanalitik kuramı dil odaklı bir bakış açısı ile yorumlayan Jacques Lacan, anne ve çocuk ilişkisinin ikili bir ilişki olmanın ötesine geçerek bir üçüncüyü, yani babayı da kapsadığını dile getirir. Bu bakış açısı, babanın sembolik rolünün öznenin kurulumunda nasıl bir işlev gördüğünü de detaylandırır.

Sembolik düzene ve dile önemli bir rol atfeden Lacan, semptomları birer dilsel yapı olarak tarif etmiştir (1953/1991). Bu bağlamda yeme problemleriyle ilişkili semptomları hem yeme bozukluğu olan öznelerin hem de annelerinin bakış açısından Lacanyen psikanalitik kuram ışığında incelemek, pozitivist ve tanı kriterlerine dayanan bir perspektife göre daha farklı ve zengin veriler sunabilir. Bunun için dile ve söylemlere odaklanmanın önemli olduğu düşünülmektedir. Söylem analizi, metinlerdeki dilsel yapıları ve inşaları inceleyen bir nitel araştırma yöntemidir. Lacanyen söylem analizi ise Lacanyen psikanalitik bir bakış açısıyla dilin hangi bağlamlarda ve biçimlerde kullanıldığına dair bir çerçeve sunmaktadır. Dolayısıyla, yeme problemleri gibi cinsiyete ve kadınlığa ilişkin önemli veriler sunan bir psikopatolojide anne ve kız ilişkilerinin derinlemesine çalışılmasının önemli olduğu ve yalnızca yeme bozukluğu öznesi olan kadınların değil annenin de söylemlerinin incelenmesinin söylemlerindeki nesillerarası aktarımları görebilmek adına farklı bir bakış açısı sunacağı düşünülmektedir. Dolayısıyla Lacanyen söylem analizinin bu çalışmanın konusu itibarıyla en uygun yöntem olduğu düşünülmektedir.

BÖLÜM 2

TEORİK ZEMİN

2.1. Yeme Problemlerinin Tarihçesi

Yeme problemleri, özellikle 20. Yüzyıldan itibaren klinikte bir çalışma konusu olarak öne çıkmış ve ilk kez 1980’de DSM’de Anoreksiya nervoza ve bulimiya nervoza olmak üzere en yaygın olarak görülen iki yeme bozukluğu tanımlanmıştır. Ancak yeme problemlerinin tarihçesi aslen daha eskiye dayanmaktadır. Tarihçiler Helenistik dönemde özellikle kadınların “kutsal anoreksiya” adı altında kendini aç bırakma ritüellerinin olduğundan söz etmektedir (Bell, 2002). Benzer biçimde, antik dönemlerde kimi uygarlıklarda tıknırcasına yeme ve kusmanın bir ritüel olarak benimsendiğine ilişkin tarihi kayıtlar bulunmaktadır (Parry Jones & Parry Jones, 1991). Ortaçağdan 19. Yüzyılda dek klinik alanda yapılan çalışmalarda ise yemeye ilişkin problemlerin temelinde duygusal çatışmaların olabileceğine ilişkin ilk fikirlere rastlamak mümkündür (Bell, 2002, Nasser, 1993; Vandereycken & Deth, 1990).

2.2. Psikanalitik Kuramda Yeme Problemleri

Psikanalitik teorinin gelişimiyle birlikte yeme problemlerine olan bakış açısı da gelişmiştir. İlk olarak Freud, problematik yeme davranışının bastırılmış bilinçdışı arzular ile ilişkili olabileceğinden söz etmiştir (Breuer & Freud, 1895; Freud 1892, 1893, 1898; aktaran Gürdal Küey, 2013). Aynı dönemlerde Fliess ile olan mektuplaşmalarında Freud anoreksik davranışın gelişmemiş cinsellik ve melankoli ile ilişkisi olabileceğinden söz etmiş (Freud, 1899/1966), cinsellik üzerine olan metinlerinde ise yemeye ilişkin semptomların cinselliğe yönelik bir direnç olabileceğini dile getirmiştir (Caparrotta & Ghaffari, 2006).

Freud’un görüşleri kendisini takip eden kuramcılar tarafından da benimsenmiştir. Kuramcılar özellikle ödipal arzulardan söz ederek genital cinselliğin reddi, babadan bir bebek sahibi olma arzusu ve anne ile rekabet ekseninde yeme problemlerini ele almışlardır (Abraham, 1924; Sperling, 1983; Wilson, 1983; Sarnoff, 1983; aktaran, Farrell, 2000). Waller ve diğerleri (1940), anoreksiya nervoza hastalarının anneleriyle olan ilişkilerinin

kritik rolünden söz eden ilk kuramcılardandır. Boutonier ve Lebovici (1948) yeme problemlerini çalışırken anne ve çocuk ilişkisindeki beslenme işlevinin üzerinde durmuş, Nemiah (1950) ise annelerin aşırı korumacı rolünün ve hastaların annelerine anormal düzeydeki bağımlılığının bu vakalardaki görünürlüğüne dikkat çekmiştir. Meyer ve Weinroth (1957) ise yeme problemleri ile ilişkili semptomların anne ve çocuğun arasındaki bütünlüğü yeniden inşa etmeye dair bir arzudan kaynaklı olabileceğini ifade etmişlerdir.

Nesne ilişkileri kuramının gelişimi ile birlikte ilişkisel dinamiklere odaklanılmaya başlanmış, anne-çocuk arasındaki ilişkinin en görünür olduğu pre-ödüpal dönemin önemine vurgu yapılmaya başlanmıştır. Selvini-Palazzoli (1974), Bruch (1970, 1971) ve Minuchin (1975, 1978) gibi kuramcılar özel olarak yeme bozukluklarına odaklanarak anne ile olan ilişkiye ve aile dinamiklerinin önemine dikkat çekmişlerdir.

2.3. Lacanyen Psikanalitik Kuram ve Yeme Problemleri

Yeme problemleri üzerine son dönemlerdeki çalışmalar ise anne ve kızın ayrışmasına ilişkin problemler, anneden ayrışmaya ve seksüel bir bedene sahip olmaya, veya kadınsı olmaya yönelik direnç ve babanın zayıf konumu üzerinde durmuştur (Crisp, 1997; Gürdal Küey, 2008; Schupak-Neuberg ve Nemeroff, 1993; Scott, 1987; Parman, 2021; Wilson, Hogan ve Mintz, 1985, akt. Beattie, 1988). Bu açıdan bakıldığında Lacanyen psikanalitik kuramın önemli bir noktada durduğu düşünülmektedir. Lacan, öznelarası ilişkilere daima bir üçüncünün, yani büyük Başka'nın aracılık ettiğinden söz etmektedir. Yaşamın ilk yıllarında Başka rolünü anne üstlenir (Evans, 2006). Preödüpal dönemde anne ve çocuk arasındaki simbiyotik ilişki, babanın sembolik rolünün devreye girmesi ile farklı bir anlam kazanır. Babanın sembolik rolünün yani Babanın Adı'nın devreye girişi ve Ödüpal kompleks, çocuğun imgeselden simgesel düzleme geçişi ve öznenin kurulumu için aracılık eder. Sembolik düzenin yasalarına tabii olan özne, temelde eksiklik (lack) ile karakterizedir, Lacan aynı zamanda sadece çocuğun değil, annenin de eksiğe sahip olduğundan söz eder ve bunu privasyon olarak tanımlar. Lacan'a göre, anne, ancak kendi eksiğini tanıyıp kabul edebildiğinde babayı çocuğuna tanıtabilir (Lacan, 1957-58/2020). Dolayısıyla çocuğun anneden ayrışması, kritik bir noktada durmaktadır.

Lacan yeme problemlerinden ilk kez 1938’de söz etmiştir. Sütten kesilme sürecinin annenin memesinin eksigi ile ilk karşılaşılan dönem olduğundan bahsetmiş ve buradaki ayrışmanın çocuğun bir kimlik ve otonomi geliştirmesi için gerekli bir adım olduğunu dile getirmiştir (Lacan, 1938). Nesne ilişkileri kuramını odağa aldığı 4. Seminerinde ise Lacan, anoreksiya nervozanın bir yememe durumundan ziyade “hiçlik yeme” durumu olduğundan söz etmiştir (Lacan, 1957). Annenin tümgüçlü olarak algılandığı durumda çocuk bu hiçliği kullanarak annenin, yani Başka’nın arzusundan kendisinininkini ayırtmaya ve kendini arzulayan bir özne olarak inşa etmeye çabalar (Lacan, 1958/1991). Lacan aynı zamanda, anoreksiyada Başka’nın çocuğun ihtiyaçlarını arzusu ile karıştırdığı bir durumdan söz etmekte, bunun da çocuğun kendi bedensel ihtiyaçları ve arzusunu ayırt etmesinde zorluk yaşamasında sebep olduğunu ifade etmektedir (Lacan, 1958/1991).

Lacanyen kuramı benimseyen kuramcılar da yeme problemlerini bu perspektifte ele almış, yeme problemlerinin temelde anneden ayrışma ile olan problemlerle ve öznenin kendi arzusunu kurmaktaki zorlukla ilişkisine ve Başka ile ve yeme ile olan problematik ilişkiye vurgu yapmışlardır (Recalcati 2014, 2015; Gherovici, 2011; Costanzo, 2022; Özbek Şimşek, 2019; Verhaeghe, 2008).

BÖLÜM 3

METODOLOJİ

3.1. Niteliksel Araştırma Yöntemleri ve Söylem Analizi

20. yüzyılın ikinci yarısından itibaren bilginin ve gerçekliğin tanımının değişmeye başladığı, özellikle “Sosyal İnşacılık” ve “Dile Dönüş” gibi düşünce akımlarıyla birlikte dil odaklı çalışmaların önem kazanmaya başladığı görülmektedir. Objektif bir bakıştan çok sübjektif deneyimlerin ve gerçekliğin farklı versiyonlarının öneminin altını çizen bu akımlar dilin sadece ifade edici rolünü değil, inşa edici rolünü de vurgulamaya başlamıştır (Burr, 2002). Sosyal ve kültürel yapıların dil ile birlikte üretildiğini vurgulayan bu bakış açısı sosyal bilimlerde araştırma metotlarını da yeni bir perspektiften ele almaya vesile olmuştur. Bu dönemle birlikte niteliksel araştırma yöntemlerinin önem kazanmaya

başladığı görülmektedir. Bu yöntemlerden biri de söylem analizidir. Söylem analizi yaklaşımına göre, konuşma veya metin içerisinde neyin nasıl söylendiği, söylemlerin hangi biçimlerde dile getirildiği önem taşımaktadır (Willig, 1999). Dil, sosyal yaşamın kurucusu olarak ele alınabilir. Söylemler tüm bilişlerin, sosyal bağların ve kişilerarası ilişkilerin birer ürünü olduğu kadar, aynı zamanda onları belirleyen ve inşa eden özelliktedir. Dolayısıyla bir söylem analisti için asıl mesele, bu inşaların hangi biçimlerde kurulduğu ve metinlerin nasıl yapılandırıldığıdır (Wetherell et al., 2001).

3.2. Lacanyen Söylem Analizi

Sosyal bilimlerin paradigmasının değiştiği ve dil odaklı çalışmaların önem kazandığı 20. Yüzyılda Lacan da psikanalitik kuramı ve Freud'un temel kavramlarını linguistik bir bakış açısı ile yeniden yorumlamıştır (Beria, 2000). Lacan'ın objektiviteden ve tanı kriterli bakış açısından çok öznelliğe vurgu yaptığı görülmektedir (Baltacı, 2019). Lacan'a göre öznenin kurulumunun koşulu, öznenin eksiği çerçevesinde söz konusu olur ve bu da sembolik düzen ve dil tarafından şekillenmektedir (Lacan, 1961/2010, aktaran Baltacı, 2019). Bu süreç bebeğin doğumundan da önceye uzanır, anne ve babanın çocuk hakkındaki fantazmaları, çocuğun nasıl bir söylemin içine doğacağını da belirler. Dolayısıyla özne, ancak Başka'nın söylemi üzerinden kendi söylemini kurabilir (Uçar ve Gençöz, 2019). Lacan'a göre semptomlar birer gösteren olma özelliği taşır. Bir semptomun evrensel bir tanımı veya anlamı yoktur, her bir semptom, öznenin kendi deneyimi içinde anlam taşır (Lacan, 1953/1991).

Parker (2005) Lacanyen psikanalitik kuramdan yola çıkarak nitel araştırmalara zemin sunabilecek bir yöntem olan Lacanyen söylem analizini geliştirmiştir. Parker, Lacanyen söylem analizinin araştırmacıya bir zemin sunduğunu, ancak yapılandırılmış bir metot olarak ele alınmaması gerektiğini özellikle vurgulamaktadır. Psikanalitik kuramın çerçevesi içinde, bir metinde veya konuşmada ifadelerin ve gösterenlerin hangi biçimlerde ortaya çıktığı, söylenenler kadar söylenmeyen veya eksik bırakılanların konuşma içinde nasıl bir işlevinin olduğu ve öznelerin nasıl bir pozisyon aldıkları bu yöntemin temelde odaklandığı unsurlardır. Söylem analizi yaklaşımında olduğu gibi Lacanyen söylem analizinde de metinde içerik veya anlama değil, metnin nasıl yapılandırıldığına ve biçimlendiğine odaklanılır. Bu bağlamda metindeki gösterenler, dil sürçmeleri,

metaforlar ve söylemde eksik bırakılanlar, her bir konuşan öznenin öznel deneyimlerini ve dilsel pratiklerini derinlemesine çalışmayı sağlayabilir.

3.3. Örneklem, Katılımcılar ve Prosedür

Bu araştırma için öncelikle Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulundan onay alınmıştır. Araştırmaya katılım kriterleri kadın olmak ve anoreksiya nervoza/bulimiya nervoza tanısı almış olmak olarak belirlenmiştir, bu doğrultuda bu kriterleri sağlayan genç kadınlar ve annelerine ulaşabilmek hedeflenmiştir. Bu doğrultuda devlet hastaneleri ve özel kliniklerde çalışan uzmanlarla irtibata geçilerek araştırma hakkında bilgi verilmiştir. Uzmanların yönlendirmiş olduğu anoreksiya nervoza veya bulimiya nervoza tanısı olan genç kadınlara ve annelerine telefon ile ulaşılarak araştırma hakkında bilgi verilmiş, görüşmelerde ses kaydı alınacağına ve kimlik bilgilerinin gizli tutulacağına ilişkin bilgilendirme yapılmış, çalışmaya katılmayı kabul eden katılımcılarla görüşmeler planlanmıştır. Araştırma Covid-19 dönemine gerçekleştirildiği için katılımcılara yüz yüze veya çevrimiçi görüşme seçenekleri sunulmuştur. Görüşmelerin tarihi planlandıktan sonra 6 genç kadın ve anneleriyle, yani toplamda 12 katılımcı ile ayrı ayrı olmak üzere yarı yapılandırılmış görüşmeler gerçekleştirilmiştir. Araştırmada yer alan katılımcılardan genç kadınların yaşları 15-28 aralığında değişmektedir. Genç kadınlardan üçü anoreksiya nervoza, üçü ise bulimiya nervoza tanısına sahiptir. Annelerin yaşları ise 45-58 aralığındadır.

3.4. Analiz Süreci

Katılımcılar ile gerçekleştirilen yarı yapılandırılmış görüşmelerde genç kadınlara yeme bozukluğu sürecindeki deneyimleri, semptomları, aileleri ile ilişkileri hakkında sorular sorulmuştur. Annelere ise kızlarının yeme bozukluğu süreci, bu dönemlerde kendilerinin yaşadığı deneyimler, kızlarıyla, kendi anneleriyle ve diğer aile bireyleriyle olan ilişkileri hakkında sorular sorulmuştur.

Bu görüşmelerin ardından ses kayıtlarının yazıya dökümü yapılmış, gizlilik ilkesi doğrultusunda tüm katılımcıların isimleri, şehir ve okul isimleri değiştirilmiştir. Ardından analiz sürecine geçilmiştir. Öncelikli olarak her bir anne kız çiftinin metinlerinde sıklıkla

tekrarlayan temalar, gösterenler, metaforlar incelenmiş ve anne ve kızların söylemlerindeki benzerlikler ve farklılaşmalar odağa alınmıştır. Ardından tüm kızlarda ve annelerde tekrarlayan gösterenler, söylemler ve örüntüler incelenerek bütün olarak ele alınmış ve çalışmanın temaları oluşturulmuştur.

BÖLÜM 4

ANALİZ VE SONUÇLAR

Araştırmada, her bir katılımcının metinleri incelendikten sonra anne ve kız çiftlerinin metinlerinde tekrar eden gösterenler ve söylemler ele alınmış, ve Lacanyen psikanalitik kuramın çerçevesinde önemli olduğu düşünülen durumları detaylı olarak inceleyebilmek adına üç ayrı tema oluşturulmuştur.

4.1. Kızların ve Annelerin Tekrarlayan Semptomları ve Hastalıkları

Bu araştırmanın ilk temasında kızların ve annelerin tekrarlayan semptomları ve benzeşen somatik deneyimleri ele alınmıştır. Tüm anne-kız çiftlerinin benzer yeme problemi semptomları gösterdikleri veya benzer somatik deneyimleri olduğu görülmüştür. Bir başka ifadeyle, yeme problemlerini kızlar yaşıyorken, anneleri de aynı dönemde bu sürecin bir parçası olarak yeme problemlerinin bir öznesi haline gelmiştir.

Bazı anne kız çiftlerinde kız bir yeme bozukluğu semptomu gösteriyorken, annenin de aynı dönemde benzer bir semptomunun olduğu görülmüştür. Örneğin, kızlar kilo veriyorken annelerin de aynı dönemde kilo verdiklerini anlattıkları görülmüştür. Kızlar kendi kilo verme süreçlerini daha ince olmak veya daha güzel olmak gibi motivasyonlarla açıklıyorken, anneleri ise kendi kilo verme durumlarını kızları için endişelenme, üzüntü ve kaygı gibi durumlarla açıklamışlardır. Bazı anne-kız çiftlerinde ise somatik deneyimlerin ve hastalıkların hem annede hem de kızda söz konusu olduğuna ilişkin söylemlere rastlanmıştır. Son olarak bir anne-kız çiftinde, annenin kendi geçmiş deneyimlerinde kilo vermek için kusma davranışının olduğundan bahsettiği ve kızının da benzer semptomlar gösterdiğini söylediği görülmüştür.

4.2. Semptomun İşlevi

İkinci ana temada, semptomların işlevine odaklanmıştır. Kızların yeme problemlerine ilişkin süreçlerini ve semptomlarını nasıl anlattığı ve bunların bağını özellikle aile dinamikleri açısından nasıl kurduğu incelenmiştir. Bunun yanı sıra, annelerin kızlarının bu sürecini hangi bağlamda ve hangi gösterenlerle ele aldığı da incelenmiştir.

Araştırmada tüm kızların semptomlarını ve yeme problemi süreçlerini ailesel dinamiklerle ele aldığı görülmüştür. Yani her bir semptomun anne kız ilişkisi ve aile ilişkileri açısından bir fonksiyonunun olduğu gözlenmiştir. Her bir kızın söyleminde bu işlevin nasıl bir biçimde tanımlandığı ve annenin buna hangi biçimlerde yanıt verdiği, farklı açılardan ele alınmıştır. Kızların semptomlarından söz ederken kendi süreçlerini özellikle annelerine ve diğer aile bireylerine bir şeyleri ifade etmek, bir şeyleri göstermek, onlardan ilgi veya tepki almak veya bir şeylerin yolunda gitmediğinin mesajını vermek gibi söylemlerle açıkladıkları görülmüştür. Annelerinin de bu bağlamda bu mesajları yanıtladıkları görülmüş ve anne ve kızlarda bilinçdışı olarak bir paralelliğin söz konusu olduğu düşünülmüştür.

4.3. Konumlardaki Karmaşa ve Konumlanmadaki Sınır Belirsizlikleri

Çalışmanın üçüncü temasında anne ve kız ilişkileri odağa alınmış ve özellikle kendileri ve aileleri hakkında dile getirdikleri söylemler incelenmiştir. Anne ve kızların söylemlerinde özellikle roller ve aile içindeki pozisyonlara dair bazı karmaşalar ve sınırlara ilişkin belirsizlikler gözlenmiştir. Bu doğrultuda üç alt tema oluşturulmuştur. 1- Anne-Baba-Çocuk Konumundaki Karmaşalar, 2- Kızı Hakkında “Her Şeyi” Bilmek: Sınırların Eksikliği 3- Annelerin Kızlarıyla İlgili Kullandığı Çoğul Zamirler.

4.3.1 Anne-Baba-Çocuk Konumundaki Karmaşalar

Birinci alt tema kapsamında, anne ve kızların söylemlerinde aile içinde anne, baba veya çocuk olmaya ilişkin rollerin karmaşık bir biçimde ifade edildiği veya rollere ilişkin belirsizlikler dile getirdikleri görülmektedir. Kızların ifade ettiği bu durumlar annelerin söylemlerinde de paralel bir biçimde ilerlemektedir.

4.3.2 Kızı Hakkında “Her Şeyi” Bilmek: Sınırların Eksikliği

İkinci alt tema kapsamında, annelerin kızları hakkında her şeyi bildiklerini sıklıkla dile getirdikleri görülmüştür. Annelerin kızlarının yaşamları ile ilgili tüm bilgiye sahip olduğuna ilişkin söylemleri dikkat çekmiştir. Bu söylemler anne ve kızların ilişkilerinde sınırların belirsizliğini düşündürmüştür. Kızlarda ise daha farklı bir durum gözlenmiş, bazen annelerinden bir şeyleri saklayabildiklerini dile getirdikleri ya da kendilerine alan yaratmaya dair ihtiyaçlarını dile getirdikleri görülmüştür. Kimi anne kız çiftlerinde ise anne, ilişkilerini pozitif bir biçimde dile getirirken kızlar daha negatif bir yerden bu ilişki konuşmuşlardır.

4.3.3. Annelerin Kızlarıyla İlgili Kullandığı Çoğul İfadeler

Üçüncü olarak, bazı anne kız çiftlerinde ise annelerin kızları hakkında konuşurken “biz” dilini kullandıkları gözlemlenmiştir. Annelerin konuşurken kimi zaman söylemlerinin tekilden çoğula geçtiği, kızlarının deneyimlerinden birlikte yaşadıkları deneyimler gibi bahsettikleri görülmüştür. Bununla birlikte, kızlarda anneleriyle ilgili deneyimlerinde çoğul bir dil kullanımına rastlanmamıştır. Bu durum da kızların ve annelerin söylemlerinin farklılaştığı bir durum olarak ele alınabilir.

BÖLÜM 5

TARTIŞMA

5.1 Anne ve Kızların Ayrışma Problemleri

Bu çalışmada ilk tema bağlamında anne ve kızlarda semptomların tekrar etmesi ve somatik deneyimlerinin benzeşmesi, anne ve kızın ayrışmasına ilişkin zorluklar açısından ele alınmıştır. Lacanyen psikanalitik kuram bağlamında düşünüldüğünde, Lacan özellikle süttten kesilme sürecinde çocuğun annenin memesinin eksikliğini deneyimlemesinin kendisine bir kimlik ve otonomi yaratabilmesi için önemli bir noktada durduğunu söylemektedir. Benzer bir biçimde Ödipal kompleks ile birlikte babanın da devreye girmesi ile çocuğun anneden ayrışabilmesinin ve kendi arzusunu oluşturabilmesinin koşulları oluşur (Lacan, 1938). Bunun yanı sıra, anne de ancak kendi eksikliğini kabul

edebildiği durumda çocuğa kendi eksikliğini deneyimlemesi için alan açabilir. Ancak çocuğunu kendi fallusu konumuna koyan bir anne, çocuğu kendisinden ayırıştırmakta zorlanacaktır (Lacan, 1957-58/2020). Bu noktada Lacan'ın anoreksiya nervoza ile ilgili çocuğun kendi arzusunu oluşturabilmek için “hiçlik” nesnesini (object nothing) kullandığını söylemesi hatırlanabilir. Lacan'ı takip eden kuramcılar da yeme problemlerinin anne ve çocuğun ayırışması ile ilgili problematik durumlarla ilişkili olduğunu sıklıkla vurguladıkları görülmektedir. (örn: Gherovici, 2011; Recalcati, 2014, 2015; Verhaeghe, 2008). Bu çalışmanın bulguları da bu açıdan ele alınabilir. Annelerin kızlarıyla benzer semptomlar göstermeleri, kimi zaman kendi bedenlerini ve kızlarının bedenlerini adeta birmiş gibi tarif etmeleri, kızlarının deneyimlerini kendi deneyimlerinden ayırıştıramadıkları bir durumu düşündürmüştür.

Bu durum aynı zamanda Freud'un anneden kıza kadınlığın iletimi ile ilgili söylediklerinin de ele almayı sağlayabilir. Freud (1931, 1932), kızın annesiyle olan ilişkisinin kadınlığın gelişimi açısından kritik bir noktada durduğundan söz etmektedir. Freud'u takip eden kuramcılar da benzer bir noktayı vurgulamışlardır. Örneğin Friedman (1980), anne ve kızın ayırışmasının her ikisi açısından da kayıplarla karakterize olduğu için zorlu bir süreç olduğundan bahseder. Sternschrein (1973), annenin çocuktan ayırışma sürecinde ilk kayıp deneyiminin 12-36 ay civarı gerçekleştiğini, ancak asıl kayıpla yüzleşme durumunun kızının ergenliğinde ortaya çıktığını söylemektedir. Kızın ayırışması ve otonomi kazanması ile birlikte annenin de kendi kayıplarına ilişkin çatışmaların su yüzüne çıktığı düşünülebilir. Aynı zamanda bazı kuramcılar anne-kız ayırışmasının anne-oğul ayırışmasından daha farklı bir niteliği olduğundan söz etmektedirler (Bernstein, 1983; Bergman, 1987). Friedman (1980), Beattie (1988) ve Bergman (1987) gibi kuramcılar da annenin hem özdeşim kurulan hem de ayırışılması gereken kişinin olması sebebiyle kızların ayırışma sürecinin zorluklarından söz etmektedir. Dolayısıyla kızının kendisinden ayırışma ve kadınsılaşıma süreci anne için çeşitli çatışmaları gündeme getirmekte olduğu kadar, kızın annesinden ayırışma süreci de özdeşim ekseninde çatışmaları su yüzüne çıkarabilmektedir. Bu duruma ilişkin problemler, psikopatolojilere zemin oluşturabilir.

5.2 Anne-Kız Rekabeti

Kızların ve annelerinin semptomlarının benzeşmesi, ayrışma açısından ele alınabileceği gibi anne kızların arasındaki rekabet durumuyla ilişkili olarak da yorumlanabilir. Özellikle genç kızın kendi kadınlığının gelişimi sürecinde annenin kendi kayıp deneyimi ile birlikte kızın da kendisindeki değişimlerden özdeşim kurduğu anneyi sorumlu tuttuğu durumlar, babaya ilişkin ödipal arzu ekseninde ele alınabilir (Beattie, 1988).

Örneğin, çalışmada bazı anne kız çiftlerinde annelerin kızlarının durumuna üzüldükleri ve bu sebeple onlardan daha çok acı çektiklerini dile getirdikleri görülmüştür. Lacanyen bir açıdan düşünüldüğünde buradaki deneyimleri karşılaştırma durumu, özellikle semptomların ilişkisel dinamiklerindeki işlevi açısından düşünülecek olursa, bu anne kız çiftleri açısından bir rekabet durumu olarak yorumlanabilir. Psikanalitik literatür de anne ve kız arasındaki rekabete ilişkin durumları ayrışmayla ilişkili zorluklar açısından ele almaktadır (Beattie, 1988).

5.3 Sözü Yerine Geçen Bedensel Dışavurumlar

Çalışmanın ikinci teması semptomların işlevini odağa almıştır ve bu bağlamda kızların semptomlarının annelerine ve ailelerine bir şeylerin yolunda gitmediğini ifade etmek veya onlardan tepki alabilmek konusunda işlev gördüğü gözlenmiştir. Bu durum, bedenin sözün yerine geçtiği bir durumu düşündürmüştür ve psikosomatik üzerine çalışan kuramcılarının da fikirleri hatırlanabileceği üzere, sembolizasyonda yaşanan zorluklar, frustasyonla baş etmedeki güçlüklerle karakterize olabilmektedir (Bion, 1961, akt. Sanders, 1984; Marty and M'uzan, 2010). Aynı zamanda, anneden ayrışmadaki güçlükler sembolizasyon kapasitesinin gelişimindeki zorlukları da beraberinde getirebilmektedir (Bourke, Taylor & Crisp, 1985; Charles, 2006; Hinshelwood, 1994; Krueger, 2001; Lane, 2002; Ritvo, 1984; Schwartz, 1986, as cited in Ruangsri, 2009; Lawrence, 2002; Birksted-Breen;1989). Dolayısıyla bu araştırmadaki bazı katılımcılarda da belirgin şekilde görülebileceği gibi, zayıflayan beden, anneye bir mesaj iletmenin yolu olarak kullanılmakta, sorunlar beden yolu ile ifade edilmeye çalışılmaktadır. Kimi zaman ise bedensel semptom, aile içindeki sorunun taşıyıcısı niteliğindedir, dolayısıyla yeme problemi aile içerisindeki tek sorun olarak ele alındığında, genç kızın semptomları ailede

yolundan gitmeyen diğer durumların projektörü olarak işlev görüyor olabilir (Minuchin, 1978). Lacanyen bir açıdan bakıldığında ise, semptomlar da birer dil gibi yapılanmaktadır (Lacan, 1953/1991) ve birer metafor olma özelliği taşımaktadır (Lacan, 1957/1991). Dolayısıyla her bir semptom, söz değil beden yoluyla olsa da sembolik düzenin içinde öznenin deneyiminde bir anlama sahiptir.

Bunun yanı sıra Lacan'ın anoreksiya hakkında 1958'de söyledikleri hatırlanabilir. Bedensel ihtiyaçlarını Başka'nın arzusundan ayırtılamadığı durumda, özne açısından yemenin reddi, Başka'nın arzusunun reddi anlamına gelebilir. Recalcati (2014) ve Costanzo (2022) gibi kuramcılar da Lacan'ın bu görüşlerini yorumlayarak geliştirmiş, bu vakalarda yemeğin kayıp olan sevgi ile eşleştirildiğini vurgulamışlardır. Araştırmada kimi katılımcıların ailelerinden ilgi ve sevgi görmek istediklerinden söz ettikleri ve yemeği sevgi ile eş bir söylemle dile getirdikleri düşünüldüğünde bu görüşlerin bu araştırmanın bulgularını yorumlamak için bir zemin sağladığı düşünülebilir.

5.4. Konumlanmadaki Problemler

Üçüncü tema bağlamında anne ve kızların ilişkilerini tanımlarken kullandıkları söylemler ele alınmış ve konumlara veya sınırlara ilişkin belirsizliklerden söz ettikleri gözlenmiştir.

5.4.1. Babanın Adının Belirsizliği

Çalışmada özellikle üçüncü temanın birinci alt temasında anne ve kızların kendi ilişkileri ve aile ilişkilerini tanımlarken konumlarla ilgili karmaşık söylemleri göze çarpmıştır. Örneğin bazı kızların babalarını tanımlarken babayı belirsiz bir pozisyona koyduğu, babayı hep bir başka referans üstünden tanımladığı veya babalarını söylemde dışarıda bıraktıkları gözlenmiştir. Annelerin de buna paralel bir biçimde babanın silik veya belirsiz rolüne gönderme yaptıkları, kimi annelerin annelikle beraber baba konumunu da üstlendiğini dile getirdiği görülmüştür. Bu gibi durumlar Lacanyen bir bakış ile babasal fonksiyonun zayıflığını düşündürmüştür. Bu durumun da anne ve çocuğun ayrışmasındaki problemler ekseninde ele alınabileceği düşünülmektedir. Özellikle Lacancı bir bakış ile, pre-ödüpal dönemde anne-çocuk-fallus üçgeninin ödüpal dönemde babanın adının devreye girmesiyle birlikte anne-çocuk-baba üçgenine dönüşümü söz konusu olur (Evans, 2006).

Bu durum annenin kendi eksikliğini kabulü ile de ilişkilidir, anne çocuğu kendi fallusu konumuna koyduğunda bu eksikliğı ne kendi açısından deneyimleyebilir ne de çocuğa alan sunabilir. Bu açıdan bu araştırmada bir katılımcının dile getirdiğı “hem annem hem baba” söylemi, annenin babanın eksikliğini kendisi ile doldurmaya çalıştığı tümgüçlü bir pozisyonu düşündürmüştür.

5.4.2. Kızların Anneden Ayrışmaya Dair Mücadelesi

Üçüncü temanın ikinci ve üçüncü alt temalarında araştırmadaki diğer temalardan farklı olarak anne ve kızların söylemlerinin farklılaştığı örnekler mevcuttur. Öncelikle, ikinci alt tema kapsamında annelerin kızları hakkında her şeyi bildiklerini söyledikleri gözlemlenmiştir. Bu durum, annenin kızından ayrışmadaki zorluğunu ve kendi eksikliğini kabul etmekteki güçlüğünü düşündürmektedir. Annelerin kızlarının tüm bilgisine sahip olduklarına ilişkin söylemleri, annelerin tümgüçlü pozisyonunu düşündürmüştür. Kızların ise kimi zaman annelerinden gizli bir şeyler yapabildiklerini veya annelerinden bağımsız olarak kendilerine bir alan açabilme isteklerinden söz ettiklerini dile getirmeleri, anne ve kızların aynı noktadan konuşmadıklarını ve kızların ayrışmaya ilişkin bir söylem üretiyor olabileceğini düşündürmektedir. Benzer biçimde annelerin kızları ile ilgili çoğul bir dil kullanmaları ve kızlarının deneyimlerinden “biz” diyerek bahsetmeleri, hem pozisyonlardaki karmaşayı hem de kızlarıyla bir olmaya dair bir durumu düşündürmektedir, ancak kızlarda böyle bir durumun söz konusu olmadığı görülmektedir. Bu da kızın kendisine dair bir alan açma ve otonomi geliştirme çabası olarak yorumlanabilir.

5.5. Sonuç, Araştırmanın Sınırlılıkları ve Gelecek Çalışmalar için Öneriler

Bu araştırmada yeme bozukluğu olan genç kadınların ve annelerinin söylemleri incelenmiş ve kızların ve annelerin söylemlerindeki benzerlikler ve farklılaşmalar, yeme problemleri ve anne-kız ilişkileri açısından ele alınmıştır. Araştırmada özellikle yeme problemlerinde sıklıkla altının çizildiğı üzere anne kız ilişkisinde ayrışmaya ilişkin problematik durumların görünür olduğu düşünülmektedir. Kızların anneden ayrışmadaki güçlüğü ve bunun anneleriyle olan ilişkilerine dair söylemlerine yansımaları, semptomlar aracılığı ile annelerine ilettikleri mesajlar, annelerin de kızlarından ayrışmadaki

güçlüğünün söylemlerine ve kendi deneyimlerine yansımaları linguistik bir bakış açısıyla incelenmiştir.

Literatür taramasının sonuçlarına göre bu araştırma, yeme problemlerinde hem yeme problemi olan öznelerin hem de annelerinin söylemlerini Lacanyen açıdan inceleyen ilk çalışmadır. Bu açıdan bu özellikleriyle literatüre katkı sunması temenni edilmektedir.

Araştırmada niteliksel bir duruş belirlenmiş ve her bir katılımcının söylemlerine odaklanılarak öznel deneyimler ve bunlara ilişkin söylemler incelenmiştir. Örneklem seçimi nitel bir araştırma için uygun şekilde belirlenmiştir. Ancak gelecek çalışmalarda örneklemde belli kriterlerin daha spesifik hale getirilmesi bu kriterlere ilişkin deneyimleri daha derinlemesine ele almayı sağlayabilir.

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