

HOW DOES THE BODY SPEAK?
A LACANIAN APPROACH TO PSYCHOSOMATIZATION

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

BY

SEVİNÇ ERGÜN

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

OCTOBER 2023

Approval of the thesis:

**HOW DOES THE BODY SPEAK?
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ABSTRACT

HOW DOES THE BODY SPEAK? A LACANIAN APPROACH TO PSYCHOSOMATIZATION

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OCTOBER 2023, 125 pages

Psychosomatization refers to the manifestation of physical symptoms with psychological origins. The aim of this study is to explore the relationship between the psychosomatic symptom and the subject's discourse regarding the symptom. For this purpose, a detailed examination will be conducted on various psychotherapy sessions of a woman who sought treatment for “*fainting seizures*” in an educational clinic affiliated with a university's clinical psychology program. For the scope of this study, 10 sessions were analyzed using the Lacanian Discourse Analysis. The findings were examined under four main themes: “*The symptom in the patient's discourse*”, “*Incidents coinciding with the symptom onset*”, “*Repetitive expressions associated with the symptom*” and “*Changes in the discourse of the patient during the process*”. In this context, the findings were discussed under three different headings, considering triggering events coinciding with the onset of the symptom, the formation of the symptom, and its role in the patient's discourse. When considering the bodily symptom, the “*fainting seizure*” examined here seemed to come to the forefront, especially after a change in the patient's symbolic position. In

the context of relationships with the Other and others, the symptom appeared to serve as a punctuating function for the subject, particularly in the face of the difficulty regarding the absence in the gaze of the Other and her symbolic positioning. In relationships where the lack is perceived as an accusation, the symptom seems to take on the role of attributing blame to the Other.

Keywords: Psychosomatization, Body, Lacanian Discourse Analysis, Lacanian Psychoanalysis

ÖZ

BEDEN NASIL KONUŞUR? PSİKOSOMATİZASYONA LACANYEN BİR YAKLAŞIM

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EKİM, 125 sayfa

Psikosomatizasyon psikolojik kökenli fiziksel belirtilerin ortaya çıkması anlamına gelmektedir. Bu çalışmanın amacı psikosomatik semptom ve öznenin semptomla ilişkin söylemi arasındaki ilişkiyi araştırmaktır. Bu amaçla bir üniversitenin klinik psikoloji programına bağlı bir eğitim kliniğine “bayılma nöbeti” semptomu ile başvuran bir kadının çeşitli psikoterapi seansları üzerinde ayrıntılı bir inceleme yapılmıştır. Bu çalışma kapsamında 10 seans, Lacanyen Söylem Analizi kullanılarak analiz edilmiştir. Bulgular dört ana tema altında incelenmiştir: *'Hastanın söylemindeki semptom'*, *'Semptomun başlangıcına denk gelen olaylar'*, *'Semptoma eşlik eden tekrarlayan ifadeler'* ve *'Süreç sırasında hastanın söylemindeki değişiklikler'*. Bu bağlamda semptomun başlangıcına denk gelen tetikleyici olaylar, semptomun oluşumu ve semptomun hastanın söylemindeki rolü dikkate alınarak bulgular üç farklı başlık altında tartışılmıştır. Bedensel semptom göz önüne alındığında, “bayılma nöbeti”, özellikle hastanın sembolik pozisyonundaki değişiklik sonrasında ön plana çıkıyor gibi görünmektedir. Başka ve küçük başkalarla olan ilişkiler bağlamında, özellikle Başka'nın bakışındaki yokluk ve

simgesel konumlanmadaki zorluk karşısında, semptomun özne açısından bir noktalama işlevi olarak ortaya çıktığı düşünülmüştür. Eksikliğin suçlama olarak algılandığı ilişkilerde semptom, Başka'ya yönelen bir suçlama işlevine sahip görünmektedir.

Anahtar Kelimeler: Psikosomatizasyon, Beden, Lacanyen Söylem Analizi, Lacanyen Psikanaliz

To My Beloved Husband

ACKNOWLEDGMENTS

I would like to express my gratitude, firstly to my advisor Prof. Dr. Tülin Gençöz, for her support and guidance throughout both my thesis writing process and my master's education, where she contributed significantly to my knowledge, experience, and development as both a clinical psychologist and a researcher. Secondly, in a process that has been quite intricate from my perspective, I extend my sincere thanks to my Co-advisor Dr. Sinem Baltacı, who has provided numerous contributions towards enhancing my work and encouraging me until the final moments. Despite the limited time available, she has supported me in every possible way. I would like to express my heartfelt thanks to Prof. Dr. Faruk Gençöz, who has brought a different perspective to clinical psychology education, always welcomed art and literature in his classes, with his extensive knowledge, fluent presentations, and thought-provoking questions, for always encouraging us to stay on the path of learning, working, and creating.

At the forefront of my gratitude stand my dear family, my mother Deniz and my father Muzaffer. Their relentless dedication and unwavering support have played an indispensable role in bringing me to my current position. The immense value of their hard work and sacrifices cannot be overstated. From the very beginning of my educational journey to the completion of this thesis, they have been my constant companions, and I am eternally thankful for their presence and overflowing love. I must also extend my heartfelt thanks to my dear brother Doruk. Your delectable meals and heartwarming conversations have been a source of comfort and rejuvenation during moments of weariness. Your presence has been a true blessing in my life.

Throughout this long journey, from beginning to end, my husband Orçun has been there, helping me overcome every difficulty. He has shared in my happiness, joy, sorrow, and disappointments. No amount of gratitude can truly express how thankful

I am for his support and encouragement. His unwavering support and uplifting words have been so precious that words fall short in describing it. Additionally, I'd like to thank our dogs, Şans and Karabaş, who, despite receiving less attention from me during this process, have continued to play sweetly by my side.

My second family, my mother Nuran, my father Zafer, and my sister İdil, even though we have been distant, I have always felt your presence by my side throughout this process. I am truly grateful for your kind wishes, praises, and love.

My beloved friends Seda and Fatoş, whenever my spirits were down, you always enveloped me with your circle of love and compassion from start to finish. As excellent clinicians, you continuously shared your knowledge, never hesitating to spare your time and guidance whenever I faced challenges. You never minded answering the same questions countless times. I'm grateful that you were by my side. Thank you so much! My dear Banu and Simru, you were always there by the phone whenever I was in a tight spot. Sharing your support, love, and experiences from similar paths was truly enlightening. My dear Ayça, working together on the thesis, brainstorming, chatting, guiding each other, and being empathetic until recent times were so precious. I thank you from the bottom of my heart for everything. During my master's program, which commenced amid the challenges of the pandemic, I want to convey my heartfelt appreciation to my cherished friends Edacan, Sezgi, Merve, Berke, and Betül, with whom I've greatly relished our conversations. They have been steadfast companions throughout, and I extend my gratitude for their unwavering presence, assisting one another through both testing moments and the creation of fond memories as we journeyed together from start to finish.

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CHAPTER 1

INTRODUCTION

“Symptoms are the efforts of patients for healing and liberation”.

Stijn Vanheule,
Diagnosis and the DSM

1.1. General Overview and Conceptualization

The relationship between the body and the mind has been a subject of curiosity for centuries, giving rise to perspectives that view the human being as a synthesis of the body and the mind, as well as perspectives that separate these two concepts from each other. The history of ideas that regard the mind and body as a unified whole is rooted in ancient Greek philosophy (Aydoğan, 2018). For instance, the term “soma”, initially denoting lifeless bodies, was adopted by Hippocrates to characterize the functioning living body. His therapeutic approach emphasized elements intertwined with organic aspects, alongside the patient's daily life (Parman, 2005). According to Samurçay, examples of approaches that take a holistic view of the body and mind can also be seen in the treatment methods employed by the Roman physician Calines and the renowned Turkish philosopher and physician Ibn Sina (1965).

When it comes to a dualist point of view, René Descartes, a 17th-century philosopher, can be highlighted. Descartes, who expressed his views on the existence of the subject being proven through the act of thinking with his famous proposition “I think, therefore I am”, states that there is a significant difference between the body and the mind (Descartes, 2013). He states that “While the body is inherently divisible infinitely, the mind is indivisible, and even though the mind appears to be united with the body, if any part of the body is severed, nothing is diminished from the mind” (Descartes, 2013, p.185). Based on these views, positivist science and

medicine are grounded in a dualistic perspective that associates the subject solely with the “thinking, conscious” mind, thereby separating it from the body and society (Diserholt, 2020). While evaluating human beings and their bodily complaints, this approach primarily relies on a measurable, observable, and generalizable scientific perspective while largely overlooking the unique aspects that emerge from the interaction between the body, the unconscious mind, society, and culture.

Even though the thoughts on the interaction between the body and the mind date back to ancient times, the term “psychosomatic”, which originates from the Greek words, “psyche” (soul or mind) and “soma” (body) (Nisar & Srivastava, 2018), was first used by the German psychiatrist Johann Christian Heinroth in 1818 (Steinberg et al., 2013). Heinroth, who asserted that a person is more than just a body and more than just a soul, emphasized this relationship before Freud's psychoanalytic theory, which brought it to the forefront in the prevailing positivist world (as cited in Steinberg et al., 2013). In its broadest sense, psychosomatization refers to the manifestation of physical symptoms with psychological origins that cannot be explained by medical causes (American Psychiatric Association [APA], 2013). Patients experiencing psychosomatic symptoms frequently refuse to link their reactions to psychosocial stressors on a psychological level; instead, they manifest these reactions as bodily responses. As a result, they hold the belief that medical intervention along this line is essential (Lipowski, 1990).

1.2. The Problem Statement

Although a variety of approaches have been proposed for the etiology, diagnosis, and treatment of psychosomatization, a consensus has never been reached (Creed, 2006). Just as there is conceptual diversity in the literature, a wide range of terms is used in the clinical setting to refer to psychosomatization. For instance, clinicians utilize various names such as “non-pathological medical symptom”, “medically unexplained symptom”, “functional somatic syndrome/symptom”, “somatization”, “psychosomatic disorders” and “bodily symptom disorder” (Fink et al., 2002). As seen in both psychiatry/psychology and general medicine, there's a clear tendency to focus solely on medical causes when dealing with psychosomatic symptoms,

ignoring vital aspects like individuals' subjective experiences and the circumstances surrounding their symptoms. This tendency presents a significant problem.

Leader and Corfield (2008) state an increasing number of “medically unexplained” symptoms in primary healthcare services. Patients approached with a dualistic perspective are referred to a psychiatrist only when no organic cause is identified for their complaints (Duruk & Berk, 2019). Another issue is the similar cases being addressed under different diagnoses in traditional medicine and psychiatry/psychology which are based on DSM criteria. For instance, while diagnoses like fibromyalgia and irritable bowel syndrome are given in traditional medicine, it is noteworthy that the diagnosis of psychosomatization is given for the same conditions in psychiatry (Mayou et al., 2005). Within the context of psychiatry and psychology which advance within a dualistic framework, it is noted that with the updates brought by DSM-V, the focus has shifted from the medically unexplained nature of bodily symptoms to the emotional, cognitive, and behavioral connections individuals establish with these symptoms (Jacob et al, 2015).

Putting aside all these innovations, the fundamental principle of this diagnostic manual, which seeks to assess individuals based on generalizable statistical datasets, has remained unchanged. Without considering subjectivity, DSM treats symptoms in isolation from their underlying meanings, relying solely on descriptive data for diagnosis without being grounded in a theoretical framework (Taylor, 2003). In both traditional medicine and psychiatry, the predominant biomedical perspective neglects the “biopsychosocial” understanding and instead asserts that the source of diseases can be understood through a single cause (Duruk, 2013). This is why there is a significant need for approaches and studies that consider psychosomatization as a whole within the context of their environment, society, and the mind.

1.3. The Research Statement

In terms of examining subjective experiences related to psychosomatization, the fundamental role of clinicians and researchers should encompass not only observing a specific set of criteria but also focusing on how patients express their complaints

and symptoms (Diserholt, 2020). Because what gives rise to psychosomatization is precisely related to the inability to articulate matters pertaining to the psychological realm, and the factors leading to this condition can only be addressed within the context of individuals' subjective narratives. Furthermore, the speech in which complaints are voiced will always carry an intention that goes beyond conscious aims (Evans, 1996). This is because language, by its nature and structure, is inherently incomplete and often leads to expressing more or less than what individuals intend, underscoring the significance of considering unconscious elements in communication. Consequently, communication can sometimes break down, and there is always the possibility that our intention might not align perfectly with how the message is interpreted (Verhaeghe, 2004). Thus, listening to how psychosomatic symptoms are expressed is crucial in understanding the context in which they emerge and the roles they serve in interpersonal relationships.

Within the scope of this study, psychosomatization will be approached not as a disorder or a set of syndromes subject to statistical generalization, but rather as a comprehensive clinical phenomenon. The subjective experiences of a patient with physical symptoms will be attempted to be interpreted through language. In this context, the theory to rely on throughout the research can undoubtedly be none other than Lacan's psychoanalytic theory which psychosomatic phenomenon within the context of language, which contributes to the individual's interpretation of their experiences and their expression as a subject (Vanheule, 2014). An analytical approach will be taken through an examination of signifiers employing Lacanian Discourse Analysis. Essentially, the research will investigate “how individuals construct mental anguish and strive to manage it within the context of their unique life journey” (Vanheule, 2014).

1.4. Qualitative Studies on Psychosomatization

When looking at qualitative research within the Turkish literature regarding psychosomatization, various examples stand out. For example, in a study conducted by Hoca in 2017, utilizing semi-structured interviews with three female participants diagnosed with breast cancer during pregnancy, along with the results of Rorschach

Test and Thematic Apperception Test, the findings were examined within the framework of the concepts of the Paris Psychosomatic Institute (IPSO), which evaluates psychosomatic illnesses from a psychoanalytic perspective. The study's findings delved into the challenges faced by participants in exploring their drives and emotional experiences, and it was proposed that their psychological realms were under the influence of the death drive (Hoca, 2017).

In 2018, Aydođan conducted a study which encompassed a thematic analysis of psychodynamic-oriented psychotherapy sessions involving two adolescent participants, one female and one male, suffering from complaints of eczema, allergic asthma, and migraines, the findings were discussed within the framework of the concepts of the Paris Psychosomatic Institute (IPSO). Accordingly, it emerged that psychosomatization arises during adolescence due to deficient mentalization and early traumatic experiences (Aydođan, 2018).

In a different study conducted by Bulut in 2019, the experiences of 14 individuals with hypochondriac complaints, their relationships with their bodies, and their experiences related to the perceived illness or health anxieties were examined through the interpretative phenomenological analysis of semi-structured clinical interviews conducted with these individuals. As a result, four themes emerged: *'Causal attributions to health anxiety: Loss as an unresolved issue'*, *'Being dragged into the whirlpool of symptoms'*, *'Calling out to an expert to name their experiences and eliminate uncertainty'*, and *'Every cloud has a silver lining: Benefits of being sick/feeling sick'*. These themes were discussed within the relevant literature context (Bulut, 2019).

In another study conducted by Temizel-Kırışman in 2022, interviews with seven female participants experiencing psychosomatic symptoms were subjected to interpretative phenomenological analysis. Following this, the participants' subjective experiences were discussed through themes that emerged, namely *'Explanations regarding somatic symptoms'*, *'Unfulfilled needs and conflicting emotions in relation to parents as an adult child'*, *'Reflection of symptoms on maternal experiences'*, *'Life before and after symptoms: Comparisons between past and present self and others'*, and *'The Need for receiving social support'* (Temizel-Kırışman, 2022).

When examining the international literature, it can be observed that in a study conducted by Diserholt in 2020, titled "*Fatigue and the Mind-Body Relationship: A Lacanian Exploration*," semi-structured interviews were conducted to comprehend the subjective experiences of seven participants diagnosed with chronic fatigue syndrome/myalgic encephalomyelitis. These interviews were analyzed within the context of Lacanian Discourse Analysis. The findings were discussed through the framework of Lacanian psychoanalytic theory. In this context, a framework was established to delineate events triggering fatigue and participants' reactions to these events. Moreover, Lacanian clinical structures were employed to shed light on the intricacies of the function and structure of fatigue experiences (Diserholt, 2020).

In summary, upon examining both Turkish and international literature, various qualitative studies have explored the subjective experiences related to psychosomatization; however, it is evident that there is a limited number of studies that deeply investigate these experiences. A process-focused research approach that delves into the formation, appearances, and functions of symptoms within the context of discourse and interpersonal relationships could prove to be more effective. This is because, when considered within the framework of psychotherapy sessions, individuals with psychosomatic symptoms are immersed in real-life situations, allowing for the collective consideration of various influencing factors on their lives. Additionally, the unconscious message directed towards the "Other" as a function of the symptom can also be observed through the transference relationship between the therapist and the patient. This study stands out from many of the aforementioned research endeavors due to its in-depth exploration of various psychotherapy sessions, each centered around a single individual's psychosomatic experiences. Taking into account the significant impact of social and cultural differences on discourse and, consequently, on individuals' bodily symptoms, it is believed that this study will contribute to both Turkish and international literature and shed light on future in-depth research endeavors in this direction.

1.5. Research Questions

Taking into consideration the unconscious mind, significant interpersonal relationships, and societal elements, this study aims to develop an in-depth

understanding of psychosomatization experiences within the framework of mind-body integrity, utilizing Lacanian Discourse Analysis. Among the questions pertaining to this objective, there will be inquiries into how the bodily symptom is articulated by signifiers in language, how the subject assumes her/his position in relation to the Other and the others, what function the psychosomatic symptom serves within this relationship, and what kind of message it conveys towards the Other.

1.6. Implications

This study can provide insights into approaching psychosomatization from a perspective that considers the mind-body interaction for both researchers and clinicians. As previously mentioned, the prevailing biomedical understanding in psychiatry/clinical psychology and traditional medicine fails to adequately explore the influence of psychosomatization on an individual's subjective experience, resulting in various challenges. Some of the challenges include an increasing number of individuals presenting medically unexplained complaints in primary healthcare, conceptual confusion arising from diverse symptoms among individuals with the same diagnosis, and occasional variation in diagnoses for similar clinical conditions across different settings. This situation creates challenges in the diagnosis and treatment of individuals with psychosomatic symptoms, and there is a growing need for new regulations to address these problems. Additionally, there is an increasing need for qualitative research that incorporates individuals' subjective experiences to better understand psychosomatization. This study can contribute not only to both Turkish and international literature but also to the development of a “psychosomatic perspective” as proposed by Leader and Corfield (2008) that advocates for a holistic perspective not only in psychiatry and psychology but also in society and traditional medicine. This, in turn, promotes interdisciplinary collaboration.

CHAPTER 2

LITERATURE REVIEW

In this section, Freud's views on psychosomatization will be compared within the context of psychoneuroses and actual neuroses, as well as in relation to the concepts of trauma and drives, the perspectives within the prevailing psychoanalytic theory regarding bodily symptoms will be presented. Following that, Lacan's conceptualizations of the body will be addressed within the frameworks of the symbolic, the imaginary, and the real orders, encompassing concepts of drive, '*object a*', jouissance, and sexuation. Finally, within the Lacanian framework, bodily symptoms will be examined in conjunction with Freud's viewpoints, addressing them as '*psychosomatic phenomenon*'.

2.1. Freud's Approach to Psychosomatization

Although the concept of psychosomatics is never found in Freud's works (Smadja, 2021; Baudin, 2005), psychoanalysis that emerged through Freud's studies on hysteria (Evans, 1996) holds significant importance in shedding light on this concept. The famous case of Anna O., which is considered the first instance where psychoanalysis was discovered (Jones, 2019), holds significant importance in associating physical symptoms such as '*neurotic cough, paralysis accompanied by anesthesia, and hysterical pregnancy*' with psychic experiences and traumatic events (Freud & Breuer, 1895/1891). These early psychoanalytic studies, which center on the influence of psychic processes on hysterical conversions, seem valuable in showing that there is no requirement for organic causality concerning physical symptoms (Burgoyne, 2004). In this context, since the realities that constitute psychosomatics are like those that constitute psychoanalysis, it is appropriate to trace the roots of the concept in Freud's psychoanalytic theory (Slocum, 2018). Below,

Freud's studies on the relationship between psyche and body will be discussed in the context of hysterical conversions, trauma, drives, and actual neuroses.

2.1.1. Hysterical Conversion Symptoms

Freud and Breuer (1893, 1895/1981), in their initial studies aimed at understanding the mechanism of hysteria, focused on early traumatic experiences as the triggering factor for physical symptoms and proposed the idea that patients kept memories associated with these experiences outside of consciousness through “*hypnoid states*”. Accordingly, emotional burdens related to suppressed memories that cause psychological distress and incongruity in the ego within the realm of thought are transformed into physical symptoms and acquire a symbolic meaning when they cannot be released through language and action (Freud, 1894). It is precisely due to this transformation that Freud suggested the name “*conversion*” for physical (motor or sensory) symptoms. Early studies involving the hypnosis of hysterical patients demonstrated that through this method, repressed memories emerged into consciousness, and emotional catharsis was achieved, resulting in the disappearance of symptoms (Freud & Breuer, 1895/1981).

2.1.2. Trauma

Hysterical patients “*suffer from psychic trauma that has not been adequately expressed*” (Freud & Breuer, 1893, p. 298). When the trauma is not sufficiently coped with, the arising hypnoid states create a division in consciousness and this state causes a pause in the associative chain, yet the emotional charge remains the same despite the idea being kept away from consciousness (Freud & Breuer, 1895/1981). Freud asserts that at the core of trauma, there are experiences related to sexuality (Freud, 1894), which leads to a gradual divergence from Breuer's ideas on hysteria (Ülker, 2020). Moreover, he contends that the characteristic aspect of hysteria is more related to the ability of conversion rather than hypnoid states (Freud, 1894). According to Freud, in conversion, the accumulation of stimuli that becomes liberated and creates incongruity in the ego is associated with sexual content dating back to early childhood years.

Freud (1893-1897) expressed the traumatic experience related to sexuality in hysteria as an event that occurred during childhood, resulting from seduction by an adult (as cited in Quinodoz, 2018). In this context, the case of Emma, which came to the forefront, is significant in shedding light on the conceptualizations related to trauma (Freud, 1895/1981). According to Freud, 13-year-old Emma displayed a strong reaction after being smiled at by the employees in a store, and she experienced this situation as a traumatic experience. Emma's reaction can be traced back to a traumatic experience of being sexually harassed by a shop owner when she was 8 years old, and it has been concluded that the traumatic effect emerged through "*deferred action*". Freud (1898) stated that early sexual experiences are repressed but resurface through the mechanism of deferred action once there is sufficient psychic and genital maturity, and he expressed that the traumas lying at the heart of neuroses are related to this phenomenon.

In the mentioned case, Emma's inability to comprehend the sexual nature of the initial incident is associated with her hiding unconscious incestuous desires, and it involves a situation where she experienced her seduction fantasy towards her father as if she were being seduced (Freud, 1895/1954). Freud moved away from the seduction theory, also emphasizing the difficulty of distinguishing reality from fantasy in patients' narratives, which is also significant in terms of indicating the influence of unconscious fantasies on the subject (Laplanche, 1985 as cited in Korkmaz, 2021). Hysterical conversions can be seen as representations of fantasies originating from childhood sexuality, where the focus shifts from real experiences to fantasies related to the satisfaction of sexual drive (Freud, 1909). For example, Dora's cough was interpreted by Freud as a symbolization of the oral sexual intercourse fantasy between her father and Frau K. (Freud, 1905).

In conversion symptom, the liberated and dominant sexual drive is charged with bodily excitation through processes of condensation and displacement, much like in dreams. The body region where the symptom appears to manifest itself functions as a part of the repressed drive representation, and investment is entirely withdrawn to this area (Freud, 1905). In this context, it may be important to emphasize that Freud not only considers the body as a mere biological entity but also highlights its

erotogenic nature. The latter aspect holds primary importance, particularly in the case of hysterical conversions (Chapman, 1999, as cited in Bulut). The erotogenic body refers to a body shaped through drive stimulations, and in this context, psychosexual development and drive management will have vital importance in the formation and manifestation of bodily symptoms.

2.1.3. Drives

In Freudian context, drives can be defined as *'the desire to fulfill unconscious needs and wishes, which manifest themselves in the form of bodily desires'* (Canbolat, 2017). The main purpose of drives, which form the basis of psychic life, is to achieve discharge through action or somatization. Freud (1915/1957) states that, *"The drive appears as a boundary concept between the somatic and mental, as a necessity of work that arises from stimuli emerging from the body and reaching the mind or being imprinted onto the mind due to their connection with the body"*. They are the basis of transforming bodily excitation. In *'Three Essays on the Theory of Sexuality'*, Freud (1905) stated that drives derive from erogenous zones on the body, such as oral, anal, and genital areas. Although these partial drives emerge as independent and disorganized in early development, a process of organization and integration under the primacy of genital organs occurs during adolescence.

Drives originate their source from the body and attempts to fulfill its aim of satisfaction through variable objects. Erogenous zones hold a significant place in terms of the subject's engagement in activities related to sustaining life and self-preservation. For instance, eating serves the purpose of satisfying hunger to protect oneself while also providing sexual autoerotic oral satisfaction through the outer object of mother's breast. When the child gains the ability to perceive the person who provides them with satisfaction as a whole, this object will disappear, and the sexual drive will become autoerotic from that point onwards (Aloupis, 2005). According to Freud's initial theory of drives, he categorized them into self-preservation and sexual drives (Tükel, 2002).

Freud mentions that sexual satisfactions are achieved by relying on necessary bodily functions to sustain life and that sexual drives find their first objects based on

elements accepted by the self (Freud, 1910). With the introduction of the concept of narcissism, he expresses that there is no comparable unity with the self from the beginning of development, although autoerotic drives exist from the outset, the self needs to undergo development (Freud, 1914). In this case, just as sexuality, the self will also develop through a unique psychic effect, and narcissism will emerge when a new psychic effect is added to autoerotism. The self is not merely a superficial entity but primarily a bodily self, a reflection of itself, derived from bodily sensations, and can be thought of as the mental reflection of the body surface (Freud, 1923). After this process, Freud started to recognize that ego drives were also sexual, leading him to re-evaluate drives through a new conceptualization, differentiating between life drives (Lebenstriebe) and death drives (Todestriebe) based on a conflict between them (Evans, 1996).

According to Freud (1920), the purpose of the pleasure principle is to reduce the amount of stimulation that causes tension in the psychic apparatus and thus avoid unpleasant situations. However, especially during the First World War, cases were encountered in trauma neuroses that violated this condition (Gültekin, 2021). Therefore, in these cases, the prominent painful experiences manifest in symptoms and recurring dreams, indicating a situation that goes beyond the pleasure principle (Freud, 1920). In this context, Freud discusses the death drive and suggests that the *'fundamental aim of life is death'*, as living beings have a tendency to return to the inorganic state through the *'repetition compulsion'*, and this tendency is more fundamental than the tendency towards pleasure. The death drive moves in a completely opposite direction to the life drive (Eros), which are linked to the urge for unity, due to its nature of severing connections and destroying things (Evans, 1996).

2.1.4. Actual Neuroses

In Freud's psychoanalytic theory, the issue of the body is not limited to hysterical conversions. In his 1894 text, *'Draft E'*, Freud discusses the differences between hysteria and anxiety neurosis, which share similarities in having a physical symptom. According to him, in hysterical conversion, there is a psychic stimulus that has been misdirected into the physical domain, whereas in anxiety neurosis, there is a

noticeable physical tension that remains confined to the somatic realm due to the inability to enter the psychic domain (Freud, 1894). In his essay *'On the Grounds for Detaching a Particular Syndrome from Neurasthenia Under the Description Anxiety Neurosis'* written the following year (1895), Freud expresses that anxiety neurosis is directly related to a physical sexual excitation, and even arises as a result of intense usage of this excitation (as cited in Aloupis, 2005). Here, the subject's libido withdraws from working in the mind and becomes excessively invested in organs (Smadja, 2021).

Differentiation, along with psychoneuroses (Abwehr-Neuropsychosen) that include hysteria and obsession, has led Freud to propose a distinct category known as 'actual neuroses', (Aktualneurosen) which encompasses neurasthenia and anxiety neurosis (Verhaeghe & Vanheule, 2005). In the subsequent process, hypochondria, which is related to ego libido, has also been added to the actual neuroses (Rosenfeld, 1958). These lack any symbolic meaning and are accompanied by anxiety (Smadja, 2021). They are also distinct from the conversion of suppressed psychic conflicts into bodily symptoms, as they directly discharge drive events through the body. During the First World War, Freud evaluated the traumatic situations emerged similar to actual neuroses and attributed the formation of these cases to *"fright experienced by the ego in the face of an unprepared danger"* and *"a trauma showing the same effects as sexuality repressed at an economic level"* (Parman, 2005).

In his Introductory Lectures (1916-17/1973), Freud mentions that actual neuroses form the core of psychoneuroses, and he states, *"We can observe this relationship particularly between neurasthenia and conversion hysteria which we refer to as transference neuroses, between anxiety neurosis and anxiety hysteria, but also between hypochondriasis and the structures that we will later describe as paraphrenia"*. In this case, there seems to be a relationship between the difficulty in discharging bodily excitations and the emergence of neurotic symptoms. The deviation of libido from normal development is associated with the emergence of a completely somatic process, which is also responsible for the appearance of anxiety. According to him, the analysis of psychoneuroses reveals that deviations and anxiety states can also be related to the rejection of interventions of mental states, in which

case anxiety will always be dependent on the necessity of expressing psychic sexual factors (Freud, 1916-17/1973).

When we look at Freud's initial views on anxiety, he mentions in 1894 that with an increase in physical tension, a threshold is reached that allows for psychic affect to occur, but sometimes there is an inadequacy in the offered psychic connection. As a result, the tension, which cannot be psychically bound, turns into anxiety, and when psychic conditions are insufficient, psychic affect cannot take place. So, in this context, anxiety is associated with suppressed and unfulfilled libido. In his 1895 study, Freud examines the signs of anxiety neurosis, categorizing them as inclusive of a pervasive sense of unease, apprehensive expectations, episodes of anxiety accompanied by physical symptoms (sweating, difficulty in breathing, heart spasm, trembling, vertigo that can result in fainting), a fear of death and madness, as well as the presence of phobias. Heading towards a novel conceptualization of anxiety, Freud, in his 1926 essay *"Inhibitions, Symptoms, and Anxiety"*, discusses the direct impact of a traumatic event on an individual and the perception of anxiety as a signal. Unlike the initial theory, this context provides explanations on how anxiety can lead to the process of repression. Freud suggests that anxiety serves as a signal, shaping the ego's response to a traumatic scenario rooted in loss and separation experiences, including dangers like birth, maternal absence, loss of the penis, cherished object's absence, and ego's detachment (Freud, 1926).

In 1938, Freud, expressing his views on affect, discusses how emotions can be either repressed, transformed into anxiety, or conversely, converted into opposite affective states, and pervasive anxiety is a precursor to actual neuroses (as cited in İköz, 2005). In actual neuroses, destructiveness is also noticeable alongside the accompanying anxiety. Psychoneuroses are associated with the life drives, while actual neuroses are linked to the death drives. In the former, the conversion symptoms impact the body without causing any harm, whereas in the latter, the symptom can attack and cause harm to the body (Debray et al., 2002/2015). Hence, it can be correct to mention that the hysteric subject communicates through the body, whereas the patient in actual neuroses suffers through the body (Kreisler, 1989, as cited in Parman, 2005).

2.2. Psychoanalytical Approach to Psychosomatization

Within psychoanalytic theory, various approaches to bodily symptoms and illnesses have been proposed after Freud. For example, according to Groddeck (1949/1989), who is regarded as one of the key figures in psychoanalytic psychosomatic theory, diseases are a product of the subconscious and function as tools used to achieve gratification. Therefore, he discusses the need to differentiate diseases that manifest as ‘conversion of emotions’ from hysteria. Given the functional role of the subconscious in life, psychosomatic illness arises as a preferable solution to avoid a more severe issue. Contrary to perspectives that treat the body and mind as distinct entities, Groddeck, who questions such notions, posits that both the mind and body fall ill concurrently (Parman, 2005).

Another psychoanalyst and theorist who distinguishes between actual neuroses and psychoneuroses is Sandor Ferenczi. According to him (1926), who discusses organ neuroses, when illnesses come into play, there is a tendency for the libido to be drawn predominantly to the affected areas of the self, even if not to the entire self, resulting in the mentioned body region acquiring an erogenous quality. Faced with this localized increase in libido, if the ego defends itself through repression, it leads to hysteric pathoneurosis; however, if it defends itself by fully identifying with it, it leads to narcissistic pathoneurosis, which can ultimately result in hypochondria. Anxiety neurosis, neurasthenia, digestive disorders, migraines, and asthma are considered to be part of organ neuroses.

Franz Alexander, who discussed the psychosomatic nature of all illnesses (Alexander & Szasz, 1952), followed the conversion model and was the founder of the American Chicago School. He believed that symptoms represented symbolic manifestations of unconscious conflicts. His research encompassed exploring the correlation between illnesses and personality types, as well as investigating how particular conflicts influenced the selection of specific illnesses (Özmen, 2015). Alexander views illnesses as internal disturbances created by emotional states. He discusses how diseases can intensify and become chronic when the emotional state is repeatedly replicated, which implies that unconscious conflicts can eventually lead to an organic issue through psychosomatic illness (Parman, 2005).

Wilhelm Reich (1927/1978) associates bodily symptoms and illnesses with the tension created by inhibited sexuality and the accumulation of libido, which is an anxiety-inducing condition. At this point, when libidinal energy cannot be discharged through fantasy, the binding element for this energy becomes character, and the symptoms take on a physiogenic nature. Felix Deutsch, who was Sigmund Freud's personal physician (Parman, 2005), is one of the first proponents suggesting that organic illnesses can be treated through psychoanalytic methods. He developed a typology that goes beyond medical and psychosomatic semiotics, incorporating the clinician's countertransference into the process, and proposed this through the method of associative anamnesis (Deutsch, 1939).

Pierre Marty, Michele de e M'Uzan, Christian David, Michel Fain, Leon Kreisler, and Rosine Debray, significant figures in psychoanalytic psychosomatic theory, direct their attention to psychosomatic illnesses within the context of actual neuroses rather than conversion disorders. Their ongoing research is conducted within the Paris Psychosomatic Institute (IPSO) (Marty, 1998/2012). From the perspective of these theorists, mentalization is an important concept in terms of the development of psychosomatic illnesses. Normally, through the psychic apparatus, internal and external stimuli (excitation) find release through daydreams and nighttime dreams. However, due to a deficiency in symbolization seen in psychosomatic patients, the inability to attach these stimuli and emotions to representations. When the psychic apparatus fails to provide sufficient calmness, this situation results in illnesses (Smadja, 2005). In this context, understanding psychosomatics appears to be significantly influenced by concepts such as '*operational thinking*' and '*objectless depression*'.

According to the concept of "*operational thinking*", a state arises where ties with fantasies and symbolic functions are severed, and connections with instincts are broken (İkiz, 2005). When confronted with challenging "excessive emotional stimuli" that are difficult to cope with, if operational thinking becomes consistent, there is an increased tendency towards bodily illnesses, risks of accidents, and behaviors that could threaten physical health. Moreover, the preconscious, which serves as a protective shield as proposed by Freud, will contribute to a higher rate of

illness when it doesn't function well enough (Marty, 1998/2012). According to Marty (1998/2012), another concept, “*objectless depression*” refers to a condition where unspoken feelings of inexplicable anxiety persist without being attached to a specific object, leading to a diminished mental life. This state, characterized by a loss of desire for life and weariness, can go unnoticed by others since the person may lead a mechanical existence (İkiz, 2008).

While IPSO theorists' position psychosomatization in a distinct realm from neurotic, psychotic, and perverse structures (Kurzweil, 1997), there are certain similarities noted by some theorists with these structures. For instance, according to McDougall (1989), who compares the relationship between psychoneurotic and psychosomatic symptoms, in the latter, “*delusional*” signs are also observed alongside excessive effort. Therefore, in his words, “*There is a certain similarity between psychosis and psychosomatics because up to this point, both conditions generally serve an underlying corrective purpose in the face of a threatening sense of unrecognized but oppressive danger*” (Greco, 1998/2002). On the other hand, Ammon approaches this similarity through perversion rather than psychosis and suggests that in psychosomatization, the body is experienced as if it were a fetish object, leading to the perception of the body as a foreign object with which the patient tries to establish a close relationship (as cited in Ulnik & Korosteleva, 2016).

2.3. Lacan's Approach to Psychosomatization

2.3.1. Body in Lacan's Studies

Before delving into Lacan's views on psychosomatics, it would be meaningful to discuss his approach to the body, which, as Strubbe (2004) points out, holds a central place in his ontology. Much like Freud, in Lacan's perspective, the body is not viewed merely as a biological organism; instead, it is seen as an evolving construction, akin to the development of the ego (Soler, 1995). Verhaeghe (2001) states that Lacan's studies on the body-subject relationship initially emphasized the contrasts between the imaginary and symbolic. Subsequently, the focus shifted to their intersection with the Real and drives, addressing various forms of *jouissance* in

relation to the body. Considering that ‘the subject is primarily a bodily subject, the body is also a subjective body’, it would be appropriate to examine the construction of the body within the context of the imaginary, symbolic, and real orders, which play a significant role in the formation of the subject (Strubbe, 2004).

2.3.1.1. Imaginary

During the initial phase of conceptualizing the body, the prominence shifts to the idea of the 'body image' (Strubbe, 2004). The Mirror Stage, which takes place between the ages of 6 to 18 months in a child's development, holds significance in establishing both the imaginary order and the ego (Lacan, 1949/2006). Until this juncture, the infant regards itself as an extension of the mother, engaging in a process of identification with the mirror image. As the caregiver (Other) validates this image by stating “*This is you*”, the infant commences identification with this image, signifying the manifestation of his/her distinct existence. This stage, crucial for distinguishing internal and external reality, enables the child to develop a sense of identity, which, paradoxically, has an alienating effect as it is established outside the subject (Verhaeghe, 2001). Despite the infant's limited motor coordination and fragmented body perception during this period, the whole appearance in the mirror leads to a moment of ‘*triumph*’ (Lacan, 1949/2006).

There is a contradiction between the infant's actual bodily experience and its image, which emerges in the competitive relationship with its image, threatening to fragment it and leading to an aggressive tension (Evans, 1996). Embracing the image in the mirror and identifying with it becomes a factor that enables dealing with this aggressive tension. This identification will lead the child to always see himself/herself from the outside. This is an experience of ‘*aphanisis*’, a concept used by Lacan that refers to the subject's ‘disappearance’ in the context of alienation (Evans, 1996). The child learns to know and experience its body as a surface through the gaze and words of the Other (Cornelis, 2014). According to Verhaeghe (2001), “*the beginning of human subjectivity must be sought in the gap between what the subject is and what is made necessary by someone else*”.

2.3.1.2. Symbolic

Lacan's focus on the body, particularly after 1953, has shifted from the image to the signifier, a component of the symbolic order (Strubbe, 2004). The relationship with the Other holds a significant place in the construction of the body. This is because the acquisition of the complete body image occurs as a function of the Other's desire and demands (Verhaeghe, 2001). For instance, a mother presents various requests and desires to her child over time, such as the need to wean from breastfeeding after a certain period, the necessity to use the toilet at appropriate times, and refraining from touching the genital area. These demands highlight the moment when the child encounters the expectations of their mother within their own body, guiding their actions according to these demands. Soler (1995) underlines that these signifiers of the Other not only grant subject a body but also imprint upon and mold this form in a specific manner. Therefore, this body can be thought of as a body belonging to the Other rather than to the subject.

The Other articulates their demands to this body through the words that Lacan refers to as signifiers. Even before birth, the subject is immersed in the language of the Other, encompassing everything from their given name to discussions about their future image, all of which exert unconscious influence on the subject. Through alienation, the subject initially splits, only capable of establishing separate existence through the Other's approval, leaving them perpetually incomplete. Being a subject will require speaking through the language and signifiers of the Other, yet they will never be able to fully express what they intend to say. In his Seminar XI titled '*Four Fundamental Concepts of Psychoanalysis*', Lacan discusses the emergence of the subject within the realm of the Other, where it is represented by substituting one signifier for another (Lacan, 1964/1998), and for a more comprehensive understanding of this context, exploring the establishment of subjectivity could benefit from addressing separation.

According to Lacan, the process of separation, which constitutes the unconscious and serves as the formation of the symbolic order, occurs metaphorically in language (Evans, 1996). The subject's desire is to locate and regain what is lacking in the

mother, aiming to restore a sense of unity with the mother as if it were previously present. In this vein, the subject seeks to identify with what is absent in the mother, namely the phallus, which functions as the signifier of her desire. However, the Name of the Father, symbolizing the law, intervenes at this juncture not as the presence of an actual father, but rather as a symbolic function within the mother's discourse, signifying her interests beyond the child (Evans, 1996). The Name of the Father (S2), as a signifier, replaces the signifier of the mother's desire (S1) and positions the subject within the symbolic order by means of castration, a pivotal condition that facilitates the formation of the chain of speech (Gürsel & Gençöz, 2019). This situation results in an absence of direct linkage between the subject existing in the unconscious and its representative, given that the signifier (S1) representing the subject for another signifier (S2) remains external to the subject, and the origin of all signifiers emerges from the Other (Soysal, 2006).

2.3.1.3. Real

After an exploration rooted in the Imaginary and Symbolic associated with the body, the domain of the Real becomes prominent, existing as a realm that encompasses elements resistant to being symbolized, thereby thwarting their integration into the chain of signifiers. This encompasses the realm of the traumatic, simultaneously eliciting feelings of both fear and pleasure (Cornelis, 2014). In Seminar XI, Lacan (1964/1998) moves beyond the symbolic representation of the body, exploring the Real as an evasive element separate from representation. Therefore, *'the subject can never fully coincide with their own body; hence, our body - in some way - always remains a peculiar "other", a strange entity surpassing our rudimentary knowledge system, upon which our understanding of ourselves and our surroundings is fundamentally based'* (Strubbe, 2004). Lacan approaches the relationship between the body and the Real through the concept of loss within the intersection of the Other and the subject, within the context of *'objet petit a'* and drives.

2.3.1.4. Drives and 'Object a'

In the subject's relationship with the Other, the body regions shaped according to the demands originating from the Other signify the openable and closable boundaries of

the body, consisting of erogenous zones such as the mouth, anus, eyes, and ears (Verhaeghe, 2001). Drives arising from these erogenous zones, including the oral, anal, scopophilic, and invocatory drives as explored by Lacan in Seminar XI while reevaluating Freud's theory of drives, exhibit distinctions from biological functions. They have a continuous urge, are impossible to reach satisfaction, and their goal is to complete a cycle around an object (Lacan, 1964/1998). According to Roudinesco, Lacan considers drives as a deficiency, an incompleteness within the unconscious (as cited in Parman, 2002). Therefore, rather than reducing the drive to a concrete object, it can be useful to conceive its function as an indefinable void, and this is where the '*object a*' comes into play.

Object a is a partial object that triggers desires and determines drives (Evans, 1996). Moreover, it can be conceived as separable parts from the body, but these are more about fantasies, descriptions, and specters that surround the reality of pleasure, rather than being material or organic (Parman, 2002). There are specific conditions for these separable parts to become *object a*, which include the object forming a protrusion that invites tactile engagement, being associated with bodily openings (such as the breast being connected to the mouth), and involving a mutual desire, where the child's sucking impulse corresponds with the mother's nursing impulse (Lacan, 1959-1960/2013). During its development, the subject consumes an object (which could be the breast, feces, sound, gaze, etc.) and separates from it to move on to another. Lacan (1964/1998) states that regarding this transition, "*It is not something from the instinctual domain that ensures the passage from the oral drive to the anal drive. It is the desire of the Other*". The child responds to this demand in order to gain recognition in the Other.

There is a relationship between the subject and the Other based on the triangle of need, demand, and desire. While need points to a biological state like hunger, demand is the call made to the Other for the satisfaction of this need, and this call eventually transforms into a demand for love from the Other (Evans, 1996). "*Desire is neither a satiable appetite nor a plea for love; desire is the difference stemming from the subtraction of the first from the second*" (Lacan, 1949/2006, p.287). Although the child may desire to completely possess the mother's body, this is

impossible, and the semblance of the breast takes the place of this desire. *Object a* functions as a partial object of the mother's desire from the child's perspective, signifying an unattainable loss. However, this loss belongs to neither the mother nor the child; it will persist as an element situated at the intersection of the subject and the Other (Verhaeghe, 2001).

2.3.1.5. Jouissance

Although *jouissance* is a concept that can be translated as pleasure, it also includes certain sexual implications that are not explicitly found within this definition (Evans, 1996). When referring to *object a*, it would be apt to suggest that *jouissance* emerges within the gap between the representation and the linguistic expression of an object (Ragland, 2004). In his conceptualization during Seminar VII titled '*The Ethics of Psychoanalysis*', Lacan situates *jouissance* beyond mere pleasure and beyond the Pleasure Principle (Lacan, 1959-1960/2013). According to Lacan, the pleasure principle, subject to the rule of the signifier, operates as a symbolic regulation associated with achieving minimal pleasure. In this context, Lacan here discusses how '*jouissance*' involves suffering, as crossing the boundary set by the symbolic law leads to an experience that surpasses pleasure and transforms into suffering itself. This aspect also carries an element of defiance toward the law, as the prohibition itself becomes alluring and arousing (Lacan, 1959-1960/2013). As mentioned, *jouissance*, as a concept opposed to pleasure, aligns itself with the death drive. (Evans, 1996).

Contrary to Freud, who approached the death drive as opposed to the sexual drive, Lacan sees it as an element in every drive. In this regard, in his Seminar I titled '*Freud's Paper on Techniques*', Lacan discusses how the life and death drives represent two different aspects of the drive in a parallel dimension rather than mere opposition (Lacan, 1953-1954/1988). Drives encompass the death drive because they run towards the field of *jouissance* beyond pleasure, following their own annihilation with a compulsion to repeat (Evans, 1996). From the subject's perspective, as it approaches *object a* which is the gap designed as the interval between the thing and its representation, this results in the displacement of desire with *jouissance* (Salecl,

2004/2013). According to Lacan (1962-1963/2014), this corresponds to an excess of presence in the mother-child relationship due to the insufficiency of the law, triggering anxiety as a protective element, and representing '*the lack of lack*'.

In his Seminar XX titled '*Encore*', Lacan expresses that *jouissance*, not directly connected to the Other, inherently carries a phallic quality, while also mentioning the existence of an Other *jouissance* beyond the phallus (Lacan, 1972-1973/1998). As stated by Verhaeghe (2001), phallic *jouissance* resides within the domain of the Law, subject to the influence of the signifier, and is intertwined with partial drives. The *jouissance* of the Other, also referred to as '*psychotic jouissance*' and '*jouissance of the being*', is understood as a more fundamental contradiction beyond the realm of language, hence beyond the differentiation of societal gender positions and as a more essential opposition between life and death drives. Lacan, when addressing the relationship between the psychotic subject's body and Other's *jouissance*, discusses a body conceived entirely and directly for the Other's enjoyment, which remains unbounded and accessible to mystics and women alike (Lacan, 1972-1973/1998). Whereas phallic *jouissance* acts as a source of division and constraint, the Other's *jouissance*, conversely, transforms into a factor fostering unity, symbiosis.

2.3.1.6. Sexuation

Freud links the subject's acknowledgment of sexual difference and its alignment with a particular stance to the Oedipus complex. At the culmination of this process, he asserts that the subject assumes a '*masculine*' or '*feminine*' role based on the parent with whom they identify (Evans, 1996). In Lacan's approach to sexuation, the central focus is on the subject's relationship with *jouissance* and language, and the identification at stake here is not so much with an actual parent, but with the Name of the Father as the phallic signifier (Aydoğ, 2020). In Lacan's perspective, castration occurs when the child's desire to become his mother's imaginary phallus completely disappears as the Name of the Father comes into play, and the child renounces some *jouissance* in this situation (Lacan, 1955-1956/1993). This point brings up the identification with the symbolic phallus, which is the constitutive element of sexual difference, which allows to assume gender positions for both sexes (Ergün et al., 2022).

The castration process operates differently for men and women. While boys undergo castration and separate from their first object of love, the mother, as they identify with the father's law, girls must establish identification with both the father's law and their mother in a more indirect manner (Lacan, 1955-1956/1993). The lack of identification with a singular other grants girl a connection with the Real, which presents the possibility of linking with the reality of instinct; because the subject gains the freedom not to be entirely under the law (Evrans, 2017). The woman's access to the Other jouissance is closely tied to this point. In his XI. Seminar, Lacan notes that due to the absence of a symbol for sexual difference, this distinction can only be symbolically interpreted through roles of activity and passivity, enacted in the domain of the Other (Evans, 1996).

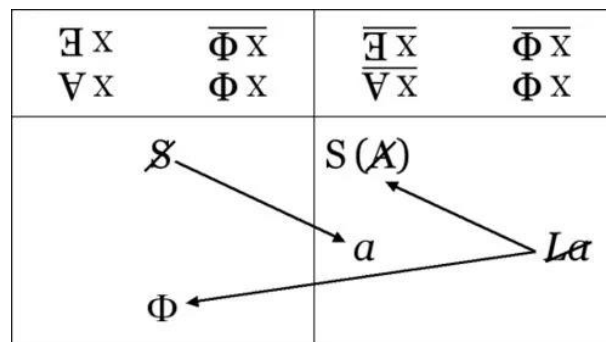


Figure 1. Sexuation

In his XX. Seminar, Lacan examines the gender positions mentioned using a diagram and logical formulas (Lacan, 1972-1973/1998). The left side of the diagram represents the male position, while the right side represents the female position, with the absence of a direct connection in between evoking Lacan's (1972-1973/1998) assertion that “*There is no sexual relationship.*”. Verhaughe (2001) discusses how phallic jouissance, relevant to males, becomes an obstacle to deriving pleasure from the female body, as the true source of enjoyment lies in the organ's own pleasure. Thus, in sexual relations, the shared pleasure is actually singular pleasure, rather than a mutual one. The formulas referring to the phallic function at the top row indicate that the male is fully subjected to castration, while the female is not entirely subjected. The part of femininity that remains uncastrated and outside of language is referred to as the ‘Othersex’ (Aydoğ, 2020).

2.3.2. Psychosomatic Phenomenon

Lacan (1954-1955/1988, 1955-1956/1993, 1964/1998, 1975/1989) considers psychosomatics as more of a phenomenon than a mere symptom. The symptom, an unconscious formation, is a compromise between two conflicting desires (Evans, 1996). Lacan (2006) states that the symptom is '*structured like a language and can be analyzed within a language analysis*'. Therefore, the operation of this structure involves the substitution of an old signifier that has been repressed with a new signifier, and the establishment of a relationship of resemblance between these two signifiers (Soysal, 2006). However, when the psychosomatic phenomenon is examined, a differentiation in the structure of the chain of signifiers becomes apparent. Its lack of openness to analytic interpretation is precisely because it becomes trapped within the realm of the Real (Nicolau & Guerra, 2012).

The differentiation in the signifying chain can be explained by the concept of '*holophrase*'. Holophrase refers to attempting to convey an entire situation within a single word or phrase as a form of condensation, signifying a state that emerges in the developmental process before the acquisition of complex language structures (Leader & Corfield, 2008). To provide an example of a holophrase, the word '*head*' could replace the sentence "*I want you to put on my hat*"; thus, eliminating the gap between the signifiers. In a Lacanian sense, when the gap between S1 and S2 disappears, the first pair of signifiers that contributes to the formation of the unconscious solidifies and becomes fixed. This situation could have clinical consequences such as psychosis, intellectual disability, and psychosomatization (Uncu, 2018).

According to Stephen (1933), all body regions biologically associated with survival gain a distinct significance in the child's relationship with their caregiver. In this regard, if a region is stimulated (such as the mouth), it will leave a memory trace that combines the traces of physiological activity with emotions linked to the caregiver (such as anger). Memory traces are combined and form networks to establish connections with others, for instance, a child may label a circular object as the '*sun*' and then adapt it to a ball or other similar shapes. This suggests that as

representations become integrated into the network, they gradually disconnect from their original references and start operating autonomously. The constructed linguistic networks provide a way to associate the memory traces of bodily imprints from the relationship with the caregiver with other memories, hopes, and chains of thought.

In the context of a holophrase, the space between the object and its representations disappears, and memory traces do not go through a symbolic process. In Seminar XI, Lacan discusses the psychosomatic phenomenon in connection with Pavlov's classical conditioning experiment and states that the lesions that occur in the body when symbolic processing does not take place are like pure signs (Lacan, 1964/1998). To briefly summarize Pavlov's experiment, a dog with a natural salivation response to meat is fed meat while a bell is rung as an artificial stimulus. As a result of a certain repetition, the dog begins to salivate, thinking that the meat will come every time the bell is rung. The realization of classical conditioning is the dog's salivation response to a meatless bell (Bitterman, 2006). What needs to be considered here is the existence of a domesticated animal that is sensitive to signals from humans, and according to Lacan, a similarity is found between the solidified signifier and the signal of the experimenter ringing the bell rather than giving the meat (Dimitriadis, 2017).

According to Uncu (2018), the bell in the experiment represents Pavlov's desire and serves as the signifier for another signifier, saliva. When it comes to the ulcer formed in the animal's stomach along with saliva, Pavlov's supplementary satisfaction emerges as an excess of pleasure, akin to object a. Here, although Pavlov believed he was measuring purely physical reactions, the primary focus and determinant of the animal's responses are his own inquiries, which emerge for the animal as the demand of the Other (Verhaughe, 2001). This process may be activated when there is a lack of a context that presents 'object a' as the cause of desire. Consequently, obtaining a commanding 'capacity' within the individual and conditioning its body leads to the disturbance of functions (Dimitriadis, 2017). Rather than appearing as a deficiency to the subject, the desire of the Other functions as an unquestionable desire (Lacan, 1964/1998).

Lacan (1964/1998) associates this situation with the failure of the initial structuring alienation that grounds the symbolic order. According to him, 'the aphanisis of the subject, the disappearance of the subject, is the fundamental division that establishes the dialectic of desire'. In the psychosomatic phenomenon, there is an absence of aphanisis, which results from the sticking together of S1 and S2, causing a problem with primary repression and the inability to mark the Name of the Father (Nicolau & Guerra, 2012). As a result, there is a halt in the chain that would represent the subject from one signifier to another, and even though the subject might be represented by one signifier, the representation for another signifier cannot occur. This situation demonstrates the fragile functioning of the paternal metaphor (Lacan, 1964/1998). This failure affects only a specific part of the body, a specific point in the subject's discourse. In this manner, it becomes an element that excludes the subject from the realm of psychosis, as only one point of reality aligns with the logic of foreclosure (Dunker, 2002). Similarly, Nasio (1993) proposes that the organ lesion in the psychosomatic phenomenon is a partial 'local foreclosure'. On the other hand, organic illness will align with the 'passage to the act' and hallucination on the same side (as cited in Nicolau & Guerra, 2012).

In the psychosomatic phenomenon, there is a disruption related to language and the signifier, which both serve the function of regulating desire. Therefore, in the body of a person experiencing psychosomatic illness, a situation arises where beyond a libidinal functioning, the jouissance of the Other holds sway (Uncu, 2018). Lacan (1954-1955/1988) mentions that the formation of the psychosomatic phenomenon occurs when libido invests the organ itself rather than an object, and in such a case, drive without being represented, manifesting directly in the body. In the Geneva lecture on the symptom, Lacan discusses that in the psychosomatic phenomenon, lesions are akin to signature-like marks written upon the body (1975/1989). This inscription becomes the Name of the Father - while not explicitly defining a subjective structure, functions as a *sinthome*, serving as the Name of the Father, which fulfills the role of the 'fourth knot' (Lippi, 2008, as cited in Uncu, 2018).

CHAPTER 3

METHODOLOGY

The aim of this study is to explore the relationship between the psychosomatic symptom and the subject's discourse regarding the symptom. For this purpose, a detailed examination will be conducted on various psychotherapy sessions of a woman who sought treatment for fainting seizures in an educational clinic affiliated with a university's clinical psychology program. This section will primarily focus on the rationale behind the selection of Lacanian Discourse Analysis as a qualitative research method for this study. It will also include sections on the sampling method, participant profile, ethical considerations, analysis process, and the trustworthiness of the study.

3.1. Selection of The Research Method

3.1.1. Qualitative Method

The use of qualitative research methods has become increasingly prevalent, particularly in the field of social sciences. Psychology, too, has been influenced by the shift in methodology that has been occurring since the 1960s, gaining further momentum in the 1990s (Tanyaş, 2014). The preference for qualitative research over quantitative methods appears to be driven by the epistemological and ontological choices of researchers, rather than simply being a matter of technique (Kuş, 2007). Epistemology pertains to questions about knowledge, while ontology deals with questions about reality. In designing this research, an epistemological standpoint was taken regarding what constitutes knowledge, the methods employed to acquire it, and how it will be analyzed. These choices were based on the ontological position that informs the nature of the reality being constructed. The boundaries of epistemological positions, which can be categorized as objective, subjective, and

constructivist, are shaped by the researcher's ontological stance (Gündüz-Maraş, 2022).

Quantitative methods, which adopt an objective epistemological stance, are grounded in the belief that an objective reality exists independently of individuals' minds (Crotty, 2003). Within the positivist paradigm, these research methods handle information in a quantitative, measurable, and generalizable manner. Psychology, as a discipline that emerged separately from philosophy in the 19th century, sought to establish its credibility by aligning itself with the natural sciences and the positivist paradigm (Barker et al., 2002, as cited in Gündüz-Maraş, 2022). However, in its attempt to address ontological issues, psychology did not adequately engage in epistemological inquiry (Narter, 1999).

Psychology has faced various criticisms regarding its reliance on quantitative methods as a scientific approach to understanding the nature of human experience. As Tanyaş (2014) pointed out, the hypothesis and testing tradition in quantitative research does not encourage the emergence of new theories and phenomenon. The statistical relationships established between quantitative variables often overlook intermediate processes, and differences between individuals are reduced to group averages. Furthermore, the assumption of researcher objectivity can mask existing biases, and limitations in the data collection process may be present. On the other hand, qualitative research brings subjective experiences to the forefront, delving deeply into the investigation of a particular subject and incorporating the contextual factors that shape the research. Qualitative researchers emphasize the constructed nature of reality, the relationship between the researcher and the subject of study, and the situational pressures that influence the research process (Kuş, 2007).

Qualitative methods are commonly employed in psychotherapy research to delve into the depth of experience, interactions, and relationships (Sarı, 2019). The primary aim of using qualitative methods in such research is to develop an understanding of subjective situations rather than making general inferences. Therefore, for this study that focuses on examining various psychotherapy sessions of a specific individual and constructing subjective meanings, it is more appropriate to apply qualitative

methods rather than relying on measurable and generalizable data. While qualitative research methods share a common purpose of producing meaning, they differ in their approaches (Demirtepe-Saygılı, 2021). Discourse analysis, narrative analysis, and speech analysis are some examples of qualitative methods used in psychotherapy research to comprehend the changes that occur in the process. In the following section, discourse analysis as the chosen qualitative research method for this study will be discussed.

3.1.2. Discourse Analysis

Parker (1992) defines discourse as “*the set of statements that construct an object*”. However, it is important to approach discourse definitions with caution, as any description is essentially another meaning that solidifies the meaning in a particular time and space (Arkonaç, 2014a). Discourse involves the process of constructing meaning for individuals, events, and objects within a specific context, characterized by relationality and interaction. It also entails the construction of reality. Through different discourses, different meanings can be attributed to the same object or individuals (Arkonaç, 2014a). Using the example provided by Yoğan (2022), when comparing the proposition “*Those who want to get to know themselves go to a psychologist*” with the proposition “*Those with problems go to a psychologist*”, even though both statements refer to the same action, their justifications differ from each other. As discourse changes, so does the meaning associated with it.

Discourse analysis encompasses different versions that address various issues and employ different analytical frameworks (Arkonaç, 2014a). These versions are based on distinct theoretical approaches, although they share a common focus on the examination of language-related phenomenon. Discursive psychology, critical discursive psychology, and critical discourse analysis are among the different versions of discourse analysis, all of which embrace a social constructivist epistemology and a relativistic ontological perspective (Uyar-Suiçmez, 2022). Relativism suggests that reality can vary depending on the individual experiencing it, while constructivism asserts that people construct the meaning of the external world (Gündüz-Maraş, 2022).

In quantitative methods, which are based on the positivist paradigm, the external world is believed to exist independently of individuals and can be examined in a structured and controlled manner. The findings obtained through quantitative methods aim to establish causal relationships and can be generalized based on similarities. However, discourse analysis, grounded in a constructivist paradigm, takes a different approach. In discourse analysis, the information generated from the research is meaningful only within the specific people, time, and context of that particular research setting (Arkonaç, 2014a). As a result, subjective findings that are shaped by the context and specific interactions are not easily generalizable. Additionally, the researcher's interaction with the research process emerges as a factor that cannot be ignored. This is because reality is inevitably influenced by the researcher's choices and actions from the very beginning, starting with the selection of the research topic (Arkonaç, 2014a).

When examining the different versions of discourse analysis, two approaches commonly used in psychology research are discursive psychology and critical discursive psychology (Yoğan, 2022). Discursive psychology focuses on the actions performed through language during interactions within a specific context (Arkonaç, 2014a). On the other hand, critical discursive analysis takes a broader perspective on discourse in interactions. It investigates the ideologies that govern interactions, the construction of identities through these ideologies, and the subject positions that emerge as a result (Arkonaç, 2014a). Lacanian Discourse Analysis, which forms the methodological framework of this thesis, is an approach that is in line with Lacan's psychoanalytic theory emphasizing the unique structuring of the subject in determining mental states (Baltacı, 2019b), and incorporates elements of critical discourse psychology (Baltacı, 2022a).

3.1.3. Lacanian Discourse Analysis

Lacanian Discourse Analysis was introduced by Ian Parker in his article titled “*Lacanian Discourse Analysis: Seven Theoretical Elements*” (Parker, 2005a). Parker emphasizes that Lacanian Discourse Analysis is not a method with rigid rules to be followed, but rather a methodological framework that prompts researchers to reflect

on their work. Instead of trying to apply all the elements of this framework to the analysis, researchers can focus on the concepts that are structurally present in the text. According to Parker (2010), Lacanian Discourse Analysis serves as a tool to “*open up*” the text and highlight connections, rather than uncovering underlying meanings of discourse. The convergence of critical discursive analysis and Lacanian theory in Parker's work is not coincidental (Baltacı, 2022a). It can be said that both Lacan's psychoanalytic theory and critical discursive analysis share similarities in terms of their origins and analytical focus.

Critical Discursive Analysis emerged as a methodological approach aimed at critically analyzing discourse, viewing language as a social practice, and highlighting the relationships between language and power (Şah, 2020). It places emphasis on examining ideology, constructed identities, and subject positions within the act of speech (Arkonaç, 2014a). Unlike traditional discourse analysis, which primarily focuses on language used during interaction and seeks similarities, critical discursive analysis pays attention to the contradictory elements within the text (Parker, 2005b). Thus, it goes beyond analyzing conversations in interaction and encompasses power relations expressed through language and the socio-cultural context, diverging from the classical approach.

When examining Lacan's works, it becomes evident that he constructed his theory on a critical foundation. Lacan (Evans, 1996) criticized later theorists, such as ego psychology and object relations theorists, who emphasized the ego rather than the unconscious in psychoanalysis. He positioned his theory within the framework of the “*Return to Freud*” movement, re-reading and interpreting Freud's texts while introducing new perspectives on the unconscious and its subject. For instance, Lacan conceptualized the unconscious as “*structured like a language*” through the discourse of the Other, rather than as a hidden phenomenon waiting to be uncovered. Influenced by structuralism and linguistics studies, Lacan emphasized that the unconscious is represented by signifiers in language (Evans, 1996). In the construction of the subject, Lacan introduced the concept of the “*Name-of-the-Father*” as the fundamental signifier that replaces the subject's desire through a metaphorical operation (Lacan, 2006). Subsequently, repressed desires in the

unconscious can only be accessed through symbolic representatives in language. Once this occurs, the divided subject is unable to “tell the whole truth” (Pavon-Cuellar, 2010).

Lacan, who places language at the core of his studies, highlights the significance of discourses in shaping the forms and continuity of relationships (Gençöz, 2019). He argues that the nature of discourses extends beyond the individual and always necessitates the presence of another subject (Evans, 1996). This is why Lacan famously stated, “*The unconscious is the discourse of the Other*” (Lacan, 2006). In his 17th seminar titled “*The Other Side of Psychoanalysis*”, Lacan delves into the impact of social bonds established through language on intersubjective relations by discussing “*the discourse of the master*”, “*the discourse of the university*”, “*the discourse of hysteria*”, and “*the discourse of the analyst*” (Lacan, 1969-1970/2008). Lacanian psychoanalysis emphasizes that truth, which serves as the driving force in each of these four discourses, is a subjective phenomenon. The truth of each subject differs from one another, and truth is constructed within the discourse, only becoming accessible through the exploration of unconscious material.

Taking into consideration the aforementioned aspects of Lacanian psychoanalysis, its emergence as a response to the prevailing theories, its emphasis on linguistic components when studying the unconscious, and its focus on social bonds constructed through discourses, it exhibits parallelism with the method of critical discursive analysis (Parker, 2005a). Parker states that Lacan’s psychoanalytical theory can also be used in the analysis of a text in social sciences, which is a non-clinical field (Baltacı, 2022a). The seven elements of Lacanian Discourse Analysis that have been put forward in this context are ‘*formal qualities of text*’, ‘*anchoring of representation*’, ‘*agency and determination*’, ‘*the role of knowledge*’, ‘*positions in language*’, ‘*deadlocks of perspective*’, and ‘*interpretation of textual material*’.

3.1.3.1. Formal qualities of text

Unlike other methodologies that primarily focus on the content or underlying meaning of speech, Lacanian Discourse Analysis places emphasis on formal

elements. According to Parker, it is important to examine the order of the signifiers in the text and trace the contrasts and differences (Parker, 2005a). By focusing on absolute difference in the analysis, connections and relationships between signifiers can be explored. In order for something to function as a signifier, it must be part of a system where its value is determined solely by its difference from other components (Evans, 1996). When signifiers are used repeatedly, sometimes interchangeably, it may indicate exclusion of something from the signifying chain or reference to repressed unconscious material (Parker, 2010).

3.1.3.2. Anchoring of representation

Parker emphasizes the importance of identifying quilting points in discourse analysis, as they reveal the structure of the text (Parker, 2005a). Lacan, in his third seminar, refers to quilting points (point de capiton) as the points where the signifier and the signified are tightly connected (Lacan, 1955-1956/1993). Despite the constant slippage of signifiers beneath the signified, the signifier chain is held together by the quilting points that anchor and stabilize meaning. Quilting points enable a retrospective determination of meaning (Parker, 2010). Punctuation marks at the end of sentences play a significant role in creating and retrospectively shaping meaning. Therefore, in discourse analysis, it is crucial to identify the anchor points that mark the end of sentences or other textual extensions (Parker, 2005a).

3.1.3.3. Agency and determination

The unconscious is intrinsically connected to the discourse of the Other, which refers to the impact of the Other's words on the subject (Lacan, 1964/1998). The concept of the Other, associated with law and language, resides within the realm of the symbolic. The symbolic order, where the subject is represented through signifiers, is characterized by the opposition between existence and non-existence (Lacan, 2006). Non-existence can only exist where the possibility of existence is contemplated, which corresponds to the symbolic order. As symbols, words derive their meaning from absence, and *“signifiers exist based on their opposition to other signifiers”* (Evans, 1996). In this context, according to Parker (2005a), the unconscious itself

functions as absence within the text of analysis. This perspective supports the notion that when one thing is said, another cannot be simultaneously said. Due to the influence of the Other, speech can never be fully controlled by the subject. Consequently, there will always be a gap between what is intended and what is articulated, leading to the emergence of the object a. Although the subject will never attain it, they persistently revolve around it (Lacan, 1964/1998).

3.1.3.4. The role of knowledge

Every conversation inherently seeks an answer to the question, “*What does the Other want from me?*” Baltacı (2022a) highlights the significance of recognition between two speaking subjects, with the subject's purpose being tied to occupying the position of the basic signifier. Throughout their quest for knowledge of lack, the subject adopts various positions in their speech. The positioning of the subject is shaped in response to the question of what the Other desires from them. Lacan delves into the clinical structures of neurosis, psychosis, and perversion, which emerge in relation to different responses to this question. It is important to note that discourse analysis does not utilize these structures to diagnose authors or characters in written texts. However, it does involve analyzing forms of speech to uncover the underlying dynamics within the structure of discourse and the subject's position within it (Quackelbeen, 1997, as cited in Parker, 2005a). In this context, it becomes crucial to identify the agent on whom knowledge is assumed, an authority figure and representative of power, during the analysis of discourse (Parker, 2005a).

3.1.3.5. Positions in language

Discourse analysis delves into the multifaceted and ever-evolving nature of meaning (Mulligan, 2015). As per Parker's assertion, while discourses do not completely define subject positions, it is the act of speech itself that fulfills this function (2005a). The subject, who assumes a particular position during speech, is also positioned by the discourse. Since the act of speaking inherently entails a division within the subject, a distinction between utterance and enunciation always exists. Lacan (2006) explains that in every conversation, “*the sender receives his message back from the*

receiver in an inverted form”. Each speech carries a message that persists beyond conscious intention and is, in fact, directed towards the speaker themselves while addressing the receiver. Consequently, in discourse analysis, it becomes crucial to examine “*the way the subject's speech elicits a response, thereby unveiling a truth concealed within the original message*” (Parker, 2005a).

3.1.3.6. Deadlocks of perspective

In a Lacanian-based discourse analysis, it is crucial to explore points of disagreement within the text (Parker, 2005a). This is because the examination of the unconscious through language necessitates prioritizing the symbolic dimension of speech over the imaginary dimension in the analysis. “*The analyst's desire to 'achieve absolute difference' will inevitably lead to a representation of analysis structured by disagreement rather than agreement*” (Parker, 2005a). Absolute difference is a concept that brings to mind sexual difference. Here, sexual difference refers to the positions of female and male that are constructed through discourses within a culture, without reducing it to biology. Lacan (1964/1998) argues that assuming one of these symbolic positions is an essential condition for the formation of subjectivity. According to Parker, sexual difference will serve as an element that highlights the inconsistencies in the text due to its construction (Parker, 2005a).

3.1.3.7. Interpretation of textual material

A Lacanian discourse analysis does not aim to uncover potential unconscious meanings. Therefore, the role of the discourse analyst is to remain within the analysis text and ensure its dispersion and unfolding, rather than translating the speech. This can be achieved by following the line of the “*analyst's discourse*” proposed by Lacan (Parker, 2005a). Similar to how the analyst does not act as a gathering power in the analyst's discourse (Gençöz, 2019), the discourse analyst, operating from a similar framework, will avoid making reductionist interpretations of the text. Another important aspect in the interpretation of the analysis is the researcher's reflexive stance. The analysis of reflexivity is crucial because the political, theoretical, and institutional standpoint of the researcher will influence the reconstruction process during the examination of the text (Baltacı, 2022a).

This thesis involves a thorough examination of various sessions within a psychotherapy process, aiming to develop an understanding of subjective experiences rather than drawing general conclusions from the findings. The psychotherapy sessions in question are conducted using a Lacanian psychoanalytic approach, and the researcher conducting the study has undergone training focused on Lacanian psychoanalysis, working within the framework of the social constructivist and relativist paradigm. Additionally, the analysis focuses on exploring the linguistic and discursive equivalents of bodily symptoms. These factors collectively support and necessitate the adoption of Lacanian Discourse Analysis as the methodological approach. Therefore, in line with Baltaci's analogy (2022b), analyzing a psychoanalytic psychotherapy process using Lacanian Discourse Analysis can be seen as an endeavor to speak the same language.

3.2. Sampling Method and Participant's Profile

The research's case participant was selected from the pool of individuals applying for psychotherapy within the clinic of the clinical psychology program, specifically due to the presence of a psychosomatic symptom. A screening process was conducted among cases with a relatively higher number of sessions, particularly those whose therapy process had already concluded, in order to examine the changes that occurred during the course of therapy. The selection of this particular case, which presented with the symptom of fainting among various applicants, was clearly influenced by my motivation to reevaluate the aforementioned psychotherapy process. Although a total of twenty-six sessions were conducted during the psychotherapy process, ten sessions were chosen for analysis by both the research team and the psychotherapist. The research team selected the first two sessions, which were believed to contain detailed information about the symptom, as well as the last two sessions, which were deemed significant in terms of the termination process. The psychotherapist was asked to select additional sessions in which the psychosomatic symptom was discussed and substantial information regarding this symptom was provided. The following section provides informative details about the analyzed case.

3.2.1. General Information About the Case

Ceyda, a 24-year-old student, sought help from a clinic affiliated with a university's clinical psychology department. She experienced fainting symptoms that could not be attributed to any physical cause. It is important to mention that Ceyda describes her fainting symptom as “*seizures*” and emphasizes that there is no medical explanation for her symptoms. When recounting an incident where she received a serum during a fainting episode and stating that “*nothing specific was done to me*” to help her regain consciousness, it suggests that Ceyda may have other expectations related to her symptoms within a relational context. While expressing her seizures, Ceyda mentions that her distress “*has to find a way to emerge*”. A significant detail to note is that her symptoms developed when she started living “*outside*” her family's home in another city. Ceyda states that when she started “*going out*”, she began living life on her own terms, but her desires did not align with her family's expectations, leading her to feel unrecognized and unable to share what was happening in her life with them.

In Ceyda's accounts, it becomes clear that her seizures mainly manifest during conflicts involving significant individuals, with a distinct emphasis on the gaze of those around her, especially individuals in positions of authority. Her statements suggest a notable similarity between the moments when her educational deficiencies were highlighted and the expressions she encountered from her family. It is also noteworthy that her seizures seem to be closely linked to moments when her shortcomings were mentioned. When describing her fainting seizures, Ceyda frequently uses the word “*falling*” (*düşmek*) and her discourse includes expressions such as “*feeling belittled*” (*küçük düşmek*), studying in a “*low-ranked department*” (*düşük bir bölüm*), “*falling out of favor*” (*gözden düşmek*), and “*being defeated*” (*yenik düşmek*). In the 26th session, she describes not knowing her family's expectations, feeling unsupported in expressing her true self, and therefore believing that she can only fulfill her desires without their knowledge. Following that session, without providing any feedback, she abruptly terminated therapy. It is interesting to note that in Turkish, the expression “*düşmek*” (to fall) is also used when referring to someone “*dropping out*” of therapy.

3.3. Ethical Considerations

All psychotherapy processes conducted at the Clinical Psychology Support Unit commence only after obtaining patients' permission to use audio recordings of the sessions for educational and research purposes while maintaining their anonymity. Prior to conducting this study, the necessary legal permissions were obtained from both the Middle East Technical University Ethics Committee and the Clinical Psychology Support Unit. To ensure confidentiality and anonymity, all personal information in the selected case was modified.

3.4. Process of Analysis

3.4.1. Transcription

After obtaining the necessary ethical permissions for the research, transcripts were generated by transcribing the audio recordings of ten sessions, which were selected by both the research team and the psychotherapist. While the psychotherapist provided transcripts of various sessions along with the audio recordings to ensure consistency, each session was transcribed again. The total recording time for the ten sessions amounted to 467 minutes.

3.4.2. Reading and coding

Each session transcript was thoroughly reviewed multiple times to gain a comprehensive understanding of the text, the patient's discourse, and the psychotherapy process as a whole. During this process, the focus was on the form rather than the content, aiming to create specific categories based on the relationship between recurring signifiers and the discourse surrounding the psychosomatic symptom. Questions such as “*What is the patient expressing about their symptom?*”, “*How do these symptoms relate to both the Other and the others?*”, and “*What messages are they attempting to convey to the Other through the symptom?*” were explored within the framework of the seven fundamental elements of Lacanian Discourse Analysis.

3.5. Trustworthiness of the Study

Unlike quantitative research, which aims to minimize the researcher's influence, qualitative research places central importance on the role of the researcher and their interaction with the research topic (Arkonaç, 2014b). This distinction also necessitates a different approach to assessing the quality of qualitative research. Given the emphasis on subjectivity and the construction of reality within a sociocultural context in qualitative research, it becomes impossible to ignore the impact of the researcher's subjectivity in the process (Baltacı, 2019a). According to Morrow (2005), subjectivity and reflexivity are key elements for ensuring the trustworthiness of qualitative research. Reflexivity involves engaging with one's subjectivity and serves as a tool for maintaining an ethical stance (Arkonaç, 2014b). Throughout the study, the researcher has the ability to influence the research and is simultaneously influenced by it. Embracing reflexivity allows subjectivity to become an opportunity rather than a problem (Finlay, 2002). Therefore, it is crucial for the researcher to pay attention to the kind of interaction their position in the research engenders. With this awareness, *“discrepancies and gaps may begin to emerge between the participant's explanations and the researcher's interpretations”* (Arkonaç, 2014b).

3.5.1. Researcher's role in the study

In this section, I aimed to give information about my reflexive position and background as the researcher of this study. I am a student at METU Clinical Psychology Master's Program. I have been receiving training on psychoanalysis for about 8 years, specifically Lacanian psychoanalysis for the last three years, and I have been working with psychoanalytic orientation. My personal curiosity about psychosomatization is why I chose this research topic, which examines how bodily symptoms are expressed in discourse. Undoubtedly, this curiosity is related to my own psychosomatic symptoms that I have experienced during various stress periods, and these cannot be attributed to any other physiological cause. Another point that led me to do this research is that I think it is exciting to bring an understanding through language about the somatic disorders that are stated to occur when

symbolization fails. In this case, I think that the Lacanian psychoanalytic education, which has centered the elements of language and discourse, undoubtedly has an effect.

During my analysis of the research, I became aware of the effects of my interaction with the text. One example is when I noticed that I had unintentionally written my thesis title in a passive form while documenting my analysis findings. This realization surprised me, and upon reflection, I realized that the subject in the case was positioned within a passive discourse, and I may have developed an identification with the case in the text I was working on. Additionally, I recognized that the unconscious change in the thesis title held significant meaning in my personal story, which had emerged during my own psychotherapy sessions. Addressing this situation within my own therapy sessions helped me separate the personal material that pertained to me from the material I was working on in the research and allowed me to approach the research from a different perspective

CHAPTER 4

RESULTS

Within the framework of the detailed analysis, four main themes and eight sub-themes were identified. The four main themes were labeled as “*The symptom in patient's discourse*”, “*Incidents coinciding with the symptom onset*”, “*Repetitive expressions associated with the symptom*”, and “*Changes in the discourse of the patient during the process*”. The first three themes involve categorizations of how the patient expresses the symptom in her discourse, considering the repeated signifiers. On the other hand, the final theme focuses on the changes that occurred during the process and highlights the inconsistencies. The summary of these themes is presented in Table 1 and will be explained in detail below.

Table 1. *Themes and Subthemes*

1. The Symptom in Patient's Discourse

- 1.1. The patient's symptom description: “Seizure”
- 1.2. Relationship with the hospital: “But there is nothing medical”.
- 1.3. Familiarity within the family
- 1.4. Symptom occurrence environment: “When there is nothing, in an unlikely place and time”.
- 1.5. On the frequency of the symptom: “The interval between the two isn't too short”.

2. The Incidents Coinciding with Symptom Onset

- 2.1. Moving to another city: “It has to emerge outside somehow”.
- 2.2. Reconciliation of parents: “The seizures that continued with my father”.

3. Repetitive Expressions Associated with the Symptom

- 3.1. “To fall” in the discourse of the patient
- 3.2. “On my own” as a sole authority

4. Changes in the Discourse of the Patient During the Process

4.1. The Symptom in Patient's Discourse

4.1.1. The Symptom in Patient's Discourse: "Seizure"

Ms. Ceyda has applied for psychotherapy at a clinic affiliated with a university's psychology department due to recurring fainting seizures that cannot be attributed to any physiological cause. When describing her physical symptom, she often uses phrases such as "seizure", "fainting seizure", and "fainting incident".

The following examples illustrate statements made by Ceyda while describing her bodily symptoms:

Extract 1 (from Session 1):

Approximately three years ago, **I had a seizure...** and then two, three, four started to follow.

Original:

*Yaklaşık üç yıl önce eeee **bir nöbet geçirdim**... Eeee arkasından iki, üç, dört devam etmeye başladı.*

In the passage below, Ceyda describes what occurred in her body just before she fainted. The expression "my eyes are constantly rolling" mentioned above is remarkable because its Turkish equivalent "gözlerim sürekli dönüyor" (gözü dönmek) signifies "being in a state ready to attack due to excessive desire or anger". This situation suggests that there might be an excess in Ceyda's desire and anger, and at the same time, it hints that she might be directing this towards herself rather than someone else.

Extract 2 (from Session 1):

Suddenly like this, **my hands and my body go numb, while my lips, especially, and my legs get tight, eeee I start breathing rapidly eeee, and my eyes are constantly rolling,** then I can't hold my eyelids open eeee.

Original:

***Bir anda** böyle ellerim, vücudum uyuşuyor dudaklarım özellikle ve bacaklarım kasılıyor, eeee çok hızlı nefes almaya başlıyorum eeee gözlerim sürekli dönüyor ve sabit bir şekilde tutamıyorum göz kapaklarımı.*

As Ceyda describes how her symptom initially started, she mentions experiencing only physical signs like this at first, and later, she began to faint. Her statement in the below extract seems to imply that fainting and the seizure were separate occurrences, and that fainting occurred during the seizure:

Extract 3 (from Session 1):

At first, it was only like this, but later, I started to faint. **During the seizure, I would faint for about a minute**, and then I would regain consciousness.

Original:

İlk başta sadece bu şekildeydi daha sonrakilerde bayılmaya başladım. Nöbet sırasında bayılıp eeee bir dakika sürüyor işte baygın kalıp daha sonrasında kendime geliyordum.

In the example below, Ceyda is recounting her memories related to experiencing seizures. In Turkish, the word ‘bayılmak’ also means “to be very happy, to like”, which is why Ceyda's words could also imply “I remember the part that I liked, that made me happy”, suggesting her jouissance which might be associated with her symptom.

Extract 4 (from Session 7):

I remember taking very fast breaths... Then, **I fainted; I remember that part...** I don't remember at all that **I fainted again in that interval**.

Original:

Çok hızlı nefes aldığımı hatırlıyorum...Sonra bayılmışım o kısmı hatırlıyorum... Bayıldığımı HİÇ hatırlamıyorum o arada bayılmışım tekrar.

In the following excerpt, Ceyda highlights that she couldn't hear anything during the seizure. Furthermore, her statement “I don't remember how it happened, how it started, or how it ended” holds significance as it could imply uncertainty regarding the boundaries between herself and others.

Extract 5 (from Session 1):

Well, in some of my seizures, **I don't hear anything** and I'm not aware of it, but in others, I am aware of it... I don't remember how it happened, **how it started or ended**.

Original:

Ya bazı nöbetlerimde hiçbir şey duymuyorum farkında da olmuyorum ama bazılarının farkında oluyorum... Nasıl olduğunu da hatırlamıyorum, başlangıcının nasıl olduğunu nasıl bittiğini.

However, it is worth mentioning that despite her previous statement, Ceyda points out in the subsequent excerpt that her seizures shortened because of the reassurance and suggestions from the person beside her during the seizure, who would say, “*There's nothing*”. This contradictory situation has raised the possibility that it might be linked to Ceyda's desire for support from the people around her when she faints and a scenario where she selectively focuses on what is being said only when she receives reassurance and support.

Extract 6 (from Session 1):

At that moment, the words of the person next to me had a great impact on me... My roommate... She provided good suggestions... “**There's nothing wrong with you right now**”. After that, the seizure was shorter compared to the others.

Original:

O anda yanımdaki kişinin bana konuşması söyledikleri beni çok etkiliyor...Ev arkadaşım...İyi telkinlerde bulundu... “Şu an hiçbir şeyin yok”. Ondan sonra kısa sürdü diğerlerine nazaran.

Ceyda's descriptions of her seizures seem to be connected to the gazes directed at her when she faints:

Extract 7 (from Session 1):

Everyone started looking at me, coming towards me and such. **This had a very negative impact on me.**

Original:

Herkes bana bakmaya, işte yanıma geldiler falan. Bu beni çok kötü etkilemişti.

In the example below, Ceyda unintentionally expressed the opposite of what she meant to say, stating that students were allowed to enter so as not to see her. This slip of the tongue is considered to reflect a desire to be observed by others around her when she experiences fainting episode.

Extract 8 (from Session 7):

We entered through the door, **and I fell.** Since it was at the entrance of the school, **they let the students in so that they could see it.**

Original:

Kapıdan içeri girdik düştüm. Okulun girişinde olduğu için öğrencileri almadılar görmeleri açısından.

4.1.2. Relationship with the Hospital: “There is nothing medical”.

Before starting therapy, Ceyda mentioned that after experiencing “*the fainting incident*” only twice, she believed there was “*no medical issue*” related to her symptom, and she went to the university's psychological counseling center. However, because of “*the lack of reaction*” she anticipated from that encounter, she discontinued attending and conveyed the following:

Extract 9 (from Session 1):

Of course, I don't expect the person in front of me to give me any advice, like ‘you should do this, you should do that’. **But I had expected a reaction, and she didn't react at all.**

Original:

Tabiki...*karşımdaki kişinin bana herhangi bir tavsiyede, yani şunu yapmalısın bunu yapmalısın demesini beklemiyorum. Ama bir tepki vermesini beklemiştim eeee hiçbir tepki vermedi.*

The statements used by Ceyda about her 25th therapy session below also seem to support this situation. Ceyda mentions that she remembered the therapy when she was in a bad mood, regarding forgetting the previous week's session.

Extract 10 (from Session 25):

So, it's not like an expectation of support. *It's not like I'm telling someone what happened so they can support me and console me. Let it come out of me... I mean, not thinking about it by myself.*

Original:

Yani bu bir destek beklentisi gibi değil. Yani hani kötü bir şey oldu, anlatıyım da bana destek olsun, teselli etsin beni gibi değil... Benim içimden çıksın hani... Onunla tek başıma düşünmemek yani.

In the mentioned passage, Ceyda's statement, “*So, it's not like an expectation of support. Let it come out of me... I mean, not thinking about it by myself*”, could imply that her anticipation leans toward receiving support for her current state rather than undergoing a transformation aimed at addressing her unconscious desire through psychotherapy. The pronoun “*it*” is gender-neutral in Turkish and encompasses both feminine and masculine nouns as well as inanimate objects. Consequently, in this instance, while “*it*” alludes to the difficulties she encountered, it also carries the connotation of addressing someone specific, possibly her mother.

Within this context, it has been considered that Ceyda might be struggling with separating herself from her mother's desire.

Referring to her family's reaction regarding her symptom, Ceyda states that "*We thought there was something medical*", and she narrates their first visit to the doctor due to her family's insistence. In the following example, the phrase "*They finally took me then*" is noteworthy, as it implies the possibility that Ceyda might have anticipated being taken to the doctor previously. Another striking point is the emergence of this incident following "*hearing loss*" she experienced during a fainting episode.

Extract 10 (from Session 1):

Well, my parents finally took me to the doctor. So, you know, they said "It had reached this stage".

Original:

Eeee Artık o zaman ailem götürdü beni doktora. Yani hani, "Artık bu evreye ulaştı" dediler.

On another occasion where Ceyda mentions her seizure, her statement during first therapy session, "*Maybe there's no medical issue, but this is also greatly affecting my life*" seems to suggest a belief that, just like her family takes her to the doctor only when a '*medical condition*' is involved, situations affecting her life will only be taken into consideration when a '*medical condition*' is at play.

In the following extract, the expressions regarding Ceyda's mother's sensitivity towards health matters could be significant. This leads to the thought that for her mother to continue being overly concerned, it might be important for the illness to persist to some extent. Although she mentions not verbally indicating it to her mother, just as she became unable to discuss her illness at the beginning of university, it seems that she conveys this request through her body.

Extract 11 (from Session 6):

My mother always becomes overly concerned about illnesses. That's why when she calls, I try not to show too much that I am sick because she gets worried.

Original:

Üstüme titrer annem hep hastalık konusunda. O yüzden aradığı zaman da çok belli etmemeye çalışıyorum hasta olduğumu çünkü çok akli kalıyor.

Ceyda mentions that when she faints, she feels that the medical interventions done on her are not effective. In the following example, her statement “*Nothing was specifically done to help me come around*” suggests a relational dimension regarding her bodily symptom and implies that she may have other expectations from those around her at that time.

Extract 12 (from Session 1):

I don't think the serum had any effect on me, to be honest. But later on, I regained consciousness. So, nothing was specifically done to help me come around.

Original:

Serumun bir etkisi olduğunu düşünmüyorum açıkçası. Ama daha sonrasında kendime geldim. Yani özellikle bir şey yapılmadı bana kendime gelmem için.

4.1.3. Familiarity Within the Family: “It might be glioma”.

Considering first medical examinations at the hospital, Ceyda’s statement “*The doctor told me that it might be glioma*” in the following extract may also sound like she is talking about this disease in someone else rather than herself when pronounced in Turkish.

Extract 13 (from Session 1):

The doctor told me that **it might be glioma.**

Original:

Doktor gliyom olduğunu söyledi bana.

Even though there was an initial suspicion of glioma subsequent findings revealed no issues. In relation to this, when stating “*Tests were conducted, but nothing was found*”, the utilization of the term “*but*” is significant, as if it implies an unconscious desire for a medical condition to be discovered. The significant aspect that needs to be emphasized here is that glioma, which was previously suspected to be related to her symptoms, is a familiar condition for Ceyda. What highlighted this similarity was that, as Ceyda was discussing during her initial therapy session that she didn't have

glioma based on comprehensive tests, she suddenly started describing her aunt's situation. Her aunt, due to the small age difference, is like the family's '*third daughter*' and is greatly cherished by her mother.

Extract 14 (from Session 1):

We went to the hospital again, a different doctor **said that I did not have glioma. During the period when he said that I had glioma. My aunt has it.**

Original:

*Tekrar hastaneye gittik, farklı bir doktor bana **gliyom olmadığını söyledi. Gliyom olduğumu söylediği dönem içerisinde... Benim teyzem gliyom hastası.***

Speaking about her aunt's illness, Ceyda says that when she was a child, she was greatly affected by this first seizure of her aunt as follow:

Extract 15 (from Session 1):

Well, my mother was the only one at home, she was trying to open my aunt's teeth because they got stuck. Well, afterward, **they took my aunt to the hospital by ambulance. My mother had left me with the neighbor downstairs...** Well, I stayed there for about a day. **No one came home.**

Original:

*Eeee annem vardı sadece evde, teyzemin dişlerini açmaya çalışıyordu, kitlendiği için. Eeeee daha sonrasında **teyzemi götürdüler ambulansla. Annem alt komşuya bırakmıştı beni...**Eeeee bir gün falan orada kaldım. **Hiç kimse gelmedi eve.***

With this impactful memory from her perspective, Ceyda has recounted that they never told her anything about her aunt's illness. However, during her adolescence, she discovered the situation through a medical report she came across at home. This period also seems to coincide with the initial times of her parents' separation. Ceyda's mention of not receiving any answers from her family despite her questions echoes a situation resembling the phrase "*But I had expected a reaction, and she didn't react at all*" mentioned in the previous section referring to the dialog with the counselor.

Ceyda found it "*unbelievable*" how deeply saddened her family were when they first learned about the possibility of glioma in her. She expresses that when it was revealed that she did not have this illness, her family felt relieved, saying, "*we will*

find a treatment either with medication or therapy". Ceyda, who stated that she did not want to use medication despite it being recommended due to her belief that it would have a negative impact on her, later talked about her aunt's seizures being "*only postponed by medication*", which was found noteworthy. Given that not using medication for her aunt resulted in the persistence of seizures, it raised the question of whether Ceyda might also desire to maintain intense attention from the family through her seizures.

4.1.4. Symptom Occurrence Environment: "When there is nothing, in an unlikely place and time".

Ceyda mentions that her seizures generally coincide with periods where she experiences arguments and breakups in her relationships and when she is feeling down. In the following quote, she is talking about how the moments she faints coincide with the times of conflict she experiences in her relationships:

Extract 16 (from Session 1):

Well, in one instance, **I had broken up with my boyfriend**, so I was feeling a bit down. And in another one, **I had a falling out with my close friends**, it happened like that. And in another one, ummm, **I had an argument with my brother** over the phone it happened about five to ten minutes after we hung up.

Original:

Eeee bir tanesinde, erkek arkadaşımдан ayrılmıştım, o yüzden kötüydüm biraz. Eeeee diğerinde, yakın arkadaşlarımla aram bozulmuştu yine, o şekilde olmuştu. Eeee diğerinde, eeeee abimle bir tartışma yaşamıştık telefonda, kapattıktan bir beş on dakika sonra oldu.

Ceyda, in the following extract, mentions that sometimes her seizures happen "*when there is nothing*":

Extract 17 (from Session 1):

In some, it happens **when there is nothing out of the ordinary...**What happened three or four months ago **there was nothing.**

Original:

*Ama bazılarında hani durup dururken, **ortada hiçbir şey yokken** de olduğu oluyor ... Üç dört ay önceki olan, **hiçbir şey yoktu.***

Ceyda expresses that she attributes fainting spells to the conflict situations she has recently experienced. While discussing this, her use of the phrase 'to attribute' (yormak) also coincidentally carries the meaning 'to tire someone' in Turkish. This situation prompts one to consider whether she unconsciously desires to tire someone with her seizures.

Extract 18 (from Session 1):

I am not really experiencing such a big psychological difficulty at that moment. **But at least I am trying to attribute it to that.**

Original:

*O kadar büyük bi eeee psikolojik zorlukta olmuyorum o sırada aslında. **Ama ben ona yormaya çalışıyorum en azından.***

In the following example, Ceyda explains that some of her seizures happen at “*unlikely places and times*”. Considering that the Turkish expression “*olur olmadık*” means “*inappropriate or unsuitable*”, it seems to indicate a situation where fainting without anyone familiar around is deemed inappropriate by Ceyda. Furthermore, in the statement “*there was no one I recognized around me*” the mentioned term “*to recognize*” also carries the meanings of “*showing respect, accepting one’s existence legally*”.

Extract 19 (from Session 1):

And sometimes **it happens in an unlikely place, it happens at an unlikely time...** It happened **suddenly** while I was sitting, **there was no one I recognized around me.**

Original:

*Bir de bazen **hiç olur olmadık bir yerde oluyor, olur olmadık bir zamanda oluyor...** Otururken **bir anda** olmuştu **tanıdığım hiç kimse yoktu etrafımda.***

Considering the possibility that Ceyda's fainting spells coincide with times when there are no ‘*recognized*’ individuals around, this could also be interpreted as her not being able to separate from her mother due to the absence of a ‘*recognized third person*’. In this context, Ceyda's repetitive statements about ‘*suddenly fainting*’ come to mind, as the term “*suddenly*” is translated as “*bir anda*” in Turkish, encompassing meanings of ‘*unseparated, whole, and one*’.

Extract 20 (from Session 1):

I **suddenly** collapsed, meaning **I fell straight to the ground**. Then, an ambulance arrived and took me to the hospital.

Original:

Bir anda oldum, yani ***direk yere düştüm***. Zaten eeee daha sonra işte ambulans geldi, hastaneye gittim.

4.1.5. On the Frequency of the Symptom: “The interval between the two isn’t too short”.

In the examples below, Ceyda talks about the frequency of successive fainting seizures. Although the expression “*between the two*”, she used in both examples seems to be related to her seizures, it is also remarkable in terms of evoking thoughts about what could happen between two people or maybe two positions.

Extract 21 (from Session 1):

I can't give it a frequency but within a very short period, **the time between the two is not usually short**.

Original:

Ön bir sıklık veremiyorum ama çok yakın bir zaman için, ya ikisinin arası çok kısa olmuyor genelde.

Extract 22 (from Session 8):

This is the first time it took **so little time between the two of them...Normally, it is months between them, but I don't know why it happened like this**.

Original:

İlk defa ikisinin arası bu kadar kısa sürdü...Normalde aylar giriyordu arasına. Ama niye böyle oldu bilmiyorum.

In the following excerpt, Ceyda describes the phrase, “*in between the two*” when discussing establishing authority in the classroom as an intern teacher, either by being too harsh or too gentle. It is thought that the mentioned expressions “*too harsh*” and “*too gentle*” could also recall gender positions of male and female.

Extract 23 (from Session 6):

I must give off a certain authority for (students) to see me as a classroom teacher. **But I can't provide what's in-between the two poles of kindness and harshness**.

Original:

(Öğrencilerin) Sınıf öğretmeni olarak görmesi için belli bir otoritenin olması lazım. Ama ben bu ikisinin arasındaki şeyi sağlayamıyorum. Ya çok yumuşak davranıyorum ya da çok sert.

4.2. Incidents Coinciding with the Symptom Onset

It appears that Ceyda's seizure onset coincided with two major changes in her life: moving to another city for her education, which was the first time she separated from her family, and the surprising reunion of her parents who had been apart for a while. Below, Ceyda's statements about these events and the similarities in her discourse related to her symptoms are elaborated upon in detail.

4.2.1. Moving to Another City: “It has to emerge outside somehow”.

Ceyda mentions that she started experiencing fainting episodes shortly after beginning her university education. The use of the word “*finally*” by Ceyda has drawn significant attention because it seems as if she had an unconscious desire for her symptom to start before that time, and when they occurred at that moment, she might have welcomed it with joy:

Extract 24 (from Session 2):

Finally, it was the year when I started my first year of education.

Original:

Sonunda hani üniversiteye ilk başladığım sene olmuştu.

While Ceyda regards her university education as “*a turning point*” and highly significant event for her she mentions that she was in a very bad state during this period. When talking about the reasons for this, her mention of being away from her family and mother suggests a conflict related to separation.

Extract 25 (from Session 2):

University... **I used to think it's a turning point in my life...** During that one or two-month period, I was really doing very poorly. I mean, **I was out of town, and I am apart from my family... my mother wasn't with me anymore.**

Original:

Üniversite benim için çok önemli bir nokta, benim hayatımın dönüm noktası olduğunu düşünüyordum ben... O bir iki aylık süreçte de ben gerçekten çok kötüydim. Yani şehirdışındaydım ailemden de artık annem de yoktu yanımda.

In the following excerpt, Ceyda's statement about falling ill due to “*change in weather*” during the initial period of her arrival at university and being unable to speak for two months has drawn attention, especially when considering that her seizures began during this period.

Extract 26 (from Session 6):

I remember not being able to speak for two months... I had just arrived at university... Due to the change in weather, I had gotten sick in the first month I came.

Original:

İki ay konuşamadığımı hatırlıyorum...Üniversiteye yeni gelmiştim...Hava değişiminden dolayı geldiğim ilk ay hasta olmuştum.

The statements by Ceyda in the following excerpt relate to what “*going out*” from the city where she lives with her family means to her. Here, Ceyda mentions that her family doesn't allow her to go out alone unless she has an acquaintance with her:

Extract 27 (from Session 26):

I can't travel outside the city... I mean, for them, there must always be someone familiar in the city I visit... you know, **so I won't be on my own...** they trust my brother because he's in the same city.

Original:

Çıkamıyorum şehir dışına...Yani gittiğim şehirde illaki bir tanıdık olmak zorunda onlar için...hani, tek başıma kalmayım...Abim de aynı şehirde olduğu için ona güveniyorlar.

In the following extract, Ceyda's statements, “*having to emerge it outside, reflect it outside, present it outside*” while talking about her fainting seizures seem to evoke her own situation about “*being outside*”. In this sense, she seems to be caught in a conflict between her family's expectations and her own wishes. On the other hand, Ceyda's statement “*I feel compelled to reflect it outside for myself*”, appears to be intriguing because it indicates a situation where she is ‘*obligated*’. Therefore, this expression has led to the speculation that Ceyda might have an unconscious desire for the opposite meaning a desire for ‘*being inside*’. The sentence “*My body might have presented it to the outside in a way I didn't want*”, seems to confirm this situation exactly.

Extract 28 (from Session 2):

I think **it has to emerge outside somehow**. But I feel like the form it has taken is **fainting and seizures**, you know. **I could have reflected this differently to the outside, but** somehow, **I feel compelled to reflect it outside** for myself. **My body might have presented it to the outside** in a way I didn't want.

Original:

Bence bir şekilde dışarıya çıkmak zorunda bu. Ama bunun şekli bayılma ve nöbetle olmuş gibi hissediyorum yani... Bunu başka bir şekilde dışarıya yansıtabilirdim. Ama bir şekilde kendim için dışarıya yansıtmak zorundayım aslında... Vücudum ben istemediğim bir şekilde dışarıya sunmuş olabilir.

Ceyda mentions that during one of her fainting episodes, she got injured and undergo surgery. In the following excerpt, it is noteworthy that she expresses her fear of experiencing a similar situation “outside”. It has been thought that from this experienced accident, Ceyda's inference could be something like ‘*going outside might bring something bad upon her*’. On the other hand, her expression of being very afraid of it actually suggests a situation she unconsciously desires very much.

Extract 29 (from Session 1):

That's why I have been so afraid that something like this would happen to me outside again. If it had been at home again or **in a place where people I know were with me**, I wouldn't have been so afraid.

Original:

O yüzden hani dışarda böyle bir şeyin başıma gelmesinden çok korkuyorum yine. Evde olsa, yine ya da yanımda insanların olduğu bir yerde olsa, bu kadar korkmam.

In the example above, Ceyda is saying “*where people I know were with me, I wouldn't have been so afraid*”, which implies a situation that closely aligns with her family's request for “*Don't go outside on your own*”. Below are Ceyda's statements regarding her family's this demand. After saying “*Even the fact that I am out at 11 pm is a problem for my family*”, her slight laughter is a notable point because, although she appears to be complaining about her family's request, it also suggests that this situation brings her enjoyment at the same time, indicating that it is precisely related to her jouissance:

Extract 30 (from Session 5):

Even **the fact that I am out** at 11 pm is a problem for my family (slightly laughing). In other words, such people definitely **do not want me to be out** at those hours. They think it's not safe, **they think something will happen to me**.

Original:

*Benim gece 11'de **dışarda olmam** bile ailem için bir sıkıntı (hafifçe gülerek). Yani öyle insanlar, benim kesinlikle o saatlerde **dışarda olmamı** istemiyor. Güvenli olmadığını düşünüyorlar, **başına bir şey geleceğini düşünüyorlar.***

In the following quote, Ceyda's words “*That's why sometimes I have to tell lies*” evoke a similarity to the statement “*I feel compelled to reflect it outside*”, and suggests the difficulty she faces in establishing her own subjectivity and separating from her parents' desire:

Extract 31 (from Session 26):

So, they believe that I can't go anywhere on my own, and **they don't want me to go out**. For example, **that's why I have to lie sometimes**.

Original:

*Yani **herhangi bir yere tek başıma gidemeyeceğimi** düşünüyorlar eee ve **dışarı çıkmamı istemiyorlar**. Örneğin eee o yüzden **yalan söylemek zorunda kalıyorum**.*

4.2.3. Reconciliation of Parents: “The seizures that continued with my father”.

Ceyda is narrating that a few months after starting university, one day while talking on the phone with her mother, she learned that her parents, who had divorced three years ago, have reconciled, and her father has returned home. She expresses that she was very surprised because she never expected this news as follows:

Extract 32 (from Session 2):

My mother handed the phone to my father, they have reconciled, and my father has returned home. **I was really surprised when I heard this; I truly wasn't expecting it.**

Original:

*Babamı verdi telefona, barışmışlar, eve dönmüş babam. **Çok şaşırdım ben bunu duyduğumda gerçekten beklemiyordum.***

From Ceyda's perspective, as someone who ventured “*outside*” her family for the first time, this event might have conveyed a message to her about the need to “be outside of the Oedipal couple” and could have confronted her with the lack and the desire of her mother. The statement mentioned in the previous section, “*I am very afraid of something like this happening to me outside*”, appears striking when translated into Turkish because in Turkish, the phrase ‘baş’ in ‘*başına gelmek*’

(something happening to someone) carries an additional meaning of '*the one who governs.*' Thus, this expression implies that what happened to Ceyda could also be related to her father, who again seems to have charge of the family.

In the following example, Ceyda attributing her mother's forgiveness of her father to herself, and her siblings suggests that she is attempting to cope with this situation by overlooking her mother's choice for reconciliation. Here, after saying, "*She would never have forgiven him if she was a woman on her own*", Ceyda's light chuckle suggests that the possibility of her mother not forgiving her father is a situation she finds pleasing.

Extract 33 (from Session 2):

She forgave him for our sake, having seen the damage done to me, my sister and my brother by his absence. Of course, **she would never have forgiven him if she was a woman on her own (slightly laughing)**.

Original:

Affetmesinin en büyük sebebi bizim için. Yani benim ve ablamın, abimin bu durumdan çok etkilendiğini düşünüyordu. Yani tek başına bir kadın olsaydı asla affetmezdi (hafifçe gülerek).

Ceyda explains that after her father's return, she felt as if the problems she experienced during his absence had not been resolved, indicating that her discomfort may have stemmed from a factor other than just her father's physical absence. In the following excerpt, Ceyda recounts how she frequently called home to check if her father was there as she had forgotten his existence. The state of "*absence*" where she seems to have almost forgotten her father's presence recalls, the inadequacy of the paternal function. It is also worth noting that when she called, she was content to hear that her father was with his mother. The phrase "*with my mother*" is translated as "*annemle beraber olması*" in Turkish, and here, the phrase '*beraber olmak*' carries a sexual connotation, which suggests that Ceyda might have an unconscious desire to control her parents' sexuality while attempting to control her father.

Extract 34 (from Session 2):

Sometimes I call just to ask 'how are you'... **I forget his existence... Knowing that he exists is enough for me**, like he is still there, that he is at home, **with my mother**.

Original:

*Bazen arıyorum gerçekten, 'nasılsın' diye sormak için...Unutuyorum varlığını... Olduğunu bilmek yeterli benim için, hani hala, yani evde olduğunu, **annemle beraber olduğunu.***

In the second therapy session, Ceyda mentioned that she initially pondered a potential link between her fainting seizures and her parents' reconciliation. She had hypothesized that her seizures might have been induced by her intense distress “during that period”. However, after a brief period, she conveyed that she no longer held the belief that the fainting spells were connected to that incident. Her evolving perspective, which involves an undoing mechanism, indicates a desire to retract or compensate for her previous unconscious expressions about her sadness being linked to her parents' reconciliation. In the following example, the phrase “the seizures that continued with my father” is particularly remarkable because the word “seizure”, which is translated as “nöbet” in Turkish, also has another meaning, ‘guard duty’ or ‘keeping watch’. As a result, this expression seems to suggest that Ceyda might unconsciously hold a perception as if she and her father were taking shifts, as if on guard duty, over the position of her mother's object of desire. This situation gives rise to the conclusion that she might be in competition with her father.

Extract 35 (from Session 2):

After their relationship improved, I don't think **the fainting spells that continued with my father** are still related to that issue, to be honest.

Original:

*Araları düzeldikten sonra **babamla devam eden nöbetlerin** yine o konuyla bağdaşık olduğunu düşünmüyorum açıkçası.*

Since ‘to guard duty’ involves a protective purpose, this phrase of Ceyda can also be read as an unconscious fantasy of safeguarding the position of the object of her mother's desire, from ‘another person’, whose access to that position is assumed by taking turns with her father. At this point, what stands out are Ceyda's remarks about her brother in the second session. It has been considered that when she mentioned that her mother felt sad only for herself and her siblings during her parents' divorce process, the therapist's words “By protecting your mother from elsewhere”. might have resulted Ceyda to suddenly talk about her brother.

Extract 36 (from Session 2):

T: Your mother is also sad because you are sad, and she doesn't show it to you, so you are also doing something about your own sadness **by protecting your mother from somewhere else.**

P: Yes, yes. **In my eyes, my brother was the one who was least affected** by it.

T: So, what does it matter, that your brother is the least affected?

H: For my brother, whether my father is present or not doesn't hold much significance.

Original:

*T: Siz üzüldüğünüz için anneniz de üzülüyor ve size belli etmiyor yani siz kendi üzünlüğünüzün de bir şeyini yapmış oluyorsunuz öyle, **annenizi başka bir yerden koruyarak.***

*H: Evet evet. Bundan **en az etkilenen abimdi benim gözümde.***

T: Yani ne anlamı var ki bunun, abinizin en az etkilenen olmasının?

*H: **Abim için yani babamın olup olmamasının çok bi önemi yokmuş.***

Ceyda's above-mentioned words seem to suggest an unconscious desire to protect her mother from her brother, which in turn has led to a perception of her brother as a substitute for her father, almost like a partner to her mother. In relation to this, Ceyda has mentioned in various sessions that her brother's imposition of rules on her when her initiation of smoking, his almost parental-like threat of “*taking her out of school*”, and the significant impact of her brother words on their mother. At this point, question marks arise regarding Ceyda’s father’s symbolic presence in the family.

In the extract below the expressions related to her father's absence suggest Ceyda's perception of her father's deficiency as an authority figure in a symbolic manner:

Extract 37 (from Session 2):

The absence of a father figure in my life, actually. My father left a huge gap in both material and intangible sense in us... I definitely realized that **he had a very big place** in my life.

Original:

***Hayatımdaki baba figürünün eksikliği** aslında birazcık. Babam hem maddi hem manevi anlamda, **çok büyük bir açık bırakıp gitti bizde...** Çok büyük bir yeri olduğunu fark ettim hayatımda kesinlikle.*

Ceyda, referring to her father leaving a “*a huge gap*”, shares that she used to sleep with her mother in his absence and would lock the door three or four times at night due to fear of burglars. It's as if she attempts to cope with the symbolic absence left

by her father by locking the door that delineates the inner and outer boundaries. When discussing this, Ceyda's statement, "*Because in my eyes, the father figure was like someone who would protect the house from burglars*", implies the insufficiency of a paternal function that would establish limits on the anxiety-inducing closeness between her and her mother.

Extract 38 (from Session 2):

When I used to sleep at home at night with my mother... I would get scared... I would lock the door three or four times. You know, because in my eyes, the father figure was like someone who would protect the house from burglars or something like that...

Original:

Evde gece uyurken annemle...Korktuğum oluyordu benim...Üç dört kere kapıyı kilitliyordum... Çünkü benim gözümdeki baba figürü hani eve hırsız girer o korur falan gibi bir figürdü...

In the following extract, in relation to the process of separation, when Ceyda speaks about her father, saying, "*He's definitely not someone who could live on his own in a house. We thought he would come back after a while because he wouldn't be able to manage*", is noteworthy both in terms of the "we" language she uses, encompassing her siblings and her mother, and in terms of how she portrays her father as if he lacks subjectivity.

Extract 39 (from Session 2):

My father is definitely not someone who can live on his own in a house (chuckles lightly). I mean, whether it's about cooking or cleaning, **he can't manage on his own. We** used to think he wouldn't be able to handle it and would return after a while.

Original:

Babam bir evde tek başına yaşayabilecek bir insan değil kesinlikle (hafifçe gülerek). Yani yemek olsun temizlik olsun tek başına idare edemez. Biz bir süre sonra idare edemeyip döneceğini düşünüyoduk.

During her parents' divorce process, Ceyda states that she and her siblings supported their mother, but she continued to meet with him until he stopped seeing them due to the children taking sides. In the following excerpt, Ceyda's linking her continued meetings with her father to the presence of her stepsister helping his father with housework has been found noteworthy:

Extract 40 (from Session 2):

We also started to take sides against him. **But** I was continuing to see him...**Well, this was also very effective, uhm my father has a daughter from his previous marriage, my stepsister.**

Original:

Biz de artık ona karşı taraf almaya başlamıştık. Ama ben hala görüşmeye devam ediyordum...Eeee şu da çok etkiliydi, u babamın önceki eşinden bir kızı var, üvey ablam benim.

In the following excerpt, Ceyda mentions that her father got angry at her and her siblings due to taking sides, and he eventually stopped seeing them. The phrase ‘being fond of’ is translated as ‘*düşkün olmak*’ in Turkish, and it carries several meanings such as ‘to be excessively devoted’, ‘to be impoverished’, or ‘to have lost one’s dignity’. These meanings constantly bring to mind dependence on another, inability to exist on its own, and being in the position of an object rather than a subject. These descriptions also seem to be consistent with Ceyda’s statement that her mother and herself believed that her father wouldn’t live by himself. Furthermore, her father’s remarks such as “*I have only one daughter*” referring to his daughter from his previous marriage are surprising since it is believed that the way her father sees Ceyda could have an impact on her sexualization.

Extract 41 (from Session 2):

I think **he is fond of her**. Even when he cut off contact with us, he said, “**I have only one daughter that is Serap**”. That means **with us...He didn’t count us among them.**

Original:

Ona düşkün olduğunu düşünüyorum. Ya bizle iletişimi kestiği zaman bile benim tek bir kızım var o da Serap demişti. Yani bizimle... Bizi saymamıştı onların içinde.

In the excerpt above, it is noteworthy that Ceyda, who mentions not being counted/recognized as her father’s daughter and is perceived to be in competition with her stepsister for her father’s attention, frequently talks about experiencing jealousy in various contexts involving “*another women.*” For instance, in the following example, she speaks about a dream she had where her boyfriend and roommate were getting close:

Extract 42 (from Session 3):

I had a dream, and I was deeply affected by it. In my dream, both Kerem and Duygu were together, and they were saying, “**We are together now, you are not here**”.

Original:

Bir rüya gördüm gerçekten çok etkilendim rüyadan. Rüyamda ikisi (Kerem ve Duygu) beraberlerdi ve “Biz artık beraberiz, sen yoksun diyordlardı”.

Considering the Turkish translation of the phrase “*We are together now, you are not here*”, the expression “*You are not here*” (sen yoksun) also carries the meaning of “*You do not exist*”. Ceyda's statement is considered significant in evoking the reunion of her parents who had been apart for a while, which holds importance in relation to the emergence of her seizures. Additionally, when mentioning the frequency of her seizures, the phrase “*it happens when there's nothing*” (hiçbir şey yokken oluyor) seems quite similar to the emphasis on ‘*absence*’ in this context.

4.3. Repetitive Expressions Associated with the Symptom

When looking at Ceyda's repeated statements regarding her symptom, it is noteworthy to observe her usage of the term ‘*to fall*’ while describing fainting and the use of different phrases in Turkish that contain this term with various meanings. To provide examples, phrases like “*to study in a low-ranked department*” (düşük bir bölümde okumak), “*to feel belittle*” (küçük düşmek), “*to be defeated*” (yenik düşmek) and “*to fall into a void*” (boşluğa düşmek) are present in her discourse. Additionally, the phrase “*on my own*” is seen as a noteworthy signifier that Ceyda frequently employs in her discourse. This usage is believed to indicate, at times, her struggle to function as a subject, while at other times, it could imply an unconscious desire to be the “*sole authority*”.

4.3.1. ‘*To Fall*’ in the Discourse of the Patient

In the following excerpt, while describing a moment when she fainted, Ceyda uses the expression ‘*I fell*’:

Extract 43 (from Session 7):

We entered through the door and **I fell**, I mean, I couldn't hold myself upright any longer.

Original:

*Kapıdan içeri girdik **düştü**m yani tutamadım kendimi daha fazla ayakta.*

According to her narratives, in the sixth therapy session, she was given an evaluation of “*completely wrong*” for an activity she had prepared regarding her project, and at the beginning of the subsequent seventh session she mentioned that she experienced a fainting seizure in the school. Ceyda's statements about how she was thinking of conducting the activity just before fainting are as follows:

Extract 44 (from Session 7):

As I said, **I didn't have anything, I had nothing physically** at all, **I was just thinking about it (him, her)**, it was bothering me, and that's how it happened.

Original:

*Dediğim gibi **bir şeyim yoktu, hiçbir şeyim yoktu fiziksel olarak sadece onu düşünüyordum** kafama takılıyordu, öyle oldu.*

In the above, the expression “*physically I had nothing*” appears similar to Ceyda's statement ‘*There is nothing medical.*’ Additionally, when she says “*I was only thinking about it (him, her)*”, although she talks about an activity she was going to do, it also seems like she might be referring to a specific person. This situation is similar to Ceyda's previously mentioned phrase “*not thinking about it (him, her) by myself*”, and it suggests a connection with her mother once again.

It seems significant that Ceyda, who received negative feedback regarding her activities, forgets the materials she needs to prepare when the next evaluation time comes. Ceyda, who describes fainting at school before attending this unprepared activity, expresses the dream she had the night before the activity as follows:

Extract 45 (from Session 7):

I was trying to do the activity, but I couldn't (slightly laughing), and everyone was looking at me, it was very bad. **I was becoming embarrassed**, in other words, I couldn't do it in any way.

Original:

Etkinlik yapmaya çalışıyordum yapamıyordum (hafifçe gülerek) ve herkes bana bakıyordu çok kötüydü. Rezil oluyordum, yani yapamıyordum hiçbir şekilde.

Ceyda's forgetfulness regarding activity preparation and the dream she had seem to suggest an unconscious desire related to failure. Despite Ceyda's apparent claims to

the contrary, this confirms the way her family sees her. Below, examples are provided that suggests Ceyda may have a desire to fail:

Extract 46 (from Session 8):

Will the class get disrupted again?... I constantly wondered what the teacher would think about this activity. She will probably tell me once again that I am very bad at it.

Original:

Yine sınıf karışır mı?... Öğretmen bu etkinlik hakkında ne düşünecek diye düşünmüştüm sürekli. Yine bana çok kötü olduğumu söyleyecek.

Ceyda mentions that in school she assumed a blaming attitude immediately after receiving negative feedback. The expression “*I don't actually feel guilty*” has suggested a contradictory situation where she might actually feel guilty in her unconscious:

Extract 47 (from Session 8):

I don't actually feel guilty; I'm just trying to understand why such behavior occurred. Frankly, **I get frustrated**, and involuntarily, I couldn't accept this much before... **I also try to blame from a certain point onward.**

Original:

Ben suçlu hissetmiyorum aslında sadece neden böyle davranıldığını anlamaya çalışıyorum. Sinirleniyorum açıkçası ve ister istemez bunu önceden çok kabul edemiyordum... Ben de suçlamaya çalışıyorum bir noktadan sonra.

It has been noted as noteworthy that Ceyda, who associated her inability to do the activities with the lack of strong authority of the teacher, later began speaking to male students:

Extract 48 (from Session 6):

There are a lot of **male voices in the classroom...** Not to say that boys are **naughtier**, but they are **more active, physically active in the classroom...** They sabotage many activities... **I don't want to blame anyone**, but... **It doesn't make me feel good, you know, that my shortcomings are visible.**

Original:

Erkek sesi çok fazla sınıfta...Erkek çocukları daha yaramaz demiyim ama daha aktifler sınıf içerisinde fiziksel olarak daha aktifler... Çok fazla etkinliği sabote ediyorlar... Bir şeylere suç bulmak istemiyorum ama...Güzel hissettirmiyor bana yani eksiklerimin görünüyor olması.

Ceyda's remark about the feedback from her teachers being "*blame-focused rather than corrective*" has been deemed significant. Associating Ceyda's inability to perform the activities with the presence of more physically active male students suggests a sense of guilt that she might be experiencing, possibly linked to her not having a phallus. Her statement, "*It doesn't make me feel good, you know, that my shortcomings are visible*", appears to further emphasize this situation.

Ceyda, although not explicitly stated, refers to the accusatory gaze in her family regarding not being able to attend the department both she and her family desired at the university. This accusatory gaze appears strikingly similar to the one she encountered at school before experiencing a seizure:

Extract 49 (from Session 8):

I could see it in them, in their behavior. That I had obtained a department with a much lower score. Well, that was an accusation in my eyes.

Original:

Görüyordum onlarda, yani davranışlarında. Çok daha düşük bir bölümü kazandığımı. Eeee bu da benim gözümde bir suçlamaktı.

The following are Ceyda's statements that highlight her description of the university department she is enrolled in as "*lower*" becomes prominent when she is being compared to her brother:

Extract 50 (from Session 7):

(My father) **sees my current department as a very easy one**. My father, well, he keeps saying to me, "You know, your brother studied architecture, **that was much more difficult**".

Original:

Çok kolay bir bölüm olarak görüyor benim şu anki bölümümü. Babam, eeee hani abim mimarlık okudu, 'o çok daha zordu' diyor bana sürekli.

In the above excerpt, a crucial point is related to the meaning that emerges when Ceyda's expression regarding her father, "*your brother studied architecture*", in Turkish. Ceyda, while conveying her father's statement, says, "**my father, well, you know, my brother studied architecture**", which also implies that she sees her father as if her brother.

Ceyda, who had discussed being compared to her brother, describes feeling bad when her brother, who often claimed that she couldn't achieve things “*on her own*”, and from whom she hid her challenges to demonstrate her competence, shows interest in her fainting spells, as depicted below:

Extract 51 (from Session 7):

I feel so powerless, the fact that he cares about me this much.

Original:

Ya kendimi çok güçsüz hissediyorum, benimle bu kadar ilgileniyor olması.

In the extract below, Ceyda's feelings of guilt regarding her brother's help regarding her faintings are highlighted. While she openly expresses her remorse about seeking assistance from her brother, her bodily symptom also seems to communicate the unsaid. Consequently, when she mentions, “*he has to deal with this issue*”, she appears to allude to a scenario where she unconsciously compels her brother, whom she perceives as criticising her, to shift his focus from his tasks and attend to her. This situation also evokes the dual meaning of the word ‘*to attribute*’ (yormak) that she uses for her symptom in previous sections, which can also imply ‘*to tire*.’

Extract 52 (from Session 1):

So it's like **he has to deal with this issue all the time**. He **has to** come see me every time I call, which is constantly. And even if he has something to do or is in a very bad situation, he always comes.

Original:

Yani sürekli sanki benim bu bu mevzuyla uğraşmak zorunda. Sürekli her aradığımda gelmek zorunda. Ve hani ki işi varsa bile ya da çok kötü bir durumdaysa bile her zaman geliyor.

In the excerpt below, Ceyda talks about “*feeling belittle*” when she expresses her desire to her boyfriend, whom she describes as “*someone who has a hard time admitting his mistakes*”.

Extract 53 (from Session 3):

I really wanted to write, but I wasn't writing... **Because he was the one who had a fault in my eyes...** When I wrote, I thought that in his eyes, he would think I was the one who was wrong. When he says he doesn't want to meet, **I feel like insisting and insisting would belittle myself...**

Original:

Yazmayı çok istiyordum ama yazmıyordum... Çünkü bana karşı hatası olan oydu benim gözümde... Ben yazdığım zaman onun gözünde, hatalı olanın ben olduğumu düşünceğini, düşünüyordum... Görüşmek istemediğini söylediğinde ısrar edip kendimi küçük düşürüyormuş gibi hissediyorum.

In the following excerpt, Ceyda discusses the issues she encountered with her roommate and emphasizes that she was “not defeated” in the face of attempts to evict her:

Extract 54 (from Session 1):

I set it up, I arranged everything myself. **That's why I don't want to be defeated** and leave, to be honest.

Original:

*Ben kurdum, ben ayarladım her şeyini. O yüzden **yenik düşüp gitmek istemiyorum açıkçası.***

Ceyda's statement mentioned above, where she expresses her desire not to be defeated in relation to her roommate, is thought to potentially be a discourse directed towards her family. She explained that during her education, she initially stayed in the dormitory for a while but later moved into a flat. The important aspect of her moving seems to be related to her family's attitude. Ceyda mentioned that despite her family, especially her brother, thinking she couldn't handle it, she took the initiative and rented the house first, informing them afterwards, thereby leaving them “obliged to support”, as she described it.

Extract 55 (from Session 26):

It was the same with moving to the house... When I tell them that I did such a thing without informing them, they are forced to support me. **I am forcing them to provide support (slightly laughing).**

Original:

*Eve çıkmam da aynı şekildeydi... Habersiz yapıp sonradan onlara böyle bir şey yaptığımı söylediğimde destek vermek zorunda kalıyorlar. **Onları destek vermek zorunda bırakıyorum (hafifçe gülerek).***

Ceyda, after moving into a house by taking matters into her own hands against her family's wishes, expressed those significant changes which she makes an association with her seizures, occurred in her life. She outlined the alterations concerning the breakdowns in her relationships in the following manner:

Extract 56 (from Session 1):

Both my boyfriend and my girlfriend went out of my life... After that, I **actually fell into a big void** when they both left.

Original:

*Hem erkek arkadaşım çıktı hayatımdan hem de kız arkadaşım... Ondan sonra çok aslında **büyük bir boşluğa düştüm**, ikisi birden gidince.*

In the above extract, the statement “*Both my boyfriend and my girlfriend went out of my life*”. is insightful. During her speech, Ceyda mentions her female friends, but in the above statement, she speaks as if referring to a single female friend. From this expression, it seems as if she has a romantic relationship with his female friend, just as she does with her boyfriend. This situation has become another point that suggests ambiguity regarding Ceyda's gender positioning. On the other hand, the phrase “*I fell into a big void when they both left*” seems to evoke her fainting spells and her situation when she arrived at university, being separated from both her mother and her father.

4.3.2. “*On my own*” as a Sole Authority

In the following example, Ceyda frequently uses the phrase “*on my own*” while talking about the process of moving to a new apartment. Her statement “*without my family by my side*” appears to directly associate being on her own with the absence of her family, suggesting that she may be experiencing a difficulty in emotionally separating from her parents. Furthermore, it is extremely noteworthy that Ceyda states she is “*on her own*” despite having roommates, and this situation suggests that she disregards their presence. This situation seems to resemble the statements about Ceyda's “*being disapproved/being not counted*” by her family in previous sections. Therefore, it is believed that Ceyda's desire to be ‘*on her own*’ by disregarding others as subjects unconsciously could be a way for her to cope with the difficulties she faces in this regard.

Extract 57 (from Session 2):

Without my family by my side, I used to stay in the dormitory at first. **Now I'm living at home, so to speak, I'm on my own.**

Original:

*Yanımda ailem olmadan, ilk başta öğrenci yurdunda kalıyordum. Şu anda da **evde kalıyorum, hani tek başımayım.***

As already mentioned in the previous section, Ceyda relates breakdowns during her moving out process to the onset of her seizures, saying that she was deeply saddened. It is remarkable that while maintaining these relationships, Ceyda believed there was no need to make new friends due to prioritizing her boyfriend and feeling very attached to her two female friends. In these relationships, there were almost no boundaries, and she treated the individuals in her relationships as if they were extensions of herself. For example, when talking about her boyfriend, she says, “*When I attach him to an environment... I like it very much when people love him*”.

In the given instance, as Ceyda complains about the absence of people around her, the slip of the tongue she made could potentially indicate an unconscious desire to avoid making friends:

Extract 58 (from Session 1):

The reason I'm not sad about not having a friend is not just to have someone to chat with. I want to do an activity, and I don't want to do it alone. There is no one again, **I am on my own.**

Original:

Sırf sohbet etmek için değil aslında arkadaşımın olmasına üzülmememin sebebi. Bir aktivite yapmak istiyorum ve yalnız yapmak istemiyorum... Yine kimse yok, tek başımayım.

Ceyda brings up that during a school activity, she sensed a “*feeling of failure*” in the gaze of the teachers observing her. She explains that in such instances, she feels unable to establish authority as an intern teacher or carry out the task effectively due to the presence of another higher authority.

Extract 59 (from Session 7):

Maybe if I were **on my own** in the class... I think **I would establish an authority**. But if there is **a higher authority than me** in the class, I don't think I can do that.

Original:

Belki sınıfta tek başıma olsam... Bir otorite sağlayacağımı düşünüyorum. Ama sınıfta benden daha üst bir otorite olduğu sürece bunu yapabileceğimi hiç düşünmüyorum.

It is noteworthy that Ceyda, who mentions experiencing a sense of failure related to not being able to establish authority on her own, experiences her fainting spells in front of the gaze of her teachers:

Extract 60 (from Session 7):

I collapsed in front of them and fainted, and I don't know. It made me feel bad about myself.

Original:

Önlerinde düşünüp bayıldım ve bilmiyorum. Çok kötü hissettirdi kendimi bana.

In the statement above, as Ceyda discusses fainting in front of her teachers who highlight her mistakes, it is noteworthy that her use of the term “önlerinde” (in front of them) also implies a sense of being ahead of them, as if she's hinting at a scenario where she unconsciously desires to surpass them in some way.

Ceyda's statements regarding ‘higher authority’ above, resemble those she mentioned in the tenth session. The following are Ceyda's words about being unable to sleep due to her fear of supernatural beings. While the expression “supernatural beings” can be translated as “doğa-üstü varlıklar” in Turkish, the expression “higher authority” can be translated as “üst otorite” in Turkish. The word “üst”, which is common to both examples, seems to be striking as it evokes the word “baş” in Turkish, which means “top”.

Extract 61 (from Session 10):

This fear of mine is a bit more like **supernatural beings**. It's **as if I think it (he, she), they exist, so...**

Original:

Bu korkum biraz daha benim böyle doğaüstü varlıklar gibi. Sanki onun, onların olduklarını düşünüyorum ben, o yüzden...

In the above excerpt, Ceyda expresses that what she is afraid of are supernatural beings, but initially, she uses a singular expression and speaks as if there is a single person who causes her fear. The statement, “As if I think it (he, she), they exist”, is remarkable as it reminds us that Ceyda forgot her father's existence. This situation suggests that the source of her anxiety is an inadequacy related to her father's absence in a symbolic manner.

In another example, Ceyda describes the hallucination she saw when she was ‘on her own’ at home as follows:

Extract 62 (from Session 10):

There was no one at home that day, **I was on my own**. I'm so sure that someone passed by there. **I don't know why I saw something that wasn't there**.

Original:

*Evde kimse yoktu o gün, **tek başımdım**. Oradan birinin geçtiğine o kadar eminim ki. **Neden olmayan bir şey gördüğümü bilmiyorum**.*

It is believed that the phrase “*I don't know why I saw something that wasn't there*” in the above excerpt may be referring to the phallus. Ceyda, while describing her hallucination, mentioned that she saw the silhouette of a figure in the house and recalled it as “*something in terms of height*”, (the word “*height*” is translated into Turkish as ‘boy’) stating that she “*couldn't assign it a gender*”. In the following excerpt, the phrase “*Maybe someone has come without my knowledge*” suggests that Ceyda's father returning home while she was away. The fact that “checking the room if there is somebody wasn't enough” for Ceyda is like her calling her father on the phone to confirm if he was at home or not.

Extract 63 (from Session 10):

I looked, **thinking maybe someone has come without my knowledge**, but **there was nothing...** No one was in the room, so I looked everywhere... **But that wasn't enough for me, so I checked again**.

Original:

Baktım belki haberim olmadan gelmiştir biri diye, ama hiçbir şey yoktu. Odada kimse yoktu yani her yere baktım... Bu yetmedi bana ama tekrar kontrol ettim.

4.4. Changes in the Discourse Related to the Patient's Symptom

Changes in Ceyda's narratives related to her symptom in different sessions have been found noteworthy. For example, in the first session, Ceyda described experiencing hearing loss due to an incident during a seizure and undergoing surgery related to it. However, in the eight session, she stated that there hadn't been any medical issues during seizures up until that time. This situation suggests the circumstance in which Ceyda's family only took her to the hospital after experiencing this loss. Moreover, it suggests that she might have a belief that she can only attain her family's attention through such means, and she could have somehow overlooked a genuine medical condition that she could experience on this path. Additionally, this situation recalls

the statement from the first session, *“I don't hear anything in some of my seizures... I don't even remember how it happens, how it starts or ends”*. She mentions that her seizure is shorter when there is someone who calms her down and finds good suggestions. According to Ceyda's statements, hearing loss is ironically a condition that occurred when she was slapped to wake her up during one of her seizures. Ceyda's statements about ignoring her real medical condition seem significant due to their similarity to the expressions she uses when describing instances of harassment. When describing the individuals who harassed her, Ceyda mentioned that they secretly communicated with hand gestures among themselves, saying, *“They arranged it that way for me not to hear or see”*. However, later, she expressed that *‘by going into that environment and consuming excessive amounts of alcohol, she actually made herself vulnerable’*, which implies an unconscious desire not to hear or see. This resonates with her statement regarding her symptom, *“My body presented itself to the outside in a way that I didn't want”* and suggests a meaningful connection.

An additional aspect pertains to the attention Ceyda's brother gives to her symptom. Notable among her expressions is the contradiction in whether she shares information about her fainting episodes with her brother across different sessions. In the initial session, she stated that she had not informed her brother about ninety percent of her seizures. However, in a subsequent session, she indicated that it seemed her brother had somehow become aware on his own. In the seventh session, the phrase *“I managed to tell him”* stood out, signifying not just informing but also possessing the power to articulate. This reminds her statement that Ceyda had felt powerless when her brother offered support for her fainting during a certain instance. In the eighth session, it was notable that she began by emphasizing her lack of communication with her brother about her recent seizure. According to Ceyda, her reason for this was that her brother would *“panic and ask her why it happened again”*. The use of *‘panic’* as *‘panik etmek’* in Ceyda's discourse carries more of a connotation related to causing panic in others rather than her own experience of panic. This suggests an unconscious desire in Ceyda to induce panic in her brother

CHAPTER 5

DISCUSSION

In this section, the findings of the study will be reviewed and the psychosomatic symptom in the patient's discourse, its formation and functions in the subject's relations with others and the Other will be discussed in the context of Lacanian psychoanalytic theory. After discussing the results in the context of relevant literature, a section will be dedicated to exploring strengths, limitations, and future directions of the research.

Within the framework of the analysis, an attempt has been made to examine the organization of the signifiers, which come to the forefront regarding the symptoms and simultaneously take place in different contexts in the patient's daily discourse. The focal points within the scope of Lacanian Discourse Analysis were (1) Signifiers, Metaphors, and Repetition, (2) Significant and Unspoken Aspects, (3) Relationship between Knowledge and the Other, and (4) Lackdowns of Communication.

In this framework, the discussion will be examined under three main headings: *'Symptom Onset'*, *'Formation of the Symptom'*, and *'The Role of the Symptom'*. Specifically, symptom onset will be explored through *'Demand to "Don't go out on your own"'* and *'Facing the lack'*. Symptom formation will be discussed under the titles of *'Seizure: Punctuation to Nothingness'* and *'A Cry to the Other'*. Finally, the role of the symptom will be addressed under the heading *'Symptom as an Accusation Towards the Other'*.

5.1. Symptom Onset

There are two events that stand out as triggering factors coinciding with the onset of Ceyda's seizures. The first of these is her actual *'going outside'* from the place she

lived with her family for educational purposes, which she describes as a pivotal moment for herself, contrasting with her family's demand for her not to venture out alone. The second event is the return of her father to their home, who had been away for a while due to divorce, and who, according to Ceyda, doesn't seem to be a significant figure from her mother's perspective. These will be elaborated on in detail below.

5.1.1. Demand to “Don’t Go Out on Your Own!”

Ceyda explains that shortly after moving to another city for education, she began experiencing “*fainting seizures*”. For her, this relocation holds significant importance as it signifies her first departure from her family and essentially venturing out ‘*on her own*’. On the other hand, a noteworthy detail is the criterion set by her family for her to study in another city, requiring the presence of another sibling or relative living there. Ceyda also mentions that her family has a demand for her not to go outside by her own. She characterizes this shift in her life as a “*milestone*” and a “*turning point*” due to the changes it brought towards living independently.

It seems remarkable that while inquiring about the cause of the fainting episodes, referring to her sorrow during that period, she states, “*I was out of town, and at that time, my family... My mother was not with me anymore*”. Before the fainting symptom had emerged, it is noteworthy that upon her initial arrival, Ceyda got sick due to a “*change of environment*” and couldn't speak for two months. This situation suggests that while implying an internal conflict in Ceyda's inability to speak, it also brings to mind a reflexive response resembling Pavlov's dogs salivating (Leader & Corfield, 2008), and the directive of the Other not to ‘*go out on your own*’ echoes on the subject's body as if it were an imperative, unlike a psychoneurotic symptom.

On one hand, she expresses “*going outside*” as a “*milestone*” (The Turkish equivalent of the word “*milat*” which means “*starting, birth*”), and on the other hand, there seems to be a sense of guilt related to “*being outside*” and unspoken things related to “*being herself*” seems only “*goes outside*” through her body.

Looking at Ceyda's expressions while describing her fainting spells, she says, "*It has to emerge outside somehow. But I feel like the form it has taken is fainting and seizures, you know*". Therefore, this situation has led to the consideration that her attempt to physically separate from her family and her communication through bodily symptoms might be related to her wish to be reborn in order to experience her subjectivity.

Ceyda's statement regarding her physical separation from her family, "*My mother was not with me anymore*", ("*Artık annem de 'yoktu' yanımda*") seems to point to an 'absence' when this statement is considered in Turkish. Additionally, in her description of the fainting episode, the term '*reflection*' used in the statement "*I could have reflected this differently to the outside*" suggests a situation where it's as if, at the moment of '*going outside*', the gaze of the Other towards her also vanished. Lacan (1949) discusses the mirror stage where the ego is formed and explains that the subject constructs their identity by making themselves present in the gaze of the Other. According to him, a child's bodily reality, as it appears as a whole in this external mirror image, becomes threatened with annihilation as soon as they turn their gaze away from it. Therefore, the child's goal is to identify with the image, setting aside their actual reality, and thereby ensuring continuity to their existence (as cited in Kaçmaz, 2023).

Furthermore, the same statement, "*I could have reflected this differently to the outside*", suggests that Ceyda might have chosen a different way of expressing herself, as it also implies a meaning like, '*I could have done it through talking, but I couldn't*'. This indicates that she opted for a different path rather than symbolically expressing her wish for separation. Likewise, similar expression of "*I feel compelled to reflect it outside for myself*", seems to imply a situation where she might have done something not because she truly wished it, but because external rules belong to the Other required it. In this case, it can be inferred that while Ceyda possesses an unconscious *desire to be inside*, there might be a conflict between this desire and her urge to go outside. She who experienced an injury while having a seizure outside, states, "*I have been so afraid that something like this would happen to me outside*", which suggests her fear that stepping outside of her family's expectations could also

lead to a feeling of losing their approval. Therefore, it is considered that the conflict between her own choices and her family's demands could have an alienating effect on Ceyda.

At this point, it will be important to touch upon the concept of alienation, which Lacan identified as one of the crucial moments in the formation of the subject (Evans, 1996). Subjectivity fundamentally arises from the distinction between biology and culture, and it is appropriate to approach this through the relationship between need and demand (Disheldort, 2020). Upon being born, the subject is confronted with an immediate state of dependency, rendering them unable to satisfy their own needs. Consequently, they rely on the assistance of the Other to fulfill these needs. The fulfillment of this need necessitates the subject to vocalize their demand at some point, which culminates in the subject initially making their voice heard through crying.

Alienation, which constitutes the primary scene of repression from the perspective of the subject, is the initial step in the establishment of subjectivity. Here, the subject who identifies with their own image through the naming by the Other (Lacan, 1949/2006), in the process of becoming an individual entity separate from the mother, will gradually pay the price of being able to exist as an individual by alienating themselves. In Seminar XI, Lacan discusses the concept of '*apanhisis*' and refers to the fundamental split that establishes the dialectics of desire, indicating the subject's loss between demand and object during the process of alienation (Evans, 1996). To be a subject is only possible within the realm of the Other. The identification with the image in the mirror of the Other is followed by the inclusion in the language of the Other, where needs are articulated and transformed into demands. This leads the need to transform into a demand for love (Evans, 1996).

Lacan (2006) states that the voicing of needs within demands leads to an alienation in desire. This initial repression is the repression of the one who shows the need, and afterward, it becomes impossible for the subject to express the '*truth about the truth*'. (Lacan, 2006). The combination of Lacan's concepts of '*intimacy*' and '*exterieur*' gives rise to the notion of "*extimacy*" referring to the presence of truth and the

subject's center both inside and outside (Evans, 1996). In Seminar VII, Lacan remarks, "*The Other is wholly within me, yet it is something foreign to me*" (Lacan, 1999). The subject established within the realm of the Other, although becoming a being estranged from itself, can still explore ways to establish its own subjectivity in the symbolic. However, if there is a disruption at this point, there will be a danger of being reduced to the object of demand. Considering this perspective, Ceyda's conflict implies a scenario where she endeavors to embody her individual subjectivity but ends up obscured by the demands of her family.

5.1.2. Facing the Lack: "We are together now; you do not exist!"

Another event coinciding with the onset of Ceyda's seizures is the surprising reunion of her divorced parents. Regarding this situation, when Ceyda says, "*I was really surprised when I heard this; I truly wasn't expecting it*", the impact of this event's surprise on her can be better understood by closely examining the Oedipal process. This process can be examined through three stages that Lacan, who followed Freud's teachings, revealed (Lacan, 1956-1957/2020). Initially, the imaginary triangle formed by the mother, the child, and the imaginary phallus, which is the signifier of the mother's desire, emerges. Here, while the child is in an immediate need-based relationship with his/her mother, who is like an omnipotent figure, he/she has a basic issue shaped by "*being or not being the phallus*" of the mother (Lacan, 2006).

In the second time, after some frustrations in meeting his/her needs (Lacan, 2006), the child sets out to investigate where his/her mother's gaze extends beyond himself/herself. This place may be the symbolic presence of the father in the mother's discourse, or it may correspond to a daily occupation of the mother. '*Father's No*', which limits the physical intimacy between mother and child, points to a law to which the mother is also subject to the extent that it manifests itself in her language (Özkan, 2020). In the third time, the Real father, declaring that he is the sole owner of the phallus, strictly forbids the child's fantasies of being the imaginary phallus of the mother (Lacan, 1955-1956/1993). This metaphorical operation, which is the founder of subjectivity, results in the substitution of the signifier of the mother's desire with the Name of the Father, and the positioning of the subject in the

symbolic order by identifying with the law of the father, the symbolic phallus (Lacan, 2006). This process corresponds to castration which is one of Lacan's three types of lack which Lacan's associated with phallus as the signifier of desire (1956-1957/2020). The other two are frustration and privation. According to Lacan, castration concerns the symbolic type of lack whose object is imaginary phallus, frustration is the imaginary type of lack whose object is real breast, and privation is the real type of lack whose object is the symbolic phallus. The agents in the position of the intermediary of lack are considered as the real father in castration, the symbolic mother in frustration, and the imaginary father in privation (1956-1957/2020).

During the Oedipal process, the child, through the paternal function, both constructs a meaning regarding the mother's words and actions and introduces a boundary or deficiency to this meaning (Yaka, 2021). In this context, Ceyda's statement about her mother, "*She would never have forgiven him if she was a woman on her own*", implies a situation in which she appears to overlook her mother's desire towards her father. Furthermore, her mentioning of '*forgetting her father's presence*', in a way that negates his subjectivity and authority, as expressed in statements like "*We thought he would come back after a while because he wouldn't be able to manage on his own*", implies her father's symbolic inadequacy. Her use of the term "we" to include her mother, siblings, and herself, not only points to a difficulty related to her separation from her mother's desire but also serves as evidence of the inadequacy of the father figure in her mother's discourse.

Looking at Ceyda's words about her father's absence, "*My father left a huge gap in both material and intangible sense in us... I definitely realized that he had a very big place in my life*", the expression '*the huge gap*' brings to mind the inadequacy of a symbolic designation for the signifier of her mother's desire. Subsequently, her description of locking the door when sleeping with her mother due to fearing a break-in validates this situation. Just as the imaginary father resides within the realm of all aggression, idealization, and identification (Polat, 2020), it is believed that Ceyda, who claims to have slept with her mother in her father's absence, may have established an imaginary identification with her father. This situation is exactly the

kind of circumstance that would signal the emergence of anxiety. Lacan (1962-1963/2014) states, “*Anxiety is not without object*”, referring to ‘*object a*’ as the object of anxiety. In this regard, anxiety arises when the subject finds themselves face to face with the unnamed lack of the Other (Hendrickx, 2017).

According to Lacan (1962-1963/2014), this is the ‘*lack of lack*’ that leaves the subject facing the fear of being swallowed by the Other. At this point, the function of anxiety is to secure the distance between the subject and ‘*object a*’, which serves as a stimulant presence between jouissance and desire, and to ensure the continuity of desiring from the subject's perspective (Hekimoğlu & Bilik, 2020). Ceyda's statement, “*In my eyes, the father figure was like someone who would protect the house from burglars*”, appears to allude to the imaginary father. According to Evans (1996), the imaginary father is an imago formed through the amalgamation of all the imaginative constructs that the subject creates around the father figure in fantasy. However, in Ceyda's case, there appears to be a deficiency in the presence of the symbolic father in her mother's discourse. This has resulted in a difficulty for Ceyda in establishing her own subjectivity in the symbolic realm.

Ceyda, claiming to have fainted “*all of a sudden*” (“*bir anda*”) when discussing her seizure, says, “*I don't remember how it happened, how it started, or how it ended*”. This seems to describe a relationship in which there were no boundaries between the self and the other, akin to a symbiotic relationship. This situation reminds us of the Other's jouissance experienced through the gateway of bodily symptom, implying that due to the inadequacy of the symbolic father from the threatening presence of the mother, “*the child is not the exclusive object of the mother's desire, the child may risk becoming the object of the (M)other's jouissance*” (Blevis & Feher-Gurewich, 2003). In her father's absence, Ceyda, employing expressions that suggest she's taking his place, appears to undergo a sense of disappointment when her mother and father reunite, as she confronts her mother's desire for her father and consequently her own sense of lack, which seems more akin to privation.

The dream she recounts, where she perceives intimacy between her boyfriend and roommate, holds significance in evoking the reuniting of her parents. In the dream,

she recounts them telling her, “*We are together now, and you are not here anymore*”. The expression ‘*you are not here anymore*’ can also carry the implication of ‘*you do not exist*’ in Turkish. Therefore, for Ceyda, this event seems to have confronted her with a sense of ‘nothingness’ and ‘absence’. Hence, this scenario could imply a threat to her existence as a subject, thus suggesting that the reconciliation of her parents might have triggered Ceyda's fainting seizure in this context. Furthermore, the expression mentioned in the previous section, “*I'm very afraid of something like this happening to me outside*”, gains meaning at this point as well. Since the phrase ‘happening to me’ is translated into Turkish as ‘başıma gelen’, and the word ‘baş’ has connotations related to authority, this situation suggests the father's return as a threat for castration in an imaginary manner, a concept that will be explained in detail in the following sections.

According to Leader & Corfield (2008), symbolic moments that necessitate a person to assume a new position in life can be crucial in the emergence of physical symptoms, and the symptom will be directly linked to the conflict surrounding the subject's symbolic position. Ceyda's initiation of university education in another city and her first physical separation from her family indicate a symbolic change in her life. Precisely during such a process, the reunion of her parents, which surprises her greatly (considering her mother's attitude of overlooking her desire for her father), is thought to be related to her encountering her mother's desire. From Ceyda's perspective, as someone who ventured “*outside*” her family for the first time, this event might have conveyed a message to her about the need to “*be outside of the Oedipal couple*”.

5.2. Formation of the Symptom

5.2.1. Seizures: A Punctuation of Nothingness

Among the factors considered to impact the emergence of Ceyda's symptom, there is a potential challenge in terms of separating herself symbolically from her mother's desire and fully embracing her subjectivity. The establishment of subjectivity is directly proportional to the abandonment of the mother's imaginary phallus fantasy.

The subject undergoing castration will now identify with the symbolic phallus, which is the constitutive element of sexual difference, and depending on their relationship with language and jouissance, will assume a feminine or masculine sexual position (Lacan, 1972-1973/1998). Considering Ceyda's discourse, it is noteworthy that there is a difficulty regarding the process of gender positioning. For example, her statements hint at a competition with both her father and her brother in relation to her mother's desire, given her brother's role as if '*a substitute father*'.

Moreover, she appears to engage in a rivalry with her stepsister, to secure a position within her father's gaze. Her father's statement referring the stepsister, "*I have only one daughter that is Serap*" seems to imply to Ceyda that she does not hold a place as '*a daughter*' in her father's gaze. When she mentions during her discourse that she is '*not respected/counted*', it suggests that she might have a perception of not being recognized as a feminine subject. In Fanelli's perspective (2014), understanding femininity and the body is gained through the influence of the father on his daughter. In her viewpoint, when a girl encounters her father, she perceives what represents a man's desire and, as a result, she defines it as a means of establishing her position as the Other. Whether she embraces or rejects this role remains the girl's decision; however, the invitation to anticipate her place as a woman is embedded within her relationship with her father.

This situation brings to mind Ceyda's frequent expressions related to feeling '*judged*', '*disapproved*' and '*misunderstood*' which seems to point towards the gaze she perceives regarding her own image within her parents. This circumstance could be aptly examined through Lacan's concepts of '*otherness*' and the '*gaze*'. In accordance with Lacan's theory, a subject alienated from themselves cannot effectively engage with other subjects and tends to position them as '*other*' due to linguistic laws (Lacan, 1998). This positioning arises from the subject's tendency to estrange themselves from others and ascribe them to an "*otherness*" status (Lacan, 1998). When it comes to the gaze, as Lacan (1959-1960/2013) states, "*People can see from a point, but they are looked at from all sides in their existence*" (p. 72). In this context, it's essential to emphasize the distinction between the gaze and the act of looking.

Since “*otherness*” is assigned not from the observed individual's standpoint but from the observer's position as a subject (Hatchuel, 2013:95), being the “*other*” implies being foreign in the gaze of others and lacking anything to reflect back in response to their gaze. Therefore, according to Brown (2019), the absence in the gaze leads to the loss of unified representation, meaning, and transmissions, resulting in their *‘falling away’*. Such a situation may transform the subject into an object position aimed at self-existence within the gaze and lead them to interpret this state as their own inadequacy. Taking into account Ceyda's statements about being in a *‘lower position’* in the eyes of her family and considering her family's tendency to compare her with her brother, this situation brings to mind the accusatory gazes directed towards her. On the other hand, it is considered that Ceyda identifies with the gaze she perceives within her family and possesses an unconscious attitude to keep herself in this low position. Her academic forgetfulness and failure to fulfill her responsibilities adequately have been suggestive of this, indicating a connection to this unconscious attitude.

Looking at Ceyda's statements about her symptom, her expressions regarding fainting *‘in an interval’* stand out since this evokes facing *‘the lack of lack’*. For instance, when discussing how frequently she experiences her symptom, she says “*it took so little time between the two*”. Similarly, in another instance, where she wants to emphasize duration, she states “*I fainted again in that interval*”. Furthermore, the word “*to recognize*” in Ceyda's statement “*sometimes it happens in an unlikely place, it happens at an unlikely time... there was no one I recognized around me*” suggests a situation where she might faint when someone she respects and acknowledges their authority is absent. Additionally, the phrase “*seizures continued with my father*” has been considered a significant indicator for the emergence of Ceyda's symptom due to the multiple meanings of the word “*seizure*” in Turkish, such as “*nöbet*” meaning both “*seizure*” and “*keeping watch*”. Consequently, this expression seems to imply that Ceyda might unconsciously perceive a situation as if she and her father were alternating, as if taking shifts on guard duty, over the position of her mother's object of desire. This suggests that she might be in competition with her father.

Another significant point regarding Ceyda's symptom is her emphasis on the expression '*nothing*' in her discourse. For instance, when discussing her experiences just before fainting, she stated, "*I didn't have anything, I had nothing physically at all*". On another occasion, while talking about the times when her symptom occurs, she mentioned, "*It happens when there is nothing out of the ordinary...There was nothing*". Furthermore, when explaining that her seizures don't have a medical cause, she said, "*There is nothing medical*". Interestingly, when she talked about the affirmations that comforted her during a seizure, she also mentioned that after being told "*You have nothing*", her seizures became shorter. Ceyda's expressions about this nothingness can be approached through the concept of privation, which is one of the three forms of lack.

According to Lacan (1956/1957, 2020), lack refers to an actual absence and makes reference to the symbolic phallus. Because the realm of Real signifies concepts like completeness and totality, the notion of lack being an absence here initially appears contradictory. However, Lacan clarifies this by stating that there is actually no place for absence and that the lack can be understood as the '*symbolization of lack in the Real*' (Lacan, 1956-1957/2020). In this context, in order to discuss the absence of something in Real, it must first be named in the Symbolic. This can be illustrated using the example of a missing book in a library; we can understand that a book is missing only when it has been named and found its place in the symbolic realm. Therefore, the idea of the absence of the penis also arises from the knowledge that it ought to be present (Ergün et al, 2022).

Ceyda's statement, "*It doesn't make me feel good, you know, that my shortcomings are visible*", when discussing her school failure in the context of the presence of more active male students, articulates her experienced lack of symbolic phallus. Considering lack as conceptualized as an '*object that is expected to be present but isn't*', Ceyda's expressions about her family's gaze suggest that she unconsciously might not have a desire to occupy a place in a '*female position*'. When talking about a hallucination she experienced when she was alone at home, Ceyda states, "*There was no one at home that day, I was on my own. I'm so sure that someone passed by there. I don't know why I saw something that wasn't there*". Here, describing what

she saw as *'height'*, which is phonetically the same as the English word for *'boy'* and mentioning that she couldn't assign it to a gender, is intriguing and resonates with her experience of lack.

In Ceyda's discourse, the notion of *'absence'* is rather alarming as it evokes a state of *'the lack of lack'*. Her description of how she initially experiences her symptom, *"Suddenly like this, my hands and my body go numb, while my lips, especially, and my legs get tight, eeee I start breathing rapidly eeee, and my eyes are constantly rolling, then I can't hold my eyelids open"*, brings to mind Freud's anxiety neurosis (1895) and particularly the state of panic. This resonates with Lacan's emphasis on the experience of being overwhelmed as the primary element that leads to panic: a factor he refers to as the Real infiltrates consciousness, generating a sudden encounter with helplessness (Strubbe & Vanheule, 2014). The expression *"my eyes are constantly rolling"* mentioned above is remarkable because its Turkish equivalent *"gözlerim sürekli dönüyor"* (gözü dönmek) signifies *"being in a state ready to attack due to excessive desire or anger"*. This excessiveness recalls unrestrained jouissance.

According to Lacan (1974), the experience of panic anxiety arises from the subject confronting the reality of their own existence and being unable to express their subjective position through language, essentially failing to establish a sort of identity (as cited in Strubbe, & Vanheule). The experience of Ceyda, who articulates being alienated from and disapproved by her family, implies that she tries to symbolically define herself through her symptom. Ceyda's identification with the *'lower'* (düşük) image she perceives in the Other's gaze appears to be parallel to her unconscious desire to sustain failure (such as forgetting materials and not fulfilling responsibilities). At this point, asserting that the *'act of falling'* emerges in Ceyda's experience as a punctuation, functioning as a self-meaningless signifier that both brings her into existence and serves as an inherently meaningless sign, could be meaningful.

5.2.2. A Cry to The Other

In psychosomatic phenomenon, unlike conversion symptoms, it's not about communication but rather the *'short circuit'* of lack of communication, and in such

cases, these situations can sometimes turn into a search for a name and a label for the subject (Leader & Corfield, 2008). In this respect, it is considered that Ceyda's interaction with her family plays a significant role in the formation of her symptom. Her changing discourse about whether her symptoms are medical or not seem to correspond to her family's attitude. For instance, after experiencing fainting spells only twice, she mentioned going to a psychological counseling center because she thought there was *'no medical condition'*. While describing her experiences with the counselor, her statement *"But I had expected a reaction, and she didn't react at all"* is thought to be related to not receiving a response from the Other, and not finding a place in the gaze. The statement about getting very annoyed by indifferent people in various sessions supports the notion.

Ceyda's remark, *"My mother always becomes overly concerned about illnesses. That's why when she calls, I try not to show too much that I am sick because she gets really worried"*, suggests that illness might serve as a means to attract her mother's attention. Although she mentions hiding it to spare her feelings from her mother, instances like having severe hoarseness when she first arrived at university and experiencing fainting episodes mostly in public places, seem to provide evidence for this situation. A noteworthy detail is that her family whom she describes as being meticulous about health matters, took her to the doctor after she experienced a medical issue rather than a fainting seizure. Referring to this incident and her family she remarks, *"Well, they finally took me to the doctor"*, Ceyda's family's attitude has led to the impression that they only pay attention to her when a medical condition occurs.

Another interesting aspect related to this is that, despite experiencing hearing loss, she mentions during another conversation that she did not encounter a medical issue during a seizure. Ceyda's statements about ignoring her real medical condition seem significant due to their similarity to the expressions she uses when describing instances of harassment. When describing the individuals who harassed her, Ceyda mentioned that they secretly communicated with hand gestures among themselves, saying, *"They arranged it that way for me not to hear or see"*. However, later, she expressed that *'by going into that environment and consuming excessive amounts of*

alcohol, she actually made herself vulnerable’, which implies an unconscious desire not to hear or see. This resonates with her statement regarding her symptom, “*My body presented itself to the outside in a way that I didn't want*” and suggests a meaningful connection.

Ceyda's statement has suggested that she positions herself more like an object of gaze rather than as a subject expressing herself with words. This situation recalls the significant concept of *'holophrase'* in terms of psychosomatic phenomenon. According to Leader & Corfield (2008), this term marks the beginning of what we recognize as speech, yet it appears closely tied to preceding cries and gestures. This directness can also be observed in infants, who transform distressing experiences into somatic reactions like crying, shrieking, or spasmodic responses before resorting to alternative communication systems such as speech or drawing to convey their discomfort or difficulties. In this sense, for Ceyda, who can only make her voice heard to her family when a medical condition is present, the emergence of the psychosomatic symptom as a call like an holophrase without the need for speech appears to be a significant detail.

It is believed that one of the factors influencing the formation of Ceyda's physical symptom is identification. When it comes to imaginary identification, Lacan (2006) discusses the ego's identification with something outside the subject (even opposed to it). During her discussion about her symptom, while mentioning that despite the suspicion of glioma due to hospital tests, there was nothing found later, Ceyda suddenly starts talking about her aunt's illness, with whom she has a close relationship and who has the same diagnosis. Ceyda describes the first seizure of her aunt who is a sister-like figure, as one of the rare traumatic moments she recalls and points out an interesting detail during the hospital visit. She mentions that her mother left her with the neighbors downstairs and told her that no one came home that night. This situation is remarkable in that it bears a striking resemblance to the statement “*I didn't have any distress during the seizure, I was just alone*”, which Ceyda uses when talking about her own symptom. The expressions Ceyda uses to describe her aunt's health condition and her own symptoms show similarities. For instance, she uses the term *'seizure'* for both situations, indicating being taken to the hospital by

ambulance. Furthermore, the similarity continues as Ceyda mentions her mother's attempt to open her aunt's clenched teeth during a seizure, while she herself describes different people holding her mouth open during her own seizures to prevent it from closing.

During one of the times she fainted, Ceyda remarked about the intervention made towards her, saying, *"I don't think the serum had any effect on me, to be honest... So, nothing was specifically done to help me come around"*. Her expression of not wanting to use medication seems related to a similar situation. Her aunt's seizures causing great concern for her family were only postponed with medications, and her family saying, *"We can find a solution with medicine or treatment"* about her own condition explains her resistance to medication. This situation seems to be a plea from Ceyda's symptom to the Other, as if she believes that she can only draw the Other's attention through a medical condition, indicating a belief that she can only capture the Other's gaze through such means through a medical condition.

5.3. Role of the Symptom

Ceyda mentions that her fainting seizures often occur immediately after moments of conflict and detachment in her relationships. Examining her discourse about her symptom, it has been theorized that Ceyda establishes competitive and power-based imaginary relationships rather than identifying with a social role. The significant signifier *'falling'*, in terms of her symptom, is noteworthy for its appearance in relation to the Other and others, through expressions like *'being belittled'*, *'being defeated'*, *'falling into a void'*, *'falling out of favor'*, and the like. Another remarkable aspect is how she perceives feedback about her shortcomings and mistakes as accusations, responding to them with a reproachful attitude.

5.3.1. Symptom As an Accusation Towards the Other

Ceyda's statements indicating her refusal to accept her shortcomings can be examined through Lacan's concept of imaginary castration anxiety. In Seminar XI, Lacan (1964/1998) approaches the imaginary castration anxiety, which he associates

with privation, as a situation of encountering a loss that should not be there, accompanied by a belief that this loss can be resolved. According to Van Haute (2002), the element introduced here is the ego, which serves to regulate the excesses and tensions of the body. While this function is accompanied by the notion of the attainability of the ideal image, it also involves not accepting the lack and loss. This is the point where the subject speaks of the object that they believe the Other has taken from them, indicating the presence of the imaginary castration anxiety (Diserholt, 2020). Lacan (2002/2006) points out that this is a situation where the lack is perceived as a demand, which is a way of concealing the anxiety.

It is quite remarkable that Ceyda sees an accusation against herself in the gaze of the Other and that her fainting spells occur precisely in the face of these *'accusatory and judgmental'* glances. For instance, after receiving feedback that her first school activity was completely wrong, she describes a dream she had before the next activity, saying, *"I was trying to do the activity, but I couldn't (slightly laughing), and everyone was looking at me, it was very bad. I was becoming embarrassed"*. Her laughter following these statements suggests an unconscious expectation related to failure and jouissance on this matter. While recounting her fainting episode in front of students and teachers at the school entrance, she said, *"We entered through the door, and I fell. Since it was at the entrance of the school, they let the students in so that they could see it"*. In fact, here, while trying to say the opposite, her slip of the tongue recalls a situation she especially wants to be seen.

Ceyda also faints in front of her teachers who point out her shortcomings, and her words *"I collapsed in front of them and fainted, and I don't know. It made me feel bad about myself"* are thought-provoking. It is noteworthy that her use of the term *'in front of them'* (önlerinde) also implies a sense of being ahead of them, as if she's hinting at a scenario where she unconsciously desires to surpass them in some way. Ceyda, expressing that she can't perform activities in the presence of *'higher authorities'*, describes the fear she experiences when she is *'on her own'* in another session, stating, *"This fear of mine is a bit more like supernatural beings. It's as if I think it (he, she), they exist, so"*. Ceyda's statements regarding *'higher authority'* above, resemble those she mentioned in the tenth session. The following are Ceyda's

words about being unable to sleep due to her fear of supernatural beings. While the expression “*supernatural beings*” can be translated as “*doğa-üstü varlıklar*” in Turkish, the expression “*higher authority*” can be translated as “*üst otorite*” in Turkish. The word “üst”, which is common to both examples, seems to be striking as it evokes the word “*baş*” in Turkish, which means “*top*”.

Taking all of this into consideration, it can be argued that Ceyda's anxiety and fainting spells are connected to an imaginary castration anxiety. Her desire to be the ‘*sole authority*’ evokes thoughts of completeness and wholeness, a sort of impossibility, which suggests that Ceyda might have an unconscious resistance in terms of positioning herself as a subject in the Symbolic. Nevertheless, even though there are challenges associated with assuming a role as a subject in the symbolic realm, Ceyda experiences fainting episodes in the presence of the teachers she unconsciously competes with, suggesting that her body serves as a form of constraint. This psychosomatic phenomenon is consistent with the notion that, when lacking a paternal function that intercedes between the mother and child, it can provide support to the subject, much akin to ‘*an organic filiation compensating for the deficiency*’ (Guir, 1978).

Moreover, fainting in front of gazes serves as a response, conveyed through her bodily symptom, to the accusing gazes—almost like a counteraccusation or even an act of defiance. This can be seen as making everyone who criticizes her, just as in the case of her brother, ‘*compelled to come forward*’ to support her after her fainting episodes. In this context, Ceyda's use of the word ‘*to attribute*’ (yormak) in her attempts to understand the reasons behind her seizures is meaningful. Because this word carries the meaning of ‘*to tire*’ in Turkish, it precisely evokes the embodiment of Ceyda's unconscious desire through her symptom.

5.4. Conclusion

This study aimed to examine psychosomatization considering the relationship between the psyche and the body from a comprehensive perspective. It sought to explore this connection within the context of relations with the Other and the others,

through the framework of the unconscious, language, and discourse. To achieve this goal, transcripts of psychotherapy sessions with a female patient who exhibited the symptom of 'fainting' were used. The analysis concentrated on ten sessions out of a total of 26, which included both the initial and final sessions and mainly featured discourse related to the bodily symptom. During the analysis, Lacanian Discourse Analysis was employed, using seven fundamental elements known as “formal qualities of text”, “anchoring of representation”, “agency and determination”, “the role of knowledge”, “positions in language”, “deadlocks of perspective” and “interpretation of textual material” as the methodological framework.

In this context, the findings were examined under four main themes: “*The symptom in the patient's discourse*”, “*Incidents coinciding with the symptom onset*”, “*Repetitive expressions associated with the symptom*” and “*Changes in the discourse of the patient during the process*”. The first three themes encompass categorizations of how the patient expressed the symptom in her discourse, considering recurring signifiers. The final theme focuses on the changes that occurred during the process and highlights inconsistencies. In this regard, the findings were discussed under three different headings, taking into account triggering events coinciding with the onset of the symptom, the formation of the symptom, and symptom's role. When considering the bodily symptom, the “fainting seizure” examined here appears to come to the forefront, especially after a change in the patient's symbolic position. The symptom expressed as *'falling'* is closely related to recurring signifiers in the patient's discourse, such as ‘falling defeated’, ‘falling out of favor’, *'falling into big void'* and *'falling in a lower section'*. In the context of relations with the Other and others, the symptom appears to serve as a punctuating function for the subject, particularly in the face of the difficulty of the absence in the gaze of the Other and symbolic positioning. In this context, it is considered that imaginary identification also played a role in the formation of the symptom. In relationships where the lack is perceived as an accusation, the symptom seems to take on the role of attributing blame to the Other. In certain cases, especially when in competition with authority, it appears to function almost like the Paternal Function, which has a constraining effect, and at the same time, it has served as a shield against imaginary castration anxiety.

5.5. Strengths, Limitations and Future Directions

When scrutinizing the strengths of this research, primarily, it emerges as one of the limited number of studies that delve into the subjective encounters of psychosomatization within the scope of language and discourse, employing the framework of Lacanian psychoanalytic concepts. What further sets this study apart is its incorporation of a process analysis within psychotherapy sessions, where patients openly discuss their experiences with psychosomatic symptoms. This diverges from the exclusive reliance on semi-structured interviews to capture these subjective encounters. This approach not only distinguishes the study but is also believed to generate a more comprehensive dataset aligned with the research inquiries, thus enabling a more profound exploration of subjective experiences and discourse. When contemplating the study's limitations, foremost, the scrutiny of a psychotherapy process that was prematurely terminated prior to its culmination, and the relatively limited number of sessions in contrast to a customary psychoanalytic psychotherapy process, is deemed as possibly inadequate for tracing shifts in the patient's discourse. The lack of a longitudinal approach in this study might also be a constraint.

The interconnection between the mind and body is indivisible. In cases where diseases lack discernible organic origins or are exacerbated by psychological influences, it becomes imperative for governmental bodies to institute requisite legal frameworks that facilitate individuals in accessing indispensable professional psychological assistance. Society ought to proactively enhance awareness about psychosomatic disorders and underscore the profound impact of mental processes on bodily symptoms and illnesses, encouraging the adoption of a 'psychosomatic perspective' rather than labeling individuals. Future research endeavors should make a concerted effort to address the gaps in the literature by focusing on comprehending and defining the effects of diseases and, fundamentally, mental processes on the body. This should involve centering language and societal discourse elements and incorporating unconscious processes

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APPENDICES

A. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER



ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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01 ARALIK 2021

Konu : Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Tülin GENÇÖZ

Danışmanlığını yürüttüğünüz SEVİNÇ ERGÜN'ün "BEDEN NASIL DİLE GELİR?
PSİKOSOMATİZASYONA LACANCI BİR YAKLAŞIM" başlıklı araştırması İnsan
Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **490-ODTU-2021** protokol
numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof.Dr. Mine MISIRLISOY
İAEK Başkanı

**B. APPROVAL OF THE METU AYNA CLINICAL PSYCHOLOGY
SUPPORT UNIT**

AYNA KLİNİK PSİKOLOJİ DESTEK ÜNİTESİ DİREKTÖRLÜĞÜ'NE,

“Beden Nasıl Konuşur? Psikosomatizasyona Lacanyen Bir Yaklaşım” başlıklı tezim için başvurduğum etik kuruldan gelen onay Ek-1’de yer almaktadır. Tezim için Ayna KPDU’da, bedensel semptomlarla başvuru yapan bireylerin, gerçekleştirilmekte veya geçmişte gerçekleştirilmiş olan psikoterapi seanslarının kayıtlarını tezimde kullanmak amacıyla toplama konusunda izin talep etmekteyim.

Saygılarımla arz ederim.

27.12.2021

Sevinç Ergün

Ek-1: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK) Onayı

C. CONSENT FORM OF METU AYNA CLINICAL PSYCHOLOGY SUPPORT UNIT

AYNA Klinik Psikoloji Destek Ünitesi

Bilgi Paylaşımı Mutabakat Formu

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler ünite içinde ve dışında eğitim amacıyla gizlilik ilkesi koşullarına uyarak kullanılabilir. Lütfen aşağıdaki eğitim amaçlı bilgi kullanabilme koşullarını okuyunuz ve bu koşulları onaylıyorsanız, isim ve tarih belirterek formu imzalayınız.

Ünite-içi bilgi kullanımı:

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler ünite personeli tarafından ünite-içi eğitim faaliyetlerinde (örn; vaka toplantılarında) kullanılabilir.

Ünite-dışı bilgi kullanımı:

AYNA Klinik Psikoloji Destek Ünitesi'nde yapılan görüşmelerde elde edilen bilgiler Ünite öğretim üyeleri tarafından ünite-dışı eğitim faaliyetlerinde (örn; derslerde ve/veya bilimsel yayınlarda) bilgi kaynağı (isim, adres, kurum) gizli kalmak kaydıyla kullanılabilir.

Yukarıdaki koşulları okudum ve onaylıyorum.

Tarih

İsim

İmza

D. TURKISH SUMMARY / TÜRKE ÖZET

BÖLÜM 1

GİRİŞ

1.1. Psikosomatizasyona Genel Bakış

Amerikan Psikiyatri Birliđi'ne göre (2013) psikosomatizasyon, en geniş anlamıyla tıbbi nedenlerle açıklanamayan, psikolojik kökenli fiziksel belirtilerin ortaya çıkması anlamına gelmektedir. Pozitivist yaklaşımı temel alan psikiyatri/psikolojide ve genel tıp pratiğinde, ruhsal kökenli bedensel belirtiler ele alınırken, tıbbi nedenselliđe ilişkin bir eğilim olması önemli bir sorun teşkil ediyor görünmektedir. Çünkü ruh ve bedene dualistik bir çerçeveden yaklaşan bu bakış açısı, “biyopsikososyal” anlayışı göz ardı etmektedir (Duruk, 2013). Bu yüzden psikosomatizasyona çevre, toplum ve bilinçdışı bağlamında kapsamlı bir şekilde yaklaşan, en temelde, oluşumu, işlevi ve etkilerini kişilerin öznel hikayeleri çerçevesinde ele alan bakış açılarına ve çalışmalara önemli bir ihtiyaç vardır.

1.2. Psikanalitik Teoride Psikosomatizasyon

Freud'un eserlerinde psikosomatik kavramı hiçbir zaman yer almamış olmasına rağmen (Smadja, 2021; Baudin, 2005), onun histeri üzerine yaptığı çalışmalarla ortaya çıkan psikanaliz (Evans, 1996), bu kavrama ışık tutması açısından büyük öneme sahiptir. Histerik hastalarla yapılan ilk psikanaliz çalışmaları, psişik süreçlerin konversiyon semptomları üzerindeki etkisine odaklanması nedeniyle fiziksel semptomlar için organik nedenselliđe gerek olmadığını göstermesi açısından değerlidir (Burgoyne, 2004). Freud'un çalışmalarına bakıldığında, ruhsal kökenli bedensel semptomlara psikonevrozlar ve güncel nevrozlar olmak üzere iki temel kategori bağlamında yaklaşıldığı söylenebilir (Verhaeghe & Vanheule, 2005). Sembolik bir anlamı barındıran psikonevrozlarda, bastırılmış anılarla ilişkili duygusal yükler, düşünce alanında psikolojik sıkıntı ve uyumsuzluk yaratırken, dil ve

eylem yoluyla serbest bırakılmadıklarında fiziksel belirtilere dönüşür (Freud, 1894). Güncel nevrozlarda ise tam tersi şekilde sembolik anlamdan yoksun bir durum söz konusudur ki burada psişik alana erişemediği için somatik alanda sınırlı kalan belirgin bir fiziksel gerilim mevcut olur (Freud, 1894).

Freud sonrası kuramcılara bakıldığında, psikosomatizasyona histerik konversiyon modeli ve güncel nevrozlara ilişkin düşünceler bağlamında yaklaşımları söylenebilir. Paris Psikosomatik Enstitüsü (IPSO), psikanalitik psikosomatik kuram açısından önemli katkıları olan ve güncel nevroz modelini takip eden bir kurumdur (Parman, 2005). Pierre Marty, Michele de e M'Uzan, Christian David, Michel Fain, Leon Kreisler ve Rosine Debray gibi kuramcıları bünyesinde barındıran bu kurumun çalışmalarına bakıldığında, zihinselleştirme kavramının ön plana çıktığı görülmektedir. Buna göre, normal şartlarda ruhsal aygıt iç ve dış uyaranların, gündüz düşleri ve gece rüyaları yoluyla serbest bırakılmasına katkı sağlarken, psikosomatizasyon durumunda, söz konusu olan simgeleştirme eksikliği nedeniyle bu uyaran ve duygulanımların temsillere bağlanamaması ve psişik aygıtın yeterli dinginliği sağlayamaması durumu gündeme gelir (Smadja, 2005).

1.3. Lacanyen Teoride Psikosomatizasyon

Lacan'ın psikosomatizasyona ilişkin görüşlerinden önce, ontolojisinde bedene ilişkin yaklaşımından bahsetmek yerinde olur. Çünkü Freud'u takip eden Lacan'ın bakış açısına göre, beden yalnızca biyolojik bir organizma olarak görülmekten ziyade; egonun gelişimine benzer şekilde gelişen bir yapı olarak görülmektedir (Soler, 1995). Verhaeghe (2001), Lacan'ın beden-özne ilişkisine ilişkin çalışmalarının başlangıçta imgesel ve simgesel arasındaki karşıtlıkları vurguladığını, daha sonra odak noktasının Gerçek ve dürtülerin kesişimine kaydığını ve bedene ilişkin çeşitli jouissance biçimlerine değinildiğini ifade etmektedir. '*Öznenin öncelikle bedensel bir özne olduğu, bedenin de öznel bir beden olduğu*' dikkate alındığında, bedenin inşasını, öznenin oluşumunda önemli bir rol oynayan İmgesel, Simgesel ve Gerçek düzenler bağlamında incelemek yerinde olacaktır (Strubbe, 2004).

Bedenin kavramsallaştırılmasının ilk aşamasında İmgesel ve özdeşim aracılığıyla edinilen 'beden imgesi' kavramı ön plana çıkmaktadır (Strubbe, 2004). Sonraki aşamada Simgesele yapılan vurguyla birlikte, beden Başka'dan gelen gösterenler aracılığıyla şekillenen bir yapı olarak değerlendirilir (Soler, 1995). Son olarak, simgeselleştirmeye kapalı Gerçek'in ön plana çıkmasıyla da, beden özne açısından hiçbir zaman bütünüyle anlamlandırılmayacak ve bir ölçüde yabancı olarak kalacak bir unsur olarak görülmeye başlanır (Strubbe, 20014). Lacan, beden ve Gerçek arasındaki ilişkiye 'nesne a' ve dürtüler bağlamında, özne ve Başka'nın kesişiminde yer alan kayıp kavramı üzerinden yaklaşır. Ayrıca bedene ilişkin yaklaşımda jouissance kavramı da önemli bir yere sahiptir. Lacan'a göre, fallik jouissance yasanın alanında, gösterenin etkisi altında ve dürtülerle iç içe geçmiş bir haldeyken, Başka'nın jouissance'ı dil alanının ötesinde, dolayısıyla toplumsal cinsiyet konumlarındaki farklılaşmanın ötesinde ve yaşam ve ölüm dürtüleri arasında daha temel bir karşıtlık olarak anlaşılmaktadır (Lacan, 1972-1973/1998).

Psikosomatizasyona gelindiğinde, Lacan (1954-1955/1988, 1955-1956/1993, 1964/1998, 1975/1989) bu durumu bir semptom olarak ele almaktan ziyade bir fenomen olarak değerlendirmektedir. Çünkü semptom sembolik bir boyuta sahip olmasına rağmen, psikosomatik fenomende söz konusu olan gösterenler zincirindeki bir bozulmadır ve analitik yoruma açık olmaması tam olarak Gerçek'in alanına hapsolmesinden kaynaklanmaktadır (Nicolau ve Guerra, 2012). Gösterenler zincirindeki bozulma 'holophrase' kavramıyla açıklanabilir. Holophrase, karmaşık dil yapılarının edinilmesinden önceki gelişim sürecinde ortaya çıkan bir durumu ifade eden, bütün bir durumu tek bir kelime veya kelime öbeği içerisinde bir yoğunlaşma biçimi olarak aktarmaya çalışmayı ifade eder (Leader ve Corfield, 2008). Lacancı anlamda S1 ile S2 arasındaki boşluk ortadan kalktığına, bilinçdışının oluşumuna katkıda bulunan ilk gösteren çifti katılır ve sabitleşir ki bu durumun psikoz, zihinsel yetersizlik, psikosomatizasyon gibi klinik sonuçları olabilmektedir (Uncu, 2018).

İlksel bastırmaya ilişkin bir sorundan kaynaklanan psikosomatik fenomende (Nicolau ve Guerra, 2012), özneyi bir gösterenden diğerine temsil edecek zincirde bir duraklama meydana gelir ve özne bir gösteren tarafından temsil edilse bile başka bir

gösteren için temsil edilemez. Bu durum baba metaforunun kırılma işleyişini ortaya koymaktadır (Lacan, 1964/1998). Psikosomatizasyonda, arzuyu regüle etme görevine sahip dil ve gösterenle ilgili bir bozulma söz konusu olduğundan, bedende libidinal işleyişin ötesinde Öteki'nin hazzının hakim olduğu bir durum ortaya çıkar (Uncu, 2018). Lacan (1954-1955/1988) psikosomatik olgunun oluşumunun, libidonun bir nesneden ziyade organın kendisini kuşatması ve bu durumda dürtünün temsil edilmeden doğrudan bedende tezahür etmesiyle gerçekleştiğini belirtmektedir. Bedene imza gibi yazılan lezyonlar (Lacan, 1975/1989) Baba'nın Adı işlevine hizmet eden bir sinthome gibi ortaya çıkmaktadır (Lippi, 2008, aktaran Uncu, 2018).

1.4. Çalışmanın Amacı ve Kapsamı

Psikosomatizasyonun oluşumunda bilinçdışı zihni, önemli kişilerle olan ilişkisel bağlamı ve toplumsal unsurları dikkate alan bu çalışma, Lacanyen Söylem Analizi'nden yararlanarak psikosomatizasyon deneyimlerine ilişkin zihin-beden bütünlüğü çerçevesinde derinlemesine bir anlayış geliştirmeyi amaçlamıştır. Bu amaca yönelik olarak, bedensel semptomun dildeki gösterenler tarafından nasıl ifade edildiği, öznenin, Başka ve küçük başkalar karşısındaki konumunu nasıl edindiği, psikosomatik semptomun bu ilişkide nasıl bir işleve sahip olduğu gibi sorulara cevap aranmıştır. Sonraki bölümde araştırmanın yöntemine, araştırma dizaynına, örneklem seçimine ve prosedüre ilişkin bilgiler yer alacaktır.

BÖLÜM 2

YÖNTEM

2.1. Nitel Araştırma ve Söylem Analizi

Bu araştırma kapsamında psikosomatizasyona ilişkin öznel deneyimleri incelemek amacıyla, bedensel semptomu olan bir kadın hastanın çeşitli psikoterapi seanslarına ilişkin bir süreç analizi yapılmış ve söylem, nitel bir araştırma yöntemi olan ve eleştirel söylemsel psikolojinin unsurlarını içeren Lacanyen Söylem Analizi aracılığıyla analiz edilmiştir.

Nitel araştırmalar öznel deneyimleri ön plana çıkarmaları, belirli bir konunun araştırılmasını derinlemesine incelemeleri ve araştırmayı şekillendiren bağlamsal faktörleri dahil etmeleri açısından nicel yöntemlerden ayrılırlar. Bu bağlamda, nitel araştırmaların, gerçekliğin inşa edilmiş doğasına, araştırmacı ile çalışma konusu arasındaki ilişkiye ve araştırma sürecini etkileyen durumsal baskılara vurgu yaptıkları söylenebilir (Kuş, 2007). Psikoterapi araştırmalarına bakıldığında, nitel yöntemlerin deneyimin, etkileşimlerin ve ilişkilerin derinliğine inmek için sıklıkla kullanılan araçlar olduğu söylenebilir (Sarı, 2019). Burada genel çıkarımlar yapmaktan ziyade öznel durumlara ilişkin bir anlayış geliştirme hedefi vardır. Nitel araştırma yöntemleri anlam üretme konusunda ortak bir amacı paylaşırsa da yaklaşımları farklılık göstermektedir (Demirtepe-Saygılı, 2021).

Bu farklı yaklaşımlardan birisinin söylem analizi olduğu söylenebilir. Söylem analizinde araştırmadan elde edilen bilgiler yalnızca o araştırma ortamının belirli kişileri, zamanları ve bağlamları içinde anlamlıdır (Arkonaç, 2014a). Bağlam ve belirli etkileşimlerle şekillenen öznel bulgular kolaylıkla genelleştirilemez. Ayrıca araştırmacının araştırma süreciyle olan etkileşimi de göz ardı edilemeyecek bir faktör olarak gündeme gelmektedir. Çünkü gerçeklik, araştırma konusunun seçiminden başlayarak, araştırmacının seçimlerinden ve eylemlerinden en başından itibaren kaçınılmaz olarak etkilenmektedir (Arkonaç, 2014a). Söylem analizinin farklı versiyonları incelendiğinde psikoloji araştırmalarında yaygın olarak kullanılan iki

yaklaşım söylemsel psikoloji ve eleştirel söylemsel psikolojidir (Yoğan, 2022). Arkonaç'a göre (2014a) söylemsel psikoloji, belirli bir bağlamdaki etkileşimler sırasında dil aracılığıyla gerçekleştirilen eylemlere odaklanırken, eleştirel söylemsel psikolojide etkileşimleri yönlendiren ideolojiler, bu ideolojiler üzerinden gerçekleşen kimlik inşası ve bunun sonucunda ortaya çıkan özne konumlarını araştırılır.

2.2. Lacanyen Söylem Analizi

Lacanyen Söylem Analizi (LSA), Ian Parker tarafından "*Lacancı Söylem Analizi: Yedi Teorik Unsur*" başlıklı makalesinde tanıtılmıştır (Parker, 2005a). Bu bağlamda öne sürülen yedi unsur "*metnin biçimsel özellikleri*", "*temsilin sabitlemesi*", "*faillik ve belirlenim*", "*bilginin rolü*", "*dildeki konumlar*", "*bakış açısının açmazları*", "*dilsel malzemenin yorumlanmasıdır*". Parker, LSA'nın bütünüyle yapılandırılmış bir yöntemden çok, araştırmacıları çalışmalarını üzerinde düşünmeye sevk eden metodolojik bir çerçeve olarak ifade etmektedir. Burada amaç söylemin altında yatan anlamları ortaya çıkarmak yerine metni "açmaya" ve bağlantıları vurgulamaya çalışmaktır (Parker, 2010).

Çalışmalarının merkezine dili yerleştiren Lacan, ilişkilerin biçimlerinin ve sürekliliğinin şekillenmesinde söylemlerin önemine dikkat çekmektedir (Gençöz, 2019). Bu bağlamda, söylemlerin doğasının bireyin ötesine uzandığını ve her zaman başka bir öznenin varlığını gerektirdiğini savunmaktadır (Evans, 1996). Lacan'a göre, "Bilinçdışı Başka'nın söylemidir" (Lacan, 2006) ve "Psikanalizin Öteki Yüzü" başlıklı 17. Seminerinde, "efendi söylemi", "üniversite söylemi", "histerinin söylemi" ve "analistin söylemi" olmak üzere dört temel toplumsal söylemden söz etmektedir (Lacan, 1969-1970/2008). Lacancı psikanaliz, bu dört söylemin her birinde itici güç görevi gören hakikatin öznel bir olgu olduğunu vurgular. Her öznenin hakikati birbirinden farklıdır, hakikat söylemin içinde inşa edilir ve ancak bilinçdışı malzemenin araştırılmasıyla erişilebilir hale gelir.

Lacanyen Söylem Analizi zihinsel durumların belirlenmesinde öznenin kendine özgü yapılanmasını vurgulayan Lacan'ın psikanalitik kuramıyla uyumlu (Baltacı, 2019) ve eleştirel söylem analizinin unsurlarını bünyesinde barındıran bir nitel yaklaşımdır (Baltacı, 2022). Dolayısıyla etkileşim sırasında kullanılan dile odaklanan ve

benzerlikler arayan geleneksel söylem analizinin aksine, LSA ile incelenen bir analiz metninde, çelişkili unsurlara, bozukluklara dikkat edilmesi, söylenenden ziyade söylenmeyene odaklanması, tekrar eden gösterenlerin izinin sürülmesi ve altta yatan anlamdan çok biçimsel özelliklere odaklanması söz konusudur (Parker, 2005).

2.3. Örneklem Seçimi ve Katılımcı Profili

Araştırmaya konu olan olgu, Orta Doğu Teknik Üniversitesi Klinik Psikoloji programı bünyesindeki eğitim kliniğine, tıbbi nedenlerle açıklanamayan bedensel bir semptom aracılığıyla psikoterapi için başvuran bireyler arasından seçilmiştir. Terapi sürecinde meydana gelen değişiklikleri incelemek amacıyla tarama işlemi yapılmış, seans sayısı nispeten fazla olan ve özellikle terapi süreci tamamlanan olgular arasından seçim yapılmıştır. Bu doğrultuda, bayılma semptomuyla terapiye başvuran 24 yaşındaki bir kadın hastanın, toplamda 26 seanstan oluşan terapi süreci içerisinde farklı 10 seans analiz için belirlenmiştir. Bu belirlemede araştırma ekibi, semptomla ilişkin ayrıntılı bilgi içerebileceği için ilk iki oturumu ve sonlandırma süreci açısından önemli görülen son iki oturumu seçerken, süreci yürüten psikoterapist, psikosomatik olgunun gündeme geldiği çeşitli seansları (3, 5, 6, 7, 8, 10) seçmiştir.

Ceyda ismiyle anılan hastanın sürecine ilişkin bilgi vermek gerekirse, bayılma semptomunun ortaya çıktığı dönemde meydana gelen iki önemli olay dikkat çekicidir. Bunlardan birincisi üniversite eğitimi sebebiyle ilk defa ailesinden ayrılarak başka bir şehirde yaşamaya başlamasıdır. Ceyda bu durumu bir “*dönüm noktası*” olarak adlandırmaktadır. İkincisi ise bir süredir resmi olarak boşanmış olan ebeveynlerinin, o üniversiteye başladıktan kısa bir süre sonra yeniden bir araya gelmesidir. Ceyda yakın ilişkilerinde bir çatışma yaşadığından sonra, kimi zaman da okulda olumsuz geri bildirim aldığı ve kendisine eksikleri söylendikten sonra bayıldığını ifade etmektedir.

2.4. Prosedür

Klinik Psikoloji Destek Ünitesi'ndeki psikoterapi süreci öncesinde, seanslara ilişkin ses kayıtlarının alınması ve bunların gerektiğinde anonim olarak, eğitim ve araştırma amaçlı kullanılmasına ilişkin onam formu imzalanmaktadır. Bu çalışma kapsamında, Orta Doğu Teknik Üniversitesi Etik Kurulu'ndan ve Klinik Psikoloji Destek Ünitesi koordinatörlüğünden gerekli etik izinler alınmıştır. Gizlilik ilkesini sağlamak amacıyla seçilen vakadaki tüm kişisel bilgiler değiştirilmiştir.

Analiz sürecine bakıldığında, öncelikle seçilen 10 seansa ait ses kayıtları yazıya aktarılarak transkriptler üzerinden bir inceleme yapılmıştır. Metnin, semptomla ilişkin söylemin ve psikoterapi sürecinin kapsamlı bir şekilde anlaşılması için her seansın metni birçok defa gözden geçirilmiştir. Bu bağlamda, içerikten çok biçimsel öğelere odaklanılmış, tekrar eden gösterenler ile psikosomatik semptomu çevreleyen söylem arasındaki ilişkiye dayalı belirli kategoriler oluşturulması hedeflenmiştir.

2.5. Güvenilirlik ve Refleksivite

Nitel araştırma, araştırmacının etkisini en aza indirmeyi amaçlayan nicel araştırmadan farklı olarak, araştırmacının rolüne ve araştırma konusuyla etkileşimine merkezi önem vermektedir (Arkonaç, 2014b). Bu ayrım aynı zamanda nitel araştırmanın kalitesinin değerlendirilmesinde farklı bir yaklaşımı da gerekli kılmaktadır. Nitel araştırmalarda öznelliğe ve gerçekliğin sosyokültürel bağlamda inşasına yapılan vurgu göz önüne alındığında, araştırmacının öznelliğinin süreçteki etkisini göz ardı etmek imkansız hale gelmektedir (Baltacı, 2019a). Morrow'a (2005) göre öznellik ve düşünümsellik (refleksivite), nitel araştırmanın güvenilirliğini sağlamanın temel unsurlarıdır. Düşünümsellik kişinin öznelliğiyle ilgilenmeyi içerir ve etik duruşu sürdürmenin bir aracı olarak hizmet eder (Arkonaç, 2014b)

BÖLÜM 3

BULGULAR

3.1. Hastanın Söyleminde Semptom

Bu üst tema “*Hastanın semptomu ile ilgili tanımı*”, “*Hastaneyle ilişkilendirme*”, “*Ailedeki benzerlik*”, “*Semptomun ortaya çıktığı ortam*” ve “*Semptomun sıklığı*” alt temalarını içermektedir. Buna göre Ceyda'nın semptomuna ilişkin tarifine bakıldığında, bayılmalarını, “*nöbet*”, “*bayılma nöbeti*” ve “*bayılma olayı*” şeklinde tanımladığı gözlemlenmiştir. Hastaneyle ilişkilendirilmesine bakıldığında, ailesinin, kendisini semptomun ilk ortaya çıktığı zamandan ziyade, baygınlık sırasında yaşadığı bir yaralanma sonucunda doktora götürdüğünü vurgulaması dikkat çekici bulunmuştur. Ceyda ailesinin hastalık konularındaki hassasiyetini dile getirmiş ve hasta olduğu ve tıbbi bir durum yaşadığı zamanlarda kendisinin ‘*üzerine titrediklerini*’ ifade etmiştir. Bayıldığı zamanlarda kendisine yapılan tıbbi müdahalenin bir etkisinin olmadığını ve ‘*kendisine gelmesi için özellikle bir şey yapılmadığını*’ anlatması ilişkisel anlamda beklentileri olabileceğini akla getirmiştir. Tüm bunlar bir arada ele alındığında, Ceyda'nın semptomlarının tıbbi bir niteliğe sahip olmasının, ailesinin ilgisini çekme arzusuyla ilişkili olabileceği çıkarımında bulunulmuştur. Ailedeki benzerlikle ilgili olarak, Ceyda'nın hastane sürecinin başında semptomuna ilişkin olan gliyom şüphesinin, aynı hastalığın ailedeki ‘*önemli bir figür olan*’ teyzesinde de var olmasından dolayı önemli olabileceği düşünülmüştür. Söyleminde, kendisindeki bu şüphenin ortadan kalktığına anlaşılmasına ilişkin konuşması sırasında bir anda teyzesi hakkında ve teyzesinin hastalığına ilişkin ailesinin tutumları hakkında konuşması dikkat çekici bulunmuştur. Semptomun ortaya çıktığı durumlara bakıldığında Ceyda, ilişkilerindeki çatışmalar, kopmalar ve ayrılıklar sonrasında bayıldığını söylemektedir. Diğer taraftan, eğitimiyle ilişkili olarak, projesine yönelik olumsuz geri bildirim aldığı zamanlarda da bayıldığından söz etmiştir. Tüm bunlarla birlikte, söyleminde yer alan “*ortada hiçbir şey yokken*” ifadesi dikkat çekici bulunmuş ve semptomun yokluk deneyimiyle ilişkili olabileceğini akla getirmiştir. Son olarak, semptomun sıklığına ilişkin söylemde ard arda iki bayılma semptomunun tarifinde ‘*ikisinin arası*’

ifadesinin tekrarlayan şekilde kullanılması, Ceyda'nın semptomunun, iki insan veya iki pozisyon arasındaki bir çatışma veya ilişkiyle bağlantılı olabileceğini düşündürmüştür.

3.2. Semptomun Başlangıcına Denk Gelen Olaylar

Ceyda'nın bayılmalarının başlangıcına bakıldığında iki önemli olayın tetikleyici olabileceği düşünülmüştür. Bunlardan birincisi üniversite eğitimi sebebiyle ilk defa ailesinden ayrılması ve başka bir şehirde yaşamaya başlamasıdır. Ailesinin, bu dönemde kendisinin evden dışarı çıkmasını istemediğine ilişkin talebinden söz eden Ceyda, onlarla beklentilerinin uyuşmadığından söz etmiştir. Bayılmalarının üniversiteye başladığı döneme denk geldiğini anlatırken kullandığı, “*Sonunda hani üniversiteye ilk başladığım sene olmuştu*” ifadesi dikkat çekici bulunmuştur çünkü adeta olmasını arzuladığı ve nihayet olan bir durumu akla getirmektedir. Başka bir örnekte, yine semptomuna ilişkin kullandığı, “*Bence bir şekilde dışarıya çıkmak zorunda bu. Ama bunun şekli bayılma ve nöbetle olmuş gibi hissediyorum yani... Bunu başka bir şekilde dışarıya yansıtabilirdim. Ama bir şekilde kendim için dışarıya yansıtmak zorundayım aslında*” ifadeleri yine kendisinin ruhsal anlamda ayrışması ve ‘dışarı çıkmasıyla’ ilgili yaşadığı zorluğu ve çatışmayı düşündürmüştür. İkinci tetikleyici olaya bakıldığında, üniversite eğitimi başladıktan kısa bir süre sonra, bir süredir boşanmış olan ebeveynlerinin yeniden barışması göze çarpmıştır. Ceyda'nın annesinin babasını affetmesine ilişkin, “*Affetmesinin en büyük sebebi bizim için. Yani benim ablamın ve abimin bu durumdan çok etkilendiğini düşünüyordu. Yani tek başına bir kadın olsaydı asla affetmezdi*” ifadesi, annesinin babasına olan arzusunu gözardı ettiği bir durumu düşündürmüştür. Ayrıca bayılmalarıyla bu dönemde yaşadıklarını ilişkilendirdiği konuşmasında, “*Araları düzeldikten sonra babamla devam eden nöbetlerin yine o konuyla bağdaşık olduğunu düşünmüyorum*” aynı zamanda babasıyla nöbetleşe bir durumun içerisinde olduğunu gibi duyulmuştur. Özetle, ebeveynlerinin bir araya gelişinin Ceyda açısından eksikle karşılaşması sebebiyle tetikleyici olabileceği çıkarımında bulunulmuştur.

3.3. Semptoma Eşlik Eden Tekrarlayan İfadeler

Ceyda'nın söylemi açısından önemli olduğu düşünülen bir gösteren, 'düşmek' ifadesidir. Bayılmalarını kimi zaman "düştim" şeklinde tarif etmesine ek olarak, bu sözcük söyleminde sıklıkla, "küçük düşmek", "büyük bir boşluğa düşmek", "yenik düşmek" ve "düşük bir bölümde okumak" şeklindeki ifadelerde de gündeme geliyor görünmüştür. Bağlama bakıldığında, Ceyda'nın kendisinin eksik ve hatalı olduğu durumlara ilişkin bu ifadelerle başvurduğu gözlenmiştir. Örneğin, eski erkek arkadaşıyla yeniden görüşmek istemesine rağmen, ona yazması durumunda 'karşı tarafta, hatalı olan kişinin kendisi olacağına ilişkin bir düşünce olacağından' küçük düşme ihtimalinden bahsetmektedir. Dolayısıyla, Ceyda'nın arzusunu dolayısıyla eksiğini kabul etmeye ilişkin bir zorluk yaşadığı, ilişkilerinde rekabet ve güç mücadelesine ilişkin imgesel bir boyut olduğu ve semptomunun bu eksikle karşılaşmaya bir cevap olarak gündeme gelebiliyor oluşu çıkarımında bulunulmuştur. Söylemde yer alan diğer önemli gösteren, 'tek baş-ıma' ifadesidir ki Ceyda'nın birçok açıdan 'tek başına' bir şeyleri yapamayacağına ilişkin ifadeleri ayrışmakla ilgili yaşadığı zorluğu düşündürmüştür. Bununla birlikte, okuldaki projede başarısız olması sonrası öğretmenini kasederek, "Sınıfta tek başıma olsam...Bir otorite sağlayacağımı düşünüyorum. Ama sınıfta benden daha üst bir otorite olduğu sürece bunu yapabileceğimi hiç düşünmüyorum" ifadesi, kendi eksiği ve simgesel pozisyonunu kabul etmektense otoriteyle bilinçdışı bir rekabet içerisinde olduğunu düşündürmüştür.

3.4. Süreç İçerisinde Hastanın Söylemindeki Değişiklikler

Çeşitli seanslarda Ceyda'nın semptomunun tıbbi olup olmadığına ilişkin ifadelerinde değişiklikler göze çarpmıştır. Örneğin ilk seansta, nöbet sırasında yaşadığı bir olay nedeniyle yaralandığını ve buna bağlı olarak ameliyat olduğunu anlatmasına rağmen, sekizinci seansta o ana kadar nöbetler sırasında herhangi bir tıbbi sorun yaşamadığını ifade etmiştir. Ailesinin, onu ancak bu kaybı yaşadıkdan sonra hastaneye götürdüğüne ilişkin ifadeleri de düşünüldüğünde, bu durum Ceyda'nın, ailesinin ilgisini ancak bu şekilde çekebileceğine dair bir inanışa sahip olabileceği ve bu yolda yaşayabileceği gerçek bir tıbbi durumu bir şekilde görmezden gelmiş olabileceği şeklinde yorumlanmıştır. Başka bir farklılık, Ceyda'nın semptomu ve abisiyle ilişkilenmesi

arasındaki bağlantıyla ilişkili görünmektedir. Ceyda bayıldığı zamanları, kendisiyle aynı şehirde yaşayan abisiyle paylaşıp paylaşmama durumuna yönelik çelişkili ifadeler kullanmıştır. İlk seansta, nöbetlerinin yüzde doksanını abisine bildirmediğini ifade etmesine rağmen, sonraki bir seansta, abisinin bir şekilde nöbetini öğrendiğinden söz etmiş ve hatta başka bir seferde acil durumda aranacak bir kişi olarak onun iletişim bilgilerini verdiğinden söz etmiştir. Abisinin desteği karşısında 'güçsüz' hissettiğinden söz eden Ceyda'nın, abisiyle olan rekabeti göz önüne alındığında, ondan direkt olarak yardım istemekten kaçınmasına rağmen bedensel semptomu aracılığıyla onu kendisiyle ilgilenmek durumunda bırakmaya ilişkin bilinçdışı bir arzusu olabileceği düşünülmüştür.

BÖLÜM 4

TARTIŞMA

4.1. Semptom Başlangıcı

Leader ve Corfield'a (2008) göre, kişinin yaşamda yeni bir konum üstlenmesini gerektiren sembolik anlar, fiziksel semptomların ortaya çıkmasında önemli bir rol oynarken, semptom, öznenin sembolik konumunu çevreleyen çatışmayla doğrudan bağlantılı olacaktır. Bu bölümde semptom başlangıcına işaret eden iki önemli olay ele alınmıştır.

4.1.1. 'Tek Başına Dışarı Çıkma' Talebi

İlk defa ailesinden fiziksel olarak ayrılan Ceyda'nın, bayılmaları hakkında konuşurken *"Bir şekilde dışarıya çıkmak zorunda"* demesi, onun annesinin arzusundan ayrılmak ve ayrılmamaya, aynı zamanda *'içerde veya dışarda'* olmaya ilişkin çatışmasını düşündürmektedir. Bu durumda kendi istekleri ve ailesinin *'dışarı çıkma'* talebi karşısında yaşadığı bu çatışmanın Ceyda üzerinde yabancılaştırıcı bir etkiye sahip olabileceği düşünülmüştür. Bastırmanın birincil aşamasını oluşturan yabancılaşma, özneliliğin kurulmasındaki ilk adımdır. Lacan, Seminer XI'de *'apanhisis'* kavramını tartışırken, arzunun diyalektiğini kuran temel bölünmeye atıfta bulunarak, yabancılaşma sürecinde öznenin talep ve nesne arasındaki kaybına işaret eder (Evans, 1996). Özne olmak ancak Başka'nın alanında mümkündür. Lacan'ın *'extimacy'* kavramı, gerçeğin ve öznenin merkezinin hem içeride hem dışarıda bulunmasına işaret eder (Evans, 1996). Bu durumla ilgili Lacan (1999) Seminer VII'de, *"Başka tamamen içindedir ama yine de bana yabancı bir şeydir"* şeklinde ifade eder. Başka'nın alanı içinde inşa edilen özne, kendine yabancılaşmış bir varlık haline gelse de simgeselde kendi özneliliğini kurmanın yollarını arayabilmektedir. Ancak bu noktada bir aksaklık olması halinde talep nesnesine indirgenme tehlikesi ortaya çıkacaktır. Bu açıdan bakıldığında Ceyda'nın çatışması, bireysel özneliliğini somutlaştırmaya çalışırken ailesinin talepleri karşısında gölgede kaldığı bir senaryoyu ima ediyor görünmüştür.

4.1.2. Eksikle Yüzleşme: “Biz artık beraberiz; sen yok yoksun!”

Ceyda'nın semptomunun başlangıcına denk gelen bir diğer olay boşanmış ebeveynlerinin sürpriz bir şekilde bir araya gelmesidir. Ceyda'nın, annesinin babasına olan arzusunu görmezden geldiğine ilişkin ifadeleri, babasal işleve ilişkin bir yetersizlik olabileceğini düşündürmüştür. Oedipal süreçte çocuk babalık işlevi aracılığıyla hem annesinin söz ve eylemlerine ilişkin bir anlam oluşturur hem de bu anlama bir sınır ya da eksiklik getirir (Yaka, 2021). Bu duruma ilişkin bir yetersizlik söz konusu olduğunda, özne açısından kaygı uyandırıcı bir yakınlık gündeme gelir. Lacan (1962-1963/2014) kaygının nesnesi olarak ‘nesne a’ya atıfta bulunarak “Kaygı nesnesiz değildir” der. Bu bakımdan özne, Başka'nın adlandırılmayan eksikliğiyle karşı karşıya kaldığında kaygı ortaya çıkar (Hendrickx, 2017). Lacan’a (1962-1963/2014) göre bu, özneyi Başka tarafından yutulma korkusuyla karşı karşıya bırakan ‘eksikliğin eksikliği’dir. Anne babasının sürecine ilişkin konuştuğu seansın ardından, flört ettiklerini düşündüğü erkek arkadaşı ve ev arkadaşını rüyasında gördüğünden ve rüyada kendisine, “*Biz artık beraberiz; sen yok yoksun!*” dediklerini anlatan Ceyda açısından bu ifadenin, yeniden bir araya gelen ebeveynlerini de düşündürmesi sebebiyle önemli olabileceği düşünülmüştür. Ceyda için bu olayın, onu ‘hiçlik’ ve ‘yokluk’ duygusuyla karşı karşıya bırakmış olabileceği düşünülmüştür. Dolayısıyla bu durumun, Ceyda'nın özne olarak varlığına yönelik bir tehdit anlamına gelebileceği ve bu bağlamda anne ve babasının barışmasının Ceyda'nın bayılma nöbetini tetiklemiş olabileceği şeklinde yorumlanmıştır.

4.2. Semptom Oluşumu

4.2.1. Yokluğun Noktalaması Olarak Nöbet

Ceyda'nın semptomunun ortaya çıkmasında etkili olan faktörler arasında kendisini annesinin arzusundan ayırmaya ve sembolik anlamda öznelliğini kurmaya ilişkin bir zorluk olabileceği düşünülmüştür. Öznelğin inşası, annenin imgesel fallusu olma fantazisinin terk edilmesiyle doğru orantılıdır. Kastrasyona uğrayan özne artık cinsel farklılığın kurucu ögesi olan sembolik fallusla özdeşleşir ve dil ve jouissance ile olan ilişkiye bağlı olarak kadınsı veya erkeksi bir cinsel konum üstlenir (Lacan, 1972-1973/1998). Ceyda'nın ‘*tanınmadığı, sayılmadığı, yanlış anlaşıldığına*’ ilişkin

ifadeleri, kendisine, Başka'nın bakışında bir özne olarak yer edinemediğine ilişkin bir durumu düşündürmüştür. Bu durum Lacan'ın 'ötekilik' ve 'bakış' kavramları üzerinden incelenmiştir. 'Ötekilik', gözlenen bireyin bakış açısından değil, gözlemcinin özne olarak konumundan belirlendiğinden (Hatchuel, 2013:95), 'öteki' olmak, başkalarının gözünde yabancı olmayı ve tepki olarak geri yansıtacak hiçbir şeyin olmayışı anlamına gelir. Bu nedenle Brown'a (2019) göre bakışın yokluğu, birleşik temsilin, anlamın ve aktarımların kaybına yol açarak bunların 'düşmesine' neden olur. Böyle bir durum, özneyi bakış içinde kendi kendine var olmaya yönelik bir nesne konumuna dönüştürebilir ve bu durumu kendi yetersizlikleri olarak yorumlamalarına yol açabilir. Ceyda'nın ailesinin gözünde 'düşük konumda' olduğu yönündeki ifadeleri dikkate alındığında, kendisine yönelen bakışı, suçlayıcı bir niteliğe sahip olarak değerlendiriyor olabileceği düşünülmüştür. Bununla birlikte, söyleminde sıklıkla yer alan, 'ikisinin arası', 'aralıkta bayılmak' şeklindeki ifadeleri aynı zamanda cinsiyetlenme konumuna ilişkin çatışmanın semptomuna olan etkisini destekleyen ifadeler olarak görülmüştür. Yokluğa olan vurgu, privasyon kavramı üzerinden tartışılmıştır. Lacan'a göre privasyon, Gerçek düzendeki bir eksiklik (Lacan, 1956-1957/2020) ve simgesel nesne olarak fallusun yokluğu fikriyle ilişkilidir ve, onun orada olması gerektiği bilgisinden kaynaklanır (Ergün et al, 2022).

4.2.2. Başka'ya Bir Çağrı

Ceyda'nın ailesiyle olan etkileşiminin semptomun oluşmasında önemli rol oynadığı düşünülmektedir. Ceyda semptomu için, 'bedenim ben istemediğim şekilde dışarıya sunmuş' demektir. Bu ifade, onun kendisini kelimelerle ifade eden bir öznenin çok, bir bakış nesnesi gibi konumlandığını düşündürmüştür. Bu durum psikosomatik olgu açısından önemli olan 'holophrase' kavramını hatırlatmaktadır. Leader & Corfield'e (2008) göre bu terim, konuşmanın başlangıcını işaret eder ve bu dönemden önce gelen çığlıklar ve jestlerle yakından bağlantılıdır. Bu doğrudanlık, rahatsızlıklarını veya zorluklarını iletme için konuşma gibi iletişim sistemlerine başvurmadan önce, sıkıntı verici deneyimleri ağlama, çığlık atma veya spazmodik tepkiler gibi bedensel tepkilere dönüştüren bebeklerde de gözlemlenebilir. Bu anlamda sesini ancak tıbbi bir durum söz konusu olduğunda ailesine duyurabilen

Ceyda için, psikosomatik semptomun konuşmaya ihtiyaç duymadan, holophrase benzeri bir çağrı olarak ortaya çıkması önemli bir detay gibi düşünülmüştür. Ceyda'nın fiziksel semptomunun oluşmasında etkili olan faktörlerden birinin de ailedeki benzerlik göze alındığında, imgesel özdeşleşme ile ilişkili olduğu düşünülmüştür.

4.3. Semptomun Rolü

4.3.1. Başka'ya Bir Suçlama Olarak Semptom

Ceyda'nın kendisine eksik ve hatalı olduğuna ilişkin verilen geribildirimleri bir suçlama ve engellenme olarak algılaması ve bayılmalarının da bu zamanlara denk gelmesi dikkat çekici bulunmuştur. Bu bağlamda eksikle ilişkilendirme imgesel kastrasyon endişesi kavramıyla tartışılmıştır. Lacan (1964/1998) Seminer XI'de yoksunlukla ilişkilendirdiği imgesel kastrasyon kaygısını, olmaması gereken bir kayıpla karşılaşma durumu ve bu kaybın çözülebileceği inancı olarak ele alır. Van Haute'ye (2002) göre burada devreye giren unsur, bedenin aşırılıklarını ve gerginliklerini düzenlemeye yarayan egodur. Bu işlev ideal imaja ulaşılabilirlik anlayışını da beraberinde getirirken, aynı zamanda eksikliği ve kaybı kabullenmemeyi de içermektedir. Ceyda'nın eksikleri söylendikten sonra bayılması, tamlık fantezisini sürdürmeye ilişkin bilinçdışı arzusuyla ilişkili görünmüştür. Bu durumda, eksik üzerinden suçlandığını hissettiği noktada, Başka'da kendisine yönelen bakış karşısında bayılmaları sonucu, bu bakışların sahiplerini kendisiyle ilgilenmek zorunda bıraktığı çıkarımında bulunulmuştur. Ayrıca semptomun Başka'ya yöneltilen suçlamaya ilişkin bir teyit görevi üstlenmiş olabileceği düşünülmüştür.

4.4. Güçlü Yönler, Sınırlılıklar ve Gelecek Çalışmalar İçin Öneriler

Bu araştırmanın güçlü yanları incelendiğinde, öncelikle Lacancı psikanalitik kavramlar çerçevesinde psikosomatizasyona yönelik öznel deneyimleri bir süreç analizi çerçevesinde derinlemesine inceleyen sınırlı sayıda çalışmalardan biri olduğu söylenebilir. Çalışmanın sınırlılıkları göz önünde bulundurulduğunda, alışlagelmiş psikanalitik psikoterapi sürecinin aksine seans sayısının nispeten daha kısa oluşu, hastanın ruhsal durumundaki değişimlerin izini sürmek açısından bir

kısıtlılık olarak deęerlendirilmiřtir. Zihin ile beden arasındaki baę grmezden gelinmesi imkansız olan bir baędır. Organik kkenleri belirgin olmayan veya psikolojik etkilerle ktleřen hastalıkların olduęu durumlarda, yasa koyucu mercilerin, kiřilerin psikolojik yardıma eriřimini kolaylařtıran gerekli yasal çerçeveleri oluřturması nemli olacaktır. Toplumda psikosomatik bozukluklar hakkında farkındalıęın geliřtirilmesi iin, bireyleri etiketlemek yerine '*psikosomatik bakıř aısı*' benimsemelerini teřvik etmek yerinde olacaktır. Gelecekteki akademik alıřmaların, mental srelerin beden zerindeki etkilerini anlamaya iliřkin dil, toplumsal sylem ve bilindiři unsurlara odaklanarak derinlemesine arařtırmalar yapması nerilmektedir.

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TEZİN ADI / TITLE OF THE THESIS (İngilizce / English):

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