

EXAMINING THE DISCOURSE OF MENTAL HEALTH WORKERS IN IRAQ:
A LACANIAN APPROACH TO SOCIAL TRAUMA IN CLINICAL
SUPERVISION

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SUPERVISION**

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ABSTRACT

EXAMINING THE DISCOURSE OF MENTAL HEALTH WORKERS IN IRAQ: A LACANIAN APPROACH TO SOCIAL TRAUMA IN CLINICAL SUPERVISION

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Critiques to the DSM's medicalization of psychological trauma reveal the necessity for an analytic conceptualization, particularly in conflictual regions like the Middle East. This study first examines social trauma conceptualization among the local mental health workers in post-genocidal Iraq, specifically after the Êzidî genocide, through Lacanian-guided supervisions conducted remotely during the Covid-19 pandemic from May 2020 to March 2021. Second, the research evaluates benefits and barriers of introducing a Lacanian-guided supervision approach, transcending traditional diagnostics, to psychosocial intervention work for social trauma in conflictual regions. Four individuals have been selected for the research from among approximately thirteen local mental health workers actively providing psychosocial services in the field, specifically for the survivors of the Êzidî genocide in Iraq. These individuals regularly participated in clinical supervisions and trainings throughout the project. Case presentations of these four individuals during their initial and concluding clinical supervision sessions were analyzed through the lens of Lacanian discourse analysis. After analyzing case presentations, common structural themes were identified for both

sessions. Subsequently, two sub-themes, case conceptualization and subjective position, under each structural theme were examined and compared across the initial and final analyses. The identified structural themes included subjectivity, sexuality, trauma, and knowledge. The results underwent thorough comparative analysis and were discussed in the relevant academic literature. The findings generally indicate that mental health workers, in the initial analyses, presented case narratives with a focus on symptoms. However, following Lacanian-based clinical supervisions, they transitioned to a more detailed exploration of subjective experiences in the final analyses.

Keywords: Social Trauma, Êzidî Genocide, Lacanian Psychoanalysis, Psychosocial Field Work

ÖZ

IRAK'TAKİ RUH SAĞLIĞI ÇALIŞANLARININ SÖYLEMLERİNİN İNCELENMESİ: KLİNİK SÜPERVİZYONDA TOPLUMSAL TRAVMAYA LACANYEN BİR YAKLAŞIM

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DSM'nin ruhsal travmayı tıbbileştirmesine yönelik eleştiriler, özellikle Orta Doğu gibi çatışmalı bölgelerde analitik bir kavramsallaştırmanın gerekliliğini ortaya çıkarmaktadır. Bu çalışma, öncelikle Covid-19 pandemisi sırasında Mayıs 2020'den Mart 2021'e kadar uzaktan gerçekleştirilen Lacanyen yönelimli klinik süpervizyonlar aracılığıyla, çatışma sonrası Irak'ta, özellikle Êzidî jenosidinin ardından, yerel ruh sağlığı çalışanlarının toplumsal travmayı nasıl kavramsallaştırdıklarını incelemektedir. İkinci olarak, bu araştırma, çatışma sonrası bölgelerdeki toplumsal travmaya yönelik psikososyal müdahale çalışmalarında, geleneksel teşhis yöntemlerini aşan Lacanyen yönelimli klinik süpervizyon uygulamalarının faydalarını ve zorluklarını değerlendirmektedir. Araştırma için, özellikle Irak'taki Êzidî soykırımı felaketzedelerine yönelik sahada aktif olarak psikososyal hizmetler sunan yaklaşık on üç yerel ruh sağlığı çalışanı arasından dört kişi seçilmiştir. Bu kişiler, proje süresince düzenli olarak klinik süpervizyonlara ve eğitimlere katılmışlardır. Bu dört kişinin başlangıç ve son klinik süpervizyon oturumlarındaki vaka sunumları, Lacanyen söylem analizi perspektifinde analiz edilmiştir. Vaka sunumları analiz edildikten sonra

her iki oturumda ortaya çıkan ortak yapısal temalar belirlenmiştir. Daha sonra, her bir yapısal tema altında bulunan iki alt tema, vaka kavramlaştırması ve sübjektif konum, başlangıç ve son analizlerde incelenerek karşılaştırılmıştır. Belirlenen yapısal temalar sübjektivite, cinsellik, travma ve bilgiyi içermiştir. İlk ve son analizlerden elde edilen sonuçlar, kapsamlı bir karşılaştırmalı incelemeye tabi tutularak, ilgili akademik literatür çerçevesinde tartışılmıştır. Bulgular genel itibariyle, başlangıç analizlerinde ruh sağlığı çalışanlarının vaka sunumlarını semptom odaklı yaptıklarını, ancak Lacanyen yönelimli klinik süpervizyonların ardından, son analizlerde sübjektif deneyimlere daha detaylı dikkat etmeye başladıklarını göstermektedir.

Anahtar Kelimeler: Toplumsal Travma, Êzidi Jenosidi, Lacanyen Psikanaliz, Psikososyal Saha Çalışması

In memory of Êzidî genocide & to every Jîna Mahsa Amini...

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CHAPTER 1

INTRODUCTION

This study, grounded in Lacanian psychoanalytic principles, aims to delve into the conceptualization of social trauma among local mental health workers in post-genocidal Iraq. Specifically focusing on the Êzidî genocide aftermath, Lacanian-guided supervisions were conducted remotely from May 2020 to March 2021 during the Covid-19 pandemic. Addressing critiques of the DSM's medicalization of psychological trauma, the research advocates for an analytic conceptualization, crucial in conflict-ridden regions like the Middle East. This conceptualization encompasses the subjective, social, cultural, historical, political, and institutional dimensions of social trauma. Thus, the first objective was to examine how local mental health workers in Iraq perceive and conceptualize social trauma. Second, the study evaluated the benefits and barriers of introducing a Lacanian-guided supervision approach to psychosocial intervention project for social trauma in post-conflict regions like the Middle East. Given its humanitarian intervention nature, this research aligned with an intervention project in Iraq, collaborating with a local NGO operating in tandem with an International Non-Governmental Organization (INGO). The qualitative methodology, along with Lacanian discourse analysis, was applied to both initial and final supervision sessions involving four mental health workers out of the thirteen actively working in the field in Iraq. The principal aim of the investigation was to thoroughly scrutinize the shifts in discursive positions observed during clinical supervision sessions among mental health workers. This scrutiny sought to illuminate the nuanced dynamics within the context of social trauma and intervention efforts.

1.1. The Regional and Historical Context

At the core of the intricate modern multi-state system lies Europe, a pivotal force that has introduced and shaped foundational concepts such as the nation-state sovereignty,

and power equilibrium (Kissinger, 2006). The power balance system, without asserting its capacity to prevent crises or conflicts, aspires, when functioning at its zenith, to harmonize the ambitions of states vying for dominance while mitigating conflicts. The evolving contemporary order is a testament to the diplomatic finesse of statesmen, representing a diverse array of cultures, who have predominantly navigated this complex landscape through the channels of globalization (Erdoğan, 2002). In essence, these dynamics yield both delineations on one front and the sweeping tides of globalization on the other (Kissinger, 2006). Consequently, from this new world system, the Middle East is also significantly impacted in a nuanced geopolitical manner by the hegemonic dynamics at play. The primary connotation of the term “Middle East” from a Weberian perspective is that this region serves as a crossroads where cultures intersect, and it is the birthplace of monotheistic religions (Göka, 2004). The concepts of culture, religion, and identity engage in a constant interplay, forming an inseparable cohesion where one cannot be addressed without considering the others. The secondary connotation of the term “Middle East” involves a protracted history of hegemonic struggles, such as conflicts between Ancient Greece and Persia, the Sassanian and Byzantine empires, and the Ottoman Empire and Europe (Göka, 2004). The enduring significance of oil as an irreplaceable energy source in the modern world adds weight to the geopolitics of the Middle East, rendering it crucial in the eyes of hegemonic powers. Following the influence of England, the U.S. emerged as a representative of the new world system, wielding hegemonic power under the banner of liberal democracy. In the context of the evolving global order, the Middle East once again holds a distinctive place in terms of social trauma, particularly following the removal of Saddam Hussein from power (Erdoğan, 2002).

In the wake of these events, the region descended into chaos, giving rise to a surge in ethnic and religious conflicts that significantly reverberated across Iraq, a nation defined by its mosaic of diverse ethnic and religious groups (Göka, 2004). The historical narrative of Iraq, primarily Kurdistan Region of Iraq, is characterized by a tragic sequence of mass murders, genocides, and collective trauma, particularly under the oppressive Baath regime of the twentieth century (Bolton et al., 2013). Notably, the Halabja massacre stands out as one of the most brutal episodes, marked by a chemical attack that claimed the lives of over five thousand Kurdish civilians.

Concurrently, the Kurdish revolution unfolded in 1991 during the Gulf War as a response to the Baath regime. This grim history extends beyond the Baath regime, with successive Iraqi governments subjecting the Kurdish population to persistent persecution. The Ba'ath Party's rule, beginning in 1968 and escalating during Saddam Hussein's presidency from 1979, was marked by intensified repression. The persecution manifested in widespread imprisonment and torture, specifically targeting relatives and associates of Kurdish fighters, known as Peshmarga. Individuals faced detention and torture for seemingly innocuous reasons, such as sporting a beard or expressing dissatisfaction with government services. The Iran-Iraq war (1980-1988) introduced further horrors, compelling civilians, including family members, to witness public executions of those resisting military service. Families were coerced into financially contributing to the execution process. The subsequent "Anfal" campaign from 1986-9, done by the Iraq central government, unleashed a wave of military actions, torture, and genocide (Bolton et al., 2013). This systematic onslaught encompassed ground offensives, aerial bombings, settlement destruction, mass deportations, imprisonment, torture, firing squads, and chemical warfare. The devastating consequences included the disappearance of an estimated 200,000 Kurds, the obliteration of over 4,000 villages, and significant livestock losses. The notorious 1988 Halabja genocide, where 5,000 people succumbed to a single-day chemical weapons attack, serves as a poignant symbol of the Anfal's ferocity (Bolton et al., 2013). The post-2003 shift from ethnic to religious dominance in Iraq exacerbated epistemic violence, resulting in religious conflicts and societal divisions (Göka, 2004). These brutal realities faced by communities in the region, a context that is essential to understanding the historical roots of the Êzidî community deeply embedded in the ancient Mesopotamian region, spanning present-day Iraq, Iran, Syria, and Turkey (Kizilhan, 2017).

Êzidîs primarily reside in the region of Iraq, particularly in Sinjar where their main sacred sites are located, as well as in the areas around Şexan; Tur-Abdin, Nusaybin, Diyarbakır, the upper valleys of the Tigris River, Muş, Sason, Bitlis, Suruç, Birecik, Kilis, and Van in Turkey. There are also Êzidis living in various regions of Syria, including Afrin, Amuda, and Kamışlo (Bayrak, 2016). Some Êzidis migrated to Armenia in the 1830s-1840s, fleeing persecution from Turks and Kurds in the

specified regions of Iraq, and later dispersed to different areas in South Caucasus. Despite this, the largest center of the Êzidi diaspora has been in Soviet Armenia, with approximately 50,000 members. According to recent data, the total Êzidi population is around 200,000 (Bayrak, 2016). The Êzidîs, primarily speakers of the Kurmanji dialect of the Kurdish language, initially identified as Kurds. However, their sense of Kurdish identity evolved, particularly among the younger generation, shaped by recurring violence, persecution, and genocides. To cope with relentless victimization, many Êzidîs sought refuge through migration to various regions, including Caucasus, Germany, Armenia, Belgium, Georgia, and France (Usman et al., 2021). At the core of the Êzidî belief system are three key figures: Ezid (God), Malak Tawus (the Peacock Angel), and Sheikh Adi, a 12th-century reformist. Despite parallels with some Sufi beliefs, Êzidîs have been persistently labeled as devil worshipers, vehemently denying this accusation. Their holiest shrine is Lalish, where religious practices include fasting and a once-in-a-lifetime pilgrimage (Kizilhan, 2017). Despite gaining global attention in the August 2014 genocide, the Êzidî community's history dates back to the seventh century, marked by continuous conflict and resistance against forces such as Muslim invaders and the Arabization efforts of Saddam Hussein. Western scholars, influenced by colonial perspectives, have erroneously characterized Êzidîs as devil worshippers, perpetuating this misrepresentation through historical and contemporary narratives. The struggle of Êzidîs traces back to the seventh century when Muslim invaders labeled them as devil worshippers during the caliphate of Hazrat Umar, resulting in forced conversions, persecution, and marginalization, with Êzidîs facing up to seventy-four genocides. The absence of evidence supporting Êzidîs as devil worshippers in their religious books and traditions underscores the baselessness of the accusation, emphasizing the role of epistemic violence driven by religious bias, damaging their reputation and making them susceptible to persecution (Usman et al., 2021). Expanding the scope to the education system, epistemic violence against Êzidîs persists. This indoctrination perpetuates false narratives about Êzidîs, reinforcing harmful stereotypes. The impact of such epistemic violence is deeply rooted in societal perceptions, influencing how Êzidîs are perceived by neighbors, colleagues, and broader communities. The historical perspective on epistemological violence against the Êzidî community unveils the enduring impact of unfounded accusations and misrepresentations (Usman et al., 2021).

The Êzidî genocide perpetrated by Deash or so-called ISIS in the third of August 2014 involved mass killings, forced conversions to Islam, torture, and sexual slavery, targeting the Êzidî society in Şingal, Iraq (AlObaidi, 2013; Goodman et al., 2020; Kizilhan et al., 2020). Approximately 5,000 Êzidî women and girls, some as young as eight, were kidnapped and treated as “spoils of war”. They were separated from their families, forced to convert to Islam, and subjected to various forms of abuse (O'Connor & Burç, 2020). Êzidî boys and men aged fourteen and over were predominantly executed during this tragic period. The survivors, particularly Êzidî women who managed to escape slavery, face immense challenges. Apart from coping with deeply traumatic experiences, they fear societal ostracization or stigma due to traditional norms regarding the “purity” of women in Êzidî society. Many who escaped captivity feel anxious or too ashamed to return to Êzidî communities. In the aftermath of the attacks, the Êzidî community experienced profound trauma and significant transformations. Traditional norms and practices were questioned and re-examined, leading to unprecedented statements by spiritual leaders. Significantly, Baba Sheikh declared that Êzidî women and girls, who endured captivity under Daesh, are entitled to support and should not face excommunication, challenging established norms (Omarkhali, 2016).

The historical context of the Êzidîs was marked by a complex interplay of religious identity, epistemic violence, and the enduring impact of victimization, with genocides and persecutions shaping their narrative in the ancient Mesopotamian region.

1.2. The Organizational Context and Researcher’s Reflexivities

This section delineates the inherent challenges encountered in both the research and practical dimensions of the intervention project. The study not only scrutinizes the conceptualization of trauma among mental health (MH) workers in Northern Iraq but also endeavors to assess the impact of the Lacanian supervision approach implemented in the humanitarian intervention project conducted by the author. The local NGO implemented activities directly aligned with the project’s objective of enhancing community resilience and recovery. Their focus was especially on those affected by Deash/Isis atrocities in the Ninewa Plains and displaced individuals from the region.

The NGO's multidisciplinary team, comprising psychologists, trauma therapists, and social workers, delivered psychological treatment, trauma care, and community-directed social interventions at various locations, including the centers and directorates of Social Affairs in Shekhan, Esyan, Garmawa, and Mamrashan camps for Internally Displaced Persons (IDPs). These services aimed to improve the mental health of survivors through trauma rehabilitation and resilience programs, contributing to the overarching goal of fostering self-reliance among those affected. The psychological counseling and trauma treatment involved semi-structured intake interviews and comprehensive clinical interviews, with periodic evaluations throughout the therapy process. Furthermore, the local NGO's dedicated efforts played a crucial role in supporting the project's mission to assist 6,000 survivors of Deash/Isis terror and vulnerable members of host communities in the Ninewa Plains. The local NGO's collaborative efforts with the INGO played a crucial role in achieving the project's objectives.

While working remotely under the INGO during the Covid-19 pandemic, I conducted clinical supervision sessions and trauma rehabilitation training, ensuring the delivery of responsive services for these mental health workers. In explicating the integration of the Lacanian approach into the supervision provided, attention was given to the contextual framework of the working environment. This included an examination of the MH workers' approaches, their primary demands in supervision sessions, and the alignment of the intervention with the Lacanian approach.

The inception of the capacity-building plan for local mental health workers revealed their prior exposure to diverse training programs, predominantly centered on DSM-based psychopathology topics such as PTSD, depression, anxiety disorders, and evidence-based psychotherapy approaches like CBT. When queried about their expectations from the external supervisor, a prevalent concern emerged, a perceived lack of proficiency in treating cases, particularly those afflicted by psychological trauma. The initial evaluation of the local staff's supervision system indicated a prevailing emphasis on a standardized symptom-based conceptualization, primarily rooted in the DSM framework. The evidence-based supervision approach primarily concentrated on diagnosis and symptoms, neglecting the nuanced exploration of

subjective positions and social histories inherent to both the cases and the mental health workers themselves. This disparity contributed to a disconnect between subjective experiences, social histories, and the manifestation of social trauma symptoms.

Consequently, the incorporation of the Lacanian approach in the provided supervisions gained practical significance by virtue of its emphasis on structural components, particularly subjective positions, over and above technical considerations. The ensuing discussion articulates a reflective analysis of the intricacies involved in research and practical implementation.

Praxis-Wise Reflection

At the local center where I was engaged, the number of mental health (MH) workers fluctuated, ranging from nine to thirteen, depending on contract renewals or maternity leaves, job dismissals, and so on. My primary responsibility involved offering support to this staff through clinical supervision for therapists' cases, as well as conducting training sessions and workshops focused on fundamental psychotherapeutic skills such as active listening skills and psychotherapeutic questioning techniques. Upon commencing my tenure with the team, an Integrative Capacity Building Plan (ICBP) was meticulously devised following multiple individual and group meetings. Official initiation of trainings occurred in October 2020, although clinical supervisions had commenced earlier. Individual supervisions were initially extended to all MH staff concurrently with efforts to enhance their psychotherapeutic skills through workshops and training. An early revelation during these individual supervisions was the prevalence of severe and traumatized cases, including complex traumatic cases and instances of sequential trauma, often accompanied by suicidal ideation. Another noteworthy observation pertained to the team's inclination to primarily focus on symptom removal, potentially leading therapists to offer advice or assign homework prematurely, subsequently prompting complaints about non-compliance from cases. This tendency, in turn, fostered a judgmental atmosphere, attributing the failure of symptom alleviation to cases' non-adherence to prescribed homework. Moreover, a parallel observation was made concerning internal supervisors who similarly fixated on challenges faced by psychotherapists, expressing dissatisfaction with therapists'

adherence. Notably, these challenges were not perceived analytically as integral components of the supervision process. Coming from a psychoanalytic background with a Lacanian orientation, both in supervision and personal analysis, my supervisory approach emphasizes the practical application of addressing the root causes of symptoms rather than delving into theoretical intricacies. Given the MH team's workload complaints coupled with their persistent demand for supervisions and training, a simplified logic was adopted, that is, effective assistance for cases necessitates delving into the underlying causes of symptoms through active listening and self-reflection. Avoiding technical jargon such as "counter-transference", I underscored the imperative of therapist reflexivity. This involved a nuanced consideration of the therapist's subjectivation and the intricate interplay of their experiences within the therapeutic process, particularly when dealing with traumatized cases. Encouraging an active listening stance, I posed questions in individual clinical supervisions that probed therapists' subjective feelings and thoughts in therapy sessions, aiming to prompt self-reflection. However, this approach was also proved to be challenging, and sometimes met with defensiveness stemming from perceived judgment, blame, or guilt. At the core of my approach was an analytical orientation, emphasizing the transformation of subjectivities into the Symbolic realm, facilitated by the cultivation of active listening skills. This methodology extended to supervisions and workshops, where I advocated for therapists' sensitivity to pivotal moments in therapy sessions and their transformation into Symbolic. For example, therapists were encouraged to address moments when cases deflect or respond with "I do not know" during therapy sessions. In summary, I simplified my language, urging the local team to explore what unfolds beyond symptomatic expressions.

Research-Wise Reflection

In the realm of research methodology, a qualitative approach stands out as my preferred methodological choice. Anchored in a psychoanalytic framework, particularly informed by Lacanian perspectives, my research aimed to scrutinize the practices of therapists within their psychotherapeutic and supervisory engagements. As my direct involvement did not extend to individual cases, but rather centers on the collective dynamics of the MH team, my research unfolded within this team-based context. Within the discourse of therapists, my investigative pursuits were

multifaceted during supervision sessions. First, the examination sought to ascertain the extent to which psychotherapists transcended a narrow focus on symptomatic presentations, delving into the intricate causative factors underlying these symptoms. Second, my supervisory role encompassed a concentrated focus on the therapists' management of their own subjectivities. This facet of the research endeavored to enhance their proficiency in analytic listening, fostering an increased capacity to discern and differentiate their personal cognitions and emotions, potential sources of subjectivities, from the narratives articulated by their clients. Consequently, within therapists' discourses expounding on their sessions, elements corresponding to successful interventions could be gleaned. For instance, instances where psychotherapists employed open-ended questions rather than dictating advice might be construed as indicative of successful interventions within the qualitative assessment framework. Extending the scope of investigation, the internal supervision system of the MH team became a focal point. Here, the inquiry centered on whether internal supervisors actively guide psychotherapists in addressing subjective experiences. Within supervisory sessions directed towards internal supervisors, wherein I assumed the role of supervisor instructing on their guidance of therapists, a nuanced analysis of their discourses was essential. Specifically, I probed into whether supervisors exhibit efforts to stimulate therapists' exploration of their subjective experiences. For instance, instances where supervisors acknowledged therapists' defensive or resistant behaviors, such as grievances about cases not complying with instructions or reluctance to engage in assigned tasks, prompted an examination of supervisors' awareness. The efficacy of this supervisory approach lied in their ability to employ open-ended questions that facilitate therapists' self-reflective processes, thereby engendering a deeper level of engagement with their own subjectivities.

Subjective-Wise

As a member of the Kurdish nation, I inherently possess an insider's perspective on the social contexts relevant to my research. Having originated from Diyarbakır, known as Amed in Kurdish, a historically significant city in the Mesopotamian region where pivotal civilizational developments occurred and diverse cultures, religions, and languages coexisted, albeit some no longer persisting, I possess an intimate familiarity with the cultural milieu. Over time, due to historical, sociological, and political factors,

Amed has evolved towards a more patriarchal and Muslim-Şafi sect orientation. This shift has manifested in the prevalence of male-dominated family structures, significantly impacting the broader society. Amed has also been characterized by extensive patterns of migration and is a highly political city, serving as a Symbolic center for protests both inward and outward. My subjective experiences, rooted in the nuances of migration, social trauma, and cultural transformations, fuel my overarching interest in these multifaceted issues. Moreover, I am intrigued by the interplay between the fantasy aspects of trauma within the psychic structure and the tangible realities of trauma, and I am committed to addressing these themes in a culturally-sensitive manner. This dual focus allows me to explore the subjective experiences of individuals within this social framework, considering the psychological and tangible dimensions of social trauma and migration issues in a culturally-sensitive way. Prior to commencing my PhD education at the Middle East Technical University in Ankara, I was actively involved with various international non-governmental organizations (INGOs) dedicated to addressing the needs of refugees, individuals affected by social trauma, victims of forced displacements, and those residing in post-conflict regions. In the context of the present study, my prior experiences with INGOs have provided me with distinct advantages in establishing connections with Êzidî mental health workers, particularly in navigating cultural and language barriers. Nevertheless, these same experiences also presented challenges, notably due to my historical affiliation with a Muslim and male-dominated Kurdish society. This historical context has had a profound impact on the Êzidî community in negative ways. As I undertook the role of an external supervisor, there existed a tacit expectation for me to possess authoritative knowledge, thereby introducing complexities to the dynamics of engagement. The juxtaposition of these advantages and challenges underscores the intricate nature of my position within this research context.

1.3. State of Research

The Êzidî genocide in Iraq marked a dark chapter in human history, with profound consequences on the mental health of the Êzidî community. The trauma endured by survivors extends far beyond the immediate physical threats they faced during the genocide (Kizilhan et al., 2020). Understanding the intricate dimensions of post-

genocidal trauma is crucial for the development of targeted interventions and support systems (Erdener, 2017). The genocide resulted in widespread trauma, with many survivors facing the loss of family members, displacement, and the destruction of their communities (Goodman et al., 2020). The lasting impact of the psychological toll, extending beyond immediate threats, emphasizes the importance of understanding the intricate dimensions of post-genocidal trauma. Usman et al.'s (2021) research further delves into this complex landscape, exposing the pervasive epistemic violence against the Êzidî community and unraveling layers of oppression embedded in their history and identity. The study systematically documents the dismissal of Êzidîs' testimony and agency, highlighting testimonial quieting, silencing, and pernicious ignorance. This epistemic oppression prompts Êzidîs to adopt a secretive approach to their religion. The research underscores the impact of discriminatory views by radical Islamic groups, framing Êzidîs as "exotic devil-worshippers." It explores nuanced Êzidî identity construction, considering historical, religious, and social dimensions, emphasizing the interconnectedness of physical and epistemic violence. The study reveals how unjust categorization facilitates brutal persecution, perpetuated by narratives from local and Western actors justifying acts of violence.

In a related context, Jäger et al. (2019) propose the potential existence of transgenerational trauma within the Êzidî community. Their qualitative study focuses on crucial Êzidî historical aspects, including previous massacres, yet it does not delve into how trauma discourse is shaped within Êzidî society. According to these researchers (2019), experiences with Daesh signify a resurgence of deeply ingrained societal structure violations. Consequently, collective traumas, such as war, persecution, or oppression, may be inherited across generations at behavioral, cultural, and molecular biological levels. This phenomenon, termed the "transgenerational transmission of trauma", has been extensively studied in various groups enduring genocide or prolonged repression, including native Australians, former black slaves in America, and Holocaust survivors.

Within the context of social trauma in Êzidî society, a significant gap in the existing literature emphasizes the need for a comprehensive exploration from both an analytical and longitudinal perspective, with a specific focus on the experiences and needs of

mental health workers. While earlier research offers valuable insights from a medicalization standpoint, the lack of studies that longitudinally follow mental health recovery trajectories, particularly from the perspective of mental health workers and analytical viewpoints, highlights the need for this study. By addressing this gap, this research aims to contribute distinctly to the understanding of social trauma within the Êzidi community, emphasizing the intricate dynamics and specific requirements of mental health workers in post-genocidal scenarios.

1.4. Research Questions

This study is meticulously formulated, drawing upon four key pillars. First, it references the widely recognized symptom-based approach outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), as developed by the American Psychiatric Association (APA) (2013). This approach, globally prominent in the medical discourse among mental health workers, serves as a contextual framework extending to various countries, including Iraq. It is underpinned by a specific conceptualization of trauma as post-traumatic stress disorder (PTSD) (Becker, 1995, 2004). Second, the study engages with scholarly critiques of the DSM's medical model. This critique emphasizes the limitations of a symptom-centric perspective and underscores the necessity of incorporating subjective, social, political, historical, and cultural dimensions in the understanding of social trauma (Benyakar et al., 1989; Becker, 1995, 2004; Hamburger, 2021; Langer & Brehm, 2021). Third, the formulation draws insights from my direct observations during a contemporary humanitarian project. This project is specifically designed for the development of a capacity plan for the local mental health workers within a regional non-governmental organization (NGO). Finally, the study integrates an initial and tentative analysis of data, including recorded supervision sessions. This comprehensive approach, grounded in both theoretical frameworks and practical observations, serves as the basis for formulating the hypotheses of the study as follows.

- 1) An analytic approach is essential for a comprehensive understanding of social trauma within traumatized populations in post-conflict regions. This study in Northern Iraq may serve as a valuable model for broader analytic applications

in post-conflict regions, including the Middle East and other conflictual parts of the world.

- 2) Psychosocial interventions guided by a Lacanian supervision approach, emphasizing support for the Symbolic dimensions in traumatized subjects in post-conflict regions, may be more effective than interventions solely targeting symptom elimination rooted in the Imaginary dimension within the Lacanian context. This distinction is crucial for mental health professionals, highlighting the importance of addressing the Symbolic aspects of trauma for comprehensive therapeutic outcomes.

Aligned with these assumptions, the study aims to: first, examine the current conceptualization of social trauma among local mental health workers; second, assess the impact of analytically-based clinical supervision from a Lacanian approach in clinical supervision sessions; and lastly, investigate the general features of social trauma in Iraq.

Hence, main research questions of the study are:

- 1- What is the current conceptualization of social trauma among mental health workers in Iraq?
- 2- How do mental health workers in Iraq construct their cases in clinical supervision settings?
- 3- How do mental health workers in Iraq position themselves subjectively during clinical supervision sessions?
- 4- Which specific characteristics of these moments facilitate or hinder Iraqi mental health workers in expressing their subjective experiences related to traumatized cases?

- 5- How do the dynamics of social trauma in Iraq impact case conceptualization processes and the subjective positions of mental health workers within their organizations?
- 6- How might an analytically-informed supervision, rooted in the Lacanian approach, contribute to a reflexive clinical practice when addressing social trauma in Iraq?

1.5. Thesis Structure

This PhD thesis is structured into the following main chapters and sections: Chapter 2, titled “Theoretical Background”, I delve into an array of critical topics that form the theoretical foundation for understanding trauma and its various dimensions. The chapter commences with an exploration of trauma discourse and concepts, tracing the historical evolution of this discourse while shedding light on current criticisms of the concept creep within clinical approaches, particularly in the context of Post-Traumatic Stress Disorder (PTSD). Subsequently, the chapter delves into the realm of psychosocial approaches, examining transgenerational and collective approaches to comprehending trauma’s multifaceted nature. It also considers the “Social Trauma Paradigm”, an insightful framework elucidated by Hamburger and others, with references to influential figures such as Freud. It then transitions to the profound influence of Lacanian psychoanalysis on the understanding of social trauma, offering a glimpse into the relevance of Lacanian concepts. Thus, chapter 2 serves as an essential foundation for the subsequent chapters, offering a comprehensive theoretical backdrop to the intricate study of trauma in both clinical and social contexts.

Chapter 3 titled, “Methodology”, provides a comprehensive exposition of the research methodology employed in this study, offering insights into the qualitative approach chosen as the preferred method. The chapter presents compelling arguments for the selection of a qualitative approach, underlining its suitability for delving into the complex and nuanced realm of trauma. Furthermore, it outlines the process and methods of data collection, elucidating the strategies employed to acquire a rich and diverse dataset. The methods of data analysis are detailed, with a focus on the

distinctive lens of Lacanian discourse analysis, emphasizing the understanding that the unconscious is intricately tied to the discourse of the Other. The chapter also offers insights into the sample and sampling process, encompassing the profiles of mental health workers involved. In sum, Chapter 3 serves as a meticulous guide to the research methodology employed in this study.

In Chapter 4, titled “Analyses and Main Findings”, the study embarks on a detailed exploration of its most significant discoveries and revelations. The chapter commences with an insightful overview of the main findings, providing a high-level understanding of the research outcomes. Chapter 4 serves as the heart of the study, offering readers a deep dive into the core findings, insights, and implications drawn from the research, ultimately contributing to the broader discourse on trauma and psychoanalytic approaches in psychosocial field settings.

In Chapter 5, titled “Discussion”, the study reaches its culmination, offering readers a comprehensive synthesis of the research findings and their implications. The chapter initiates with a general summary of the findings, providing a concise yet holistic view of the discoveries made throughout the study. Furthermore, it delves into the clinical implications of employing the Lacanian psychoanalytic supervision approach, shedding light on how these findings can be translated into practical applications within the field of mental health. A crucial aspect of this chapter is the discussion on the position of medical discourse within the realm of social trauma and neo-liberalism. It examines the dynamics of medical discourse, its contributions, and limitations in the broader discourse on trauma and psychoanalytic approaches. In addition to discussing the strengths of the research, Chapter 5 acknowledges its limitations and explores potential future directions for further exploration and research within this domain.

CHAPTER 2

THEORETICAL BACKGROUND

2.1. Development of Trauma Discourse and Conceptual Frameworks

The term “trauma”, originating from the Greek language and signifying a wound, made its entry into clinical psychology and psychiatry in the late nineteenth century as a means to elucidate certain mental disorders (Benyakar et al., 1989). Initially, psychological trauma was viewed as a disintegration or breakdown resulting from external events that exceeded the psychological structure’s capacity to respond adequately. The conditions observed in soldiers during World War I, commonly referred to as shell-shock, challenged simplistic explanations rooted solely in fearfulness. Subsequently, the Vietnam War prompted the identification of a cluster of symptoms known as Post Traumatic Stress Disorders (PTSD), leading to its incorporation into the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) (Becker, 1995, 2004). While PTSD, as outlined in DSM-V (APA, 2013) relies on the manifestation of symptoms within a specific period, a diagnostic model, this approach predominantly concentrates on observable indicators.

However, the realm of traumatic events surpasses mere symptom differentiation, especially in the context of post-social-traumatic disorders (Hamburger, 2021). This nuanced perspective emphasizes that the absence of observable symptoms does not necessarily imply the absence of a disorder. Recognizing that trauma’s conceptualization extends beyond visible symptoms becomes crucial for comprehending the entire spectrum of post-traumatic experiences. PTSD’s conceptualization, originating from the APA’s DSM (2013), not only shapes the understanding of mental health workers but also exerts influence on treatment methods that predominantly focus on symptom eradication. The reflections of Bettelheim on

concentration camp experiences added to the criticism of the DSM's medical approach (Becker, 1995; Bettelheim, 1943). This critique prompted the introduction of terms like extreme situational traumatization, collective trauma, and sequential trauma (Becker, 2004; Reiman & König, 2017). These terms emerged as an endeavor to broaden the scope of psychological trauma, urging a consideration of its social and political dimensions.

The critique of PTSD as a diagnostic tool extends beyond its clinical application; it is also viewed as an ideological instrument, particularly in the context of individuals subjected to human rights violations and systematic violence. Becker (1995, 2004) highlights the inadequacy of the term "post" in PTSD, emphasizing that it implies a limitation of traumatic events to a specific moment in the past. He argues that patients may endure accumulated and unceasing trauma, challenging the temporal constraints implied by the term. This critique prompts a broader discussion surrounding the labeling of survivors as disordered, particularly in cases of political repression, Holocaust survivors, torture, or genocide (Bettelheim, 1943).

The historical examples of Nazi Germany and certain Latin American dictatorships underscore the controversial nature of perceiving victims as disorders to be eradicated from society (Becker, 1995, 2004; Martín-Baró, 1988). This perspective not only justifies actions of persecution and genocide but also perpetuates hidden agendas of racism, extermination, and torture, shielding perpetrators from trial (Benyakar et al., 1989). The critical stance emphasizes the importance of avoiding clinical language aligned with victimizers, as it can inadvertently position mental health workers as contributors to traumatizing events (Becker, 1995, 2004). Instead, a more nuanced approach suggests considering traumatic experiences from the standpoint that survivors were exposed to specific social, political, or historical events, transforming them into individual experiences (Reiman & König, 2017). Acknowledging this perspective becomes crucial, as a denial of the potential role of mental health workers as contributors to traumatic events can exacerbate the intensity of trauma (Becker, 1995, 2004). The suitability of the term "disorder" is further questioned, especially when applied to individuals who witness traumatic events, such as a murder of a loved one. Discussions revolve around whether it should be labeled a disorder if there are no

symptoms after witnessing such traumatic events or if there is an inability to listen to traumatized cases (Becker, 1995, 2004). Additionally, the seeking of treatment by trauma victims at health centers collaborating with human rights institutions, like human rights foundation rehabilitation centers, emphasizes the multidimensional nature of trauma (Martín-Baró, 1988). Traumatized cases exhibit diverse symptomatology, ranging from psychosomatic symptoms to social problems, and the timing of trauma symptoms varies, with some cases revealing symptoms years after the traumatic events (Becker, 1995, 2004).

The criticism extends to the term “trauma” itself, as it has become part of daily conversation. Benyakar et al. (1989) argue that trauma, as a clinical term implying a kind of wound, is incompatible with the notion of traumatic stress in PTSD. Trauma, distinguished from stress, involves regulating a reaction that does not result in a tear in the psychological structure, even though the traumatic event can be disastrous for that structure, potentially causing a fracture.

Bettelheim’s (1943) alternative proposal of using the term “extreme situation” in lieu of PTSD stems from his experiences as a political prisoner in concentration camps during the Holocaust. He contends that this conceptual shift better captures the essence of traumatization as an output of catastrophic events caused by human beings. Bettelheim's analysis delves into the subjective experiences of himself and other victims in the concentration camp, outlining distinct stages within the extreme situation. These stages encompass the initial shock of discovering oneself unlawfully imprisoned, the subsequent transportation into the camp, and the first experiences within it. The adaptation to the camp situation represents a pivotal phase, where the prisoner strives to acclimate to the harsh realities of camp life (Bettelheim, 1943). Over time, the prisoner manages to adapt himself to the routines and challenges of daily existence in the camp. Bettelheim’s insightful analysis not only proposes a different term but also contributes to the differentiation of extreme traumatization from other types of traumatic events, such as accidents, natural disasters, or earthquakes. By highlighting specific stages within the extreme situation, he nuances the understanding of trauma, emphasizing the complex and evolving nature of experiences in settings characterized by human-made atrocities (Bettelheim, 1943). This conceptual

framework challenges conventional notions and encourages a more nuanced comprehension of extreme traumatization and its various dimensions.

Freud's initial exploration of trauma, as proposed by Laplanche and Pontalis (1977), laid the groundwork for further elaboration by Khan, as discussed by Becker (1995, 2004). Khan expanded on Freud's concept, introducing the idea of cumulative trauma. In this framework, trauma is viewed as an outcome of experiences that may not be individually traumatic but accumulate over time, particularly during developmental phases (Reiman & König, 2017). Khan emphasized the role of relationships and time aspects, suggesting that fractures in the psychic structure occur when the mother fails to adequately protect the child during crucial developmental stages. The focus on the interactive process of intra-psychic, social, and historical dimensions led to the distinction between the terms "traumatic situation" and "trauma". This conceptualization underscored the importance of understanding trauma as a dynamic and interactive process rather than an isolated event (Benyakar et al., 1989). The emphasis on cumulative experiences in the context of relationships and time adds a nuanced layer to the understanding of trauma. Hans Keilson's contribution, stemming from a follow-up study on Jewish war orphans in the Netherlands, introduced the term "sequential traumatization". Keilson's approach diverged from the conventional idea of trauma as a post-event phenomenon, instead portraying trauma as a continuing process. This perspective considered specific historical contexts and led to diverse aspects of traumatic events in different backgrounds. In his comprehensive study on Jewish war orphans, Keilson delineates three distinct traumatic sequences. Firstly, there was an offensive strike targeting the communal and psychic integrity of Hebrew family units during the occupation. This manifested as a profound disruption to the sense of community and the psychological well-being of these families (Bettelheim, 1943). Secondly, the traumatic experience involved straightforward persecution, characterized by the expulsion of families, the separation of children and caretakers, exposure to concentration camp conditions, and the concealment of orphans within adopting families (Reiman & König, 2017). Lastly, the aftermath of warfare prompted the need for designating guardians to orphans who had lost their families. These guardians were tasked with deciding whether the orphans should remain with adopting families or return to the Hebrew environment. Keilson's pivotal contribution lies in

connecting the term “cumulative trauma” with the concept of an “extreme situation”. This linkage underscores the continuous and successive nature of traumatization, providing a conceptual framework to understand chronic trauma encompassing instances of torture, political suppression, and persecution (Benyakar et al., 1989). This perspective on sequential traumatization resulting from human-made destruction enhances our comprehension of how time factors into the symptomatology following actual traumatic events like persecution or torture. It highlights the importance of recognizing the enduring impact of trauma and the complex interplay of factors shaping the experiences of individuals and communities over time (Reiman & König, 2017).

A parallel consideration emerged from the prolonged exposure to ill-treatment or oppression during active war processes in various countries. An illustrative example is the extended conflict in Angola, persisting for twenty-seven years despite intermittent ceasefire attempts. Comparable situations unfolded in several other regions, including Sierra Leone, Congo, Nigeria, Gaza, and South Sudan (Becker, 2004) and El Salvador (Martín-Baró, 1988). In response to these protracted and deeply impactful experiences, Becker introduced the concept of extreme traumatization, building upon the contributions of Bettelheim (1943), Khan, and Keilson. Extreme traumatization denotes a process that surpasses both individual and collective capacities within a socio-political context, resulting in individual and societal destruction (Martín-Baró, 1988).

Importantly, the term “extreme traumatization” diverges from conventional medical or psychological diagnostic approaches. It encompasses the intricate social processes that can trigger trauma and transform segments of society into high-risk communities. Consequently, traumatic symptoms are viewed as integral components of the traumatic process (Martín-Baró, 1988). In this context, the significance of medicinal and therapeutic assistance extends beyond a narrow focus on PTSD diagnosis, particularly for individuals who have endured political suppression (Bettelheim, 1943). Therefore, for health services, it is important to align with this broader conceptualization, emphasizing the need to provide comprehensive medical, social, and psychotherapeutic support to victims seeking help. This holistic approach recognizes

the multifaceted nature of trauma, acknowledging its profound societal implications and advocating for interventions that address the interconnected dimensions of individual and collective healing (Becker, 1995; Martín-Baró, 1988).

The evolving concept of trauma carries significant implications, foremost among them being the recognition that a positivistic approach is inadequate for generalizing within trauma theory. While there may be commonalities, particularly in the political dimension, the contextual nuances of extreme traumatization in each region challenge the application of a uniform framework. This underscores the importance of considering the unique socio-political contexts that give rise to traumatic experiences. A notable point of contention surrounds the diagnosis of PTSD, with the understanding that its reception and implications can vary across different countries (Becker, 2004). An illustrative example is El Salvador (Martín-Baró, 1988), where the advocacy of a ten-year civil war by the USA adds a layer of complexity to the perception and response to PTSD (Becker, 1995). This underscores the need for cultural sensitivity and an awareness of geopolitical factors when interpreting and applying trauma diagnoses on a global scale.

The critique directed at the DSM's symptom-based understanding of PTSD holds particular relevance when examined through the lens of Lacan's structural approach. Lacan, echoing Freud's reservations about a purely positivist approach focused solely on symptom elimination, offers a nuanced perspective (Lacan, 1953-54/1988). In the realm of trauma literature, Hamburger (2021) has directed attention towards the concept of social trauma, encompassing both clinical and sociopsychological dimensions (Langer & Brehm, 2021). Social trauma is delineated as a constellation of posttraumatic disorders stemming from deliberate attacks, mass killings, or genocide, specifically targeting a distinct social group within a society. This implies that, beyond individual members, the broader social milieu undergoes profound and enduring effects as a result of this protracted social process.

In the recent decades, social trauma mostly affected people in the Middle East, especially in Northern Iraq because of mass murder or genocides (Anfal by Ba'ath Regime and genocide of Êzidî community by Daesh/ISIL) and different kind of

political and religious violence, war, torture, persecutions, forced displacement, migration, and human right abuses. The most recent humanitarian crises occurred in the third of August 2014, when Kurdish community, Êzîdîs of Sincar was barbarously attacked and exposed to systematic mass murder, torture, use of rape and sexual slavery of women (Genocide of Êzîdî community by Deash, 2021; Anfal genocide, 2021) (AlObaidi, 2013; Goodman et al., 2020; Kizilhan et al., 2020). As a response to those social traumas, not only United Nations but also numerous non-governmental organizations (NGO) have started working in the region to provide humanitarian help. The current research was done through one of the regional NGO's integrative capacity building program (ICBP) in a project for MH workers who work mainly with the victims of social trauma both in camps and in the center.

2.2. Critical Discussion of Current Trauma Discourse and Concepts

The discourse on collective trauma navigates the intricate definitions and understanding of it, drawing insights from socio-psychologists such as Dan Martín-Baró (1988) and Vamik Volkan (Reimann & König, 2017). Maintaining that the transformation process faces distinctive challenges when dealing with collective trauma, Reimann and König (2017) argue for a comprehensive understanding of these challenges to effectively facilitate successful transformation. Expanding on their assertion, the authors delve into assumptions about trauma, highlighting the inadequate consideration of collective trauma in conflict transformation practices. They stress the significance of grasping the socio-political and socio-psychological context of violence and trauma to avoid pathologizing victims and undermining their resilience (Hamber, 2015). Resilience emerges as a crucial element in addressing trauma and reshaping war-related identities (Martín-Baró, 1988). Reimann and König (2017) conceptualize resilience as encompassing both individual and collective capacities that foster constructive learning experiences. They break down resilience into three enabling factors: robust emotional attachments, shared ideology, and opportunities for healing and learning during the post-trauma phase. The authors specifically focus on transgenerational trauma, underlining its connection to historically transmitted trauma and the separation of body-related memories from emotions. Highlighting the importance of adopting a collective trauma and resilience perspective in the

transformation of war-related identities, Reimann and König (2017) advocate for tailored interventions grounded in a meticulous analysis of local culture and context-specific coping mechanisms. They acknowledge cultural variations in expressing and coping with trauma. The collective trauma lens is deemed instrumental in fostering a more comprehensive understanding of identity and roles formation, ultimately enriching the field of conflict transformation (Hamber, 2015). The comment is structured into various sections, including an introduction contextualizing the discourse, key insights on trauma from the dialogue, assumptions regarding trauma in the context of conflict transformation, a discussion on collective trauma, and a reconciliation on resilience (Hamber, 2015). Throughout these sections, the authors emphasize the insufficient attention given to collective trauma in conflict transformation practices and stress the crucial need to understand the specific socio-political and socio-psychological context of violence and trauma. This understanding is vital to avoid pathologizing victims while simultaneously preserving and enhancing their resilience. The concept of resilience is thoroughly explained as a critical component in addressing trauma and reshaping war-related identities, encompassing both individual and collective capacities for constructive learning experiences. The three identified enabling factors for resilience in this context include strong emotional attachments, shared ideology, and the opportunity for healing and learning during the post-trauma phase (Becker, 1995, 2004; Hamber, 2015; Martín-Baró, 1988; Reimann and König, 2017).

Building on this discussion, the formation of post-war or post-conflict nationality in Iraqi Kurdistan, facilitated through humanitarian intervention projects, introduces novel concepts related to mental health, psychiatry, and particularly the medical discourse of trauma, such as post-traumatic stress disorder (PTSD). This occurs alongside the influence of neo-liberal modernity, which tends to neglect the historical and cultural aspects, specifically the subjectivity of local and indigenous communities (Becker, 1995, 2004). Recent years has witnessed that neo liberal discourses on the concept of trauma became popular as part of the local culture. This new discourses of trauma through intervention projects which most of them donated by United Nations, World Health Organizations, and United States Agency for International may be

fulfilling neoliberal agenda to reconstruct the new nation from western global hegemonic power glance (Keeler, 2012).

The term “concept creep” delineates a phenomenon wherein key psychological concepts undergo a gradual semantic expansion, extending their meanings beyond original definitions (Haslam et al., 2020, 2021). This is particularly evident in the evolution of the concept of “bullying” which, initially outlined in the 1970s, witnessed relaxed criteria over time, encompassing behaviors among adults and incorporating indirect, digitally mediated forms. Applying this analysis to the concept of “trauma”, Haslam et al. (2020, 2021) observes a progressive broadening to include less severe and vicarious experiences. This aligns with his proposition of “concept creep” having two forms: “horizontal creep”, where a concept extends to qualitatively new phenomena, and “vertical creep” where a concept’s meaning extends to quantitatively less severe phenomena. Haslam further emphasized the common thread of harm among creeping concepts and posits that rising sensitivity to harm, reflecting a politically liberal moral agenda, drives “concept creep” (Haslam et al., 2020, 2021). In subsequent years, “concept creep” has gained traction in political discourse, though Haslam underscores its descriptive nature rather than a critical stance. Understanding the surge in concept creep since the 1980s is complex. Politically, the rise of neoliberal regimes, such as Reagan in the USA and Thatcher in the UK, may have prompted a focus on marginalized groups among liberal researchers. Intellectually, the growing influence of critical theories from continental Europe could have directed attention to subtle forms of oppression. Culturally, the ascent of post-materialist values emphasizing quality of life may have heightened concern for harm, especially in the 1980s. Untangling these influences and illustrating how political, intellectual, and cultural factors contribute to semantic changes in concepts is challenging. The social construction of our experiences profoundly shapes how we classify and interpret them, influencing our behavior and interactions (Haslam et al., 2020). As highlighted by philosopher Ian Hacking's work on “looping effects”, changes in conceptual frameworks not only reflect societal shifts but actively contribute to the emergence of new social realities, altering behavior and interpersonal dynamics. Consequently, it is pertinent to inquire into the potential effects of concept creep. The authors discuss various consequences of concept creep, focusing on social conflict, moral typecasting

and polarization, speech codes and hate, and the impact on identity. They argue that the broadening of harm-related concepts, such as abuse and prejudice, may lead to widespread disagreement, increased polarization, and restrictions on free speech. The authors also explore how concept creep influences the perception of harm, potentially contributing to conflicts over moral judgments and societal norms. Additionally, they discuss the implications of concept creep in the context of mental disorders and identity formation. Finally, the authors acknowledge potential positive consequences, such as drawing attention to overlooked harms and motivating interventions. The discussion emphasizes the need for further research to understand the causes and consequences of concept creep fully (Haslam et al., 2020, 2021).

2.3. Trauma in Lacanian Psychoanalysis

The notion that a severe event can be traumatizing because it resonates with prior trauma is grounded in the perspectives of Freud and Lacan. According to them, external shocks, abrupt and unexpected encounters, or intrusions possess their traumatic impact by virtue of how they intersect with a pre-existing traumatic psychic reality (Lacan, 1964/1977). Therefore, trauma is not merely the external intrusion itself; rather, it is the latent and pre-existing psychic trauma, already embedded in the unconscious realm, manifesting as latent feelings and thoughts. Freud posits that the occurrence of external severe events, regardless of their radical or brutal nature, constitutes proper psychic trauma only when these external intrusions act as triggers for latent, pre-existing psychic trauma. The reason is that psychic structure is conceptualized on the basis of repression, particularly the primal repression of incestuous thoughts (Lacan, 1964/1977). After scrutinizing Freud's theory on trauma through the lenses of etiology, metapsychology, and treatment goals, Verhage (2001) unveils a continuous evolution in his ideas. Amidst these changes, three core concepts persist. Firstly, a prominent clinical characteristic of trauma is its inexpressibility; patients struggle to articulate it through normal associative means. Secondly, trauma is consistently associated with sexuality, with the term "sexual" understood in connection with drives. Thirdly, trauma is invariably linked to conflict and, consequently, defense mechanisms, particularly those operating within the subject (Verhage, 2001).

In the eleventh seminar, when addressing Françoise Dolto's inquiries regarding the determinants of psychic structure development, Lacan emphasized the significance of the fear of castration and the traumatizing impact of sexuality: "The stages are organized around the fear of castration. The copulatory fact of the introduction of sexuality is traumatizing, this is a snag of some size, and it has an organizing function for development" (Lacan, 1964/1977, p. 64). Therefore, it can be assumed that severe events can be traumatizing because they touch previous trauma which formed psychic structures and is sexual in nature (Lacan, 1964/1977). This perspective aligns with Freud's broader theory on the interplay of external events and internal psychic realities. Consequently, it is conceivable that severe events can be traumatizing as they tap into preceding trauma, which has contributed to the formation of psychic structures and holds a sexual dimension and *jouissance*. The term *jouissance*, originating from French, is employed within Lacanian theory to denote the pleasure derived from the symptom of the subject. Therefore, the concept of *jouissance* conveys connotations of both pain and pleasure simultaneously (Evans, 1996, Yaka, 2021, 2024).

The examination of social trauma in my research is positioned within the framework of Lacanian discourse theory, with a particular emphasis on *objet a* because it also relates to Lacanian term of *jouissance*. According to Lacan (1969-70/2007), *objet a* represents a semblance of being, possessing logical consistency, and underscores an intricate relationship between semblance and reality (Evans, 1996). This logical consistency extends beyond the development of the Other's logical consistency; it is intimately connected with the logical consistency of *objet a* for a comprehensive understanding. *Objet a* is described as elusive and captivating, positing itself as a hypothetical cause around which a speaker's discourse revolves (Parker, 2005). Despite lacking empirical reality, *objet a* serve as a valuable analytical tool for investigating a speaker's orientation, surpassing mere interaction with another empirically present speaker. In this context, *objet petit a* function akin to gravity within discourse, aiding in discerning communication patterns without requiring a definitive understanding of its true nature (Parker, 2005).

In Lacanian theory, the Real functions as the register of human experience situated both before and after symbolic rationale. It represents the unknown and the unknowable, symbolizing the unconscious. The failure of symbolic interventions on symptoms rooted in the Real is attributed to this intrinsic nature (Moncayo, 2008).

Lacan introduces the term “extimacy” to encapsulate the paradoxical nature of the subject’s intimate exteriority within discourse, which indicates *objet petit a*, serving as a meeting point for the Real (traumatic encounter), exist beyond the realm of discourse (Bracher, 1994). The Symbolic realm’s inability to fully encapsulate the facets of the Real results in a void manifested as *objet a*, which the subject must navigate. As signifiers inherently involve disjunction, the disappearance of the subject leads to a noticeable gap, an absence of a signifier (Bracher, 1994).

For Lacan (1964/1977), the Real is defined by the collision with an obstacle, signifying the actuality that events do not unfold immediately as desired, contrary to the expectations associated with reaching out to external objects. Lacan argues that considering Freud’s perspective on this matter as quite illusory and limited oversimplifies it. According to him, the Real is characterized by its detachment from the realm governed by the pleasure principle, its process of desexualization, and notably, by the subsequent integration of something novel, precisely that which is deemed impossible within its framework (Lacan, 1964/1977).

Thus, the Real manifests through symptoms in the Symbolic, anguishes in the Real, and inhibitions in the Imaginary. This manifestation leads to compulsive repetition or the repetition of difference. The concept of difference marks the points of encounter with the Real, encapsulated by *objet petit a*, which serves a dual role as both the cause of desire and the object of anxiety within the subject. This notion aligns with Lacan’s concept of the fundamental fantasy, symbolized by the matheme $\$ \langle \rangle a$, indicating the divided subject in a phantasmatic relation to “*objet a*”. The split subject maintains a phantasmatic sense of completeness, largely disregarding its inherent separation, consistent with Lacanian theory (Soler, 1996). Consequently, within the Symbolic, where speech (*parole*) operates, *objet petit a* signifies a perpetual void, a void that seeks to be filled (Lacan, 1975-76/2016). This process unfolds as the Symbolic,

through speech, transmutes the Real, particularly trauma, into meaning via Imaginary operations, consistently concealing or filling voids and absences in the subject's experience. In the Sinthome seminar, Lacan (1975-76/2016) recounts his encounter with Chomsky, where they delved into the notion of genetic determinants in language. Chomsky posits language, among other elements, as shaped by genetic factors, essentially viewing language as an inherent organ. In contrast, Lacan contends that language is intricately linked to a disruptive force within the Real. Within the framework of the Real, language only materializes by creating a void. The efficacy of language in influencing the Real stems from its capacity to operate through this conceptual void. This conceptualization renders the Real hollowed out, as language progressively consumes aspects of the Real. In Chomsky's perspective, the Real is genetic, and language serves merely as a conduit to approach the genetic Real through signs or messages (*S2*). Notably, language, according to Lacan, is not inherently a message but is sustained by the functioning of what he terms the "hole in the Real" (Lacan, 1975-76/2016, p. 22).

In his initial seminar, Lacan delves into Freud's concept of repression and emphasizes trauma as the core of repression, situating it as the nucleus around which symptoms and subsequent repressions unfold (Lacan, 1953-54/1988). In alignment with Freud's notion of the Symbolic integration of infantile neurosis through the paternal function, Lacan introduces the idea of trauma as an intrusive force that manifests "après coup" or after the fact. At this distinctive moment of trauma, something dissociates within the Symbolic realm of the subject. Consequently, the subject finds themselves unable to articulate or exert control over this dissociated element, yet it persists, forming a central, original nucleus. The nucleus becomes the focal point around which symptoms and subsequent repressions take shape in the subject's psychic structure (Lacan, 1953-54/1988). This structural approach underscores the limitations of a narrow symptom-focused understanding and emphasizes the enduring impact of trauma on the subjective experience. Lacan's most elaborate exploration of trauma occurred in his eleventh seminar, "The Four Fundamental Concepts of Psychoanalysis", where he introduced Automaton and Tuche, borrowing from Aristotle's *Metaphysics* to elucidate the causality of accidental occurrences (Lacan, 1964/1977). In Lacan's framework, Automaton pertains to the network of signifiers (Harari, 2004), while

Tuche represents an encounter or more precisely, a missed encounter with the Real that is traumatic, the impossible to say and to think, extending beyond the realm of Automaton (Fink, 1995). In this seminar, Lacan (1964/1977) closely examined Freud's (1900a/2000) interpretation of a poignant dream featuring an unfortunate father. In the dream, the father, exhausted and seeking rest in the next room, asked his elderly friend to watch over his deceased son. Within the dream, the father witnessed his son holding his arm and whispering the haunting words, "Father, don't you see? I am burning!" This emotionally charged dream prompted the father to awaken abruptly. Simultaneously, his elderly friend also fell asleep, inadvertently causing a candle to topple over and mimic the circumstances described in the dream, a candle falling onto the dead body's arm, symbolizing the burning of the son. As the father woke from this startling dream, he discovered the unsettling reality of a fire in his dead son's room, reinforcing the traumatic elements of the dream (Freud, 1900a/2000). This analysis emphasizes Lacan's exploration of the dream as a means for the father to wake up and confront the inescapable reality of his son's death. The dream serves as a Symbolic narrative, depicting the father's belated encounter with the traumatic Real, a missed opportunity to prevent his son's metaphorical burning. While Freud (1900a/2000), interpreted this dream within the framework of his dream theory, viewing it as a wish-fulfillment and a continuation of sleep, Lacan (1964/1977) took a different approach, focusing on the causality linked to the father's awakening rather than the act of sleeping. According to Lacan, the father experienced the dream as a mechanism to prompt his awakening and confront the harsh reality of his dead son, a reality he was too late to address in response to his son's plea within the dream. Central to this dream is the concept of traumatic repetition. Lacan's perspective shifts the inquiry from Freud's exploration of "what does it mean to sleep?" to the more crucial question, "what does it mean to wake up?" This shift emphasizes the awakening to the stark reality of the son's death, a missed encounter that is traumatic for the father, who finds himself once again too late to avert his son's metaphorical burning. This underscores the trauma inherent in the necessity and impossibility of responding to another's death, highlighting the intricate dynamics of trauma (Caruth, 1996; Lacan, 1964/1977; Wright, 2020). Lacan's stress on the burning son's words, "Father, don't you see? I am burning!" serves as the catalyst for awakening to the Real, a missed encounter that constitutes the trauma and forms the foundational structure of the subject. Through the

use of language and the logic of the signifier, Lacan's perspective on trauma as the psychic causality of the subject aligns seamlessly with a structuralist approach. This approach considers Symbolic dimensions, encompassing the subjective, social, historical, and cultural aspects of trauma (Wright, 2020), a conceptualization closely resonant with the contemporary notion of social trauma.

2.4. Lacanian Clinical Super-Vision or Super-Hearing

In the realm of psychotherapy techniques, clinical supervision stands as a pivotal element in clinical training, offering essential support to psychotherapists and providing a platform for reflective practices, ultimately enhancing therapists' professional fulfillment. While Lacan did not prescribe a standardized supervision model, his structural approach to the clinical training of psychoanalysts significantly contributed to the conceptualization of supervision in clinical psychoanalysis and psychotherapy (Tassara, 2020).

Within a Lacanian framework, the primary objective of supervision is to cultivate analysts' heightened sensitivity to the Symbolic dimension of the unconscious (Dulsster & Vanheule, 2019; Tassara, 2020). Diverging from other supervisory methods, a Lacanian supervisor is committed to discerning how the analyst and/or psychotherapist engages with the analysant and/or patients, aiming to fortify psychoanalytic treatment by closely attending to the supervisees' discourse on symptoms, life narratives, and the discourse of the analysant and/or patients (Dulsster & Vanheule, 2019). Recognizing that psychoanalytic intervention is not a rigid or standardized process detached from human subjectivity, clinical supervision in this intervention project was significantly contingent on each psychotherapist's individual approach. This individualized style is rooted in the analysts' and psychotherapists' subjectivities rather than ego-identifications which pertain to the Imaginary realm. Therefore, Lacanian supervisors eschew references to ego-identifications or the conventional licensing exam practices in psychotherapy and psychoanalysis (Dulsster et al., 2021). Instead, they emphasize subjectivity during supervision sessions, acknowledging that the efficacy of the treatment is influenced by the individual subjective approaches of analysts and/or psychotherapists. In the Lacanian approach,

subjectivity is primarily regarded as an integral component of clinical psychoanalysis, specifically the unconscious, distinct from the discourse of the master and the university (Moncayo, 2008). To navigate discussions and ethical dilemmas surrounding the authorization of an analyst, Lacan proposed that the analyst obtains authorization from within, through their personal analysis (Dulsster & Vanheule, 2019; Moncayo, 2008). Engaging in personal psychoanalysis is a crucial aspect of this process, requiring analysts to delve into their own subjectivities and address potential transference issues towards their analysants.

In the Lacanian approach to clinical supervision, two key aspects are emphasized. First, it is essential to support analysts or psychotherapists in mastering general knowledge of psychopathology and psychotherapeutic processes (Tassara, 2020). This knowledge is instrumental in establishing a therapeutic alliance, or in psychoanalytic terms, transference towards both the supervisor and the analyst and/or psychotherapist perceived as possessing knowledge (Moncayo, 2008). In this context, transference is viewed as a strategic intervention rather than a means for the analyst/psychotherapist to assume a master position (Dulsster et al., 2021). Second, in supervision, the Lacanian supervisor strategically utilizes transference for unconscious knowing, which encompasses the unknown knowledge of both the analyst and/or psychotherapist and the analysant and/or patient (Moncayo, 2008). The crux lies in recognizing that the curative factor is not derived from formal education but from unconscious knowing facilitated by desire. This desire is not to be desired, loved, or idealized as the subject supposed to know by the analyst/psychotherapist (Dulsster et al., 2021).

Analysts and/or psychotherapists are often unaware that they already possess knowledge or unconscious truths about their analysant and/or patients (Laurent, 2003). In this regard, the Lacanian supervisor directs attention to the unconscious discourse or unknown knowing of the supervisee pertaining to the concerns of the analysant and/or patients (Moncayo, 2008). According to Lacan, supervision plays a crucial role in acknowledging a third element conceptualized as a reflection of the activity rather than a mere theoretical enhancement (Laurent, 2003). In alignment with Lacanian principles, the focus during sessions should shift from real-life experiences to the

unconscious rationale behind those experiences for analysants and/or patients. Emphasizing the role of unconscious logic, the discovery lies in focusing on speech and signifiers (Dulsster & Vanheule, 2019). Instead of offering advice or suggestions on behavior, it becomes crucial to allow analysants to speak as desiring subjects, thereby creating a space for unveiling unpredictable aspects related to symptoms (Dulsster et al., 2021). This approach is intricately linked to psychoanalytic hearing, representing the second hearing that a supervisee learns (Dulsster & Vanheule, 2019). Consequently, a Lacanian supervisor endeavors to ensure that the analyst and/or psychotherapist's understanding does not impede the revelation of the analysant and/or patient's repressed truth and the Symbolic dimension of speech (Dulsster et al., 2021). Furthermore, Lacan introduces the concept of super-audition instead of super-vision, highlighting the need for a Lacanian supervisor to "hear differently" (Dulsster & Vanheule, 2019). This perspective acknowledges that the sense-making of analyst and/or psychotherapists may potentially overlook the Symbolic dimension or the repressed. While addressing disconnections, breaks, or any disruptions in discourse, the supervisor challenges the meaning construction of analysts and/or psychotherapists through the conscious, which is the Imaginary aspect (Dulsster et al., 2021; Dulsster & Vanheule, 2019; Moncayo, 2008; Tassara, 2020). In the Lacanian approach, clinical supervision does not revolve around understanding and knowledge but rather centers on the Symbolic dimension and the disorganized nature of meaning in discourse. In the context of the relationship between surveillance, modernization, and the supervisory aim of returning to obscurity (Laurent, 2003, p. 28), it can be deduced that Lacanian clinical supervision maintains a steady connection with the discourse of the analyst. This connection is notable as the position of the analyst's discourse diverges from the standardized norm approach associated with conscience-based psychotherapeutic interventions (Moncayo, 2008; Tassara, 2020).

To illuminate the conceptualization of clinical supervision within the realm of Lacanian psychoanalysis in the context of this psychosocial intervention, I aspire to explore the nuanced application of clinical supervision within this unique framework. This study was centered around a humanitarian aid intervention initiative, with the primary goal being to offer vital support to mental health workers predominantly engaged in the challenging environment of refugee camps within the Kurdistan Region

of Iraq, distinct from the traditional objective of training psychoanalysts. The adoption of a Lacanian supervision approach aimed to underscore the significance of prioritizing the mental health workers' subjectivities as a foundational step. The focus extended beyond the formulation of treatment plans for their cases, encouraging mental health workers to delve into an analysis and reflection on the subjective positions of both themselves and their cases within the clinical supervision sessions. It is essential to note that the mental health workers involved in the intervention project lacked a background as analysts and did not possess formal psychoanalytically informed training. Therefore, any attempt to categorize the supervision they received under reductionist-classification labels, such as a didactic style, may not be entirely appropriate. Additionally, in my capacity as a practitioner, I conducted sessions termed as self-care sessions within the organization when mental health workers deemed it necessary as part of the intervention project. In this scenario, I was trying to take on an analyst position, emphasizing subjectivity as a central element of psychotherapeutic intervention in the field. Throughout the intervention project, my roles varied, encompassing practitioner, analyst, psychotherapist, supervisor, and researcher positions. Within the context of my participation in clinical supervision sessions as part of a humanitarian intervention project, I organized my approach in alignment with the principles of Lacanian supervision.

CHAPTER 3

METHODOLOGY

3.1. Qualitative Approaches, Psychoanalytic Method, and Psychosocial Research

In alignment with the main objectives of this study, which involve the psychoanalytic examination of subjective positions and the conceptualization of social trauma in clinical supervision, the primary approach was qualitative methodology. Qualitative research operates within a dynamic framework, embracing both a deconstructionist approach that views the human subject as shaped by conflicting narratives and a humanistic approach that regards the subject's wholeness as both the starting point and the ultimate goal of analysis (Frosh, 2007). Thus, subjectivity can be effectively incorporated into qualitative empirical research. Considering the utilization of a qualitative methodology in this study and the affiliation of the research with psychoanalysis, particularly the Lacanian psychoanalytic approach, a concise overview of the historical connection between qualitative methods and psychoanalysis will be provided. Sigmund Freud, the founder of psychoanalysis, not only considered psychoanalysis as a treatment method but also envisioned it as a novel scientific research approach. In his analytic work, Freud employed analytical techniques and engaged with qualitative data. Consequently, Freud's approach to data collection and qualitative analysis laid the groundwork for the qualitative research method. This not only informs theory and practice but also offers a potential model for researching diverse human experiences (Wertz et al., 2011). Freud's engagement in psychoanalysis prompted a transformation of classical diagnostic research into a hermeneutic or discursive analysis. The interconnection between patients' narratives and their symptoms motivated Freud to develop a discursive or narrative method of communication. This method proved valid given the nature of the topics he studied,

including war trauma, dissatisfaction, unfulfilled wishes, and emotional repression. In his studies, Freud discovered that researching subjective experiences demands a comprehensive qualitative approach, diverging from the American diagnostic method. Freud argued that the nature of knowledge concerning subjective experiences is distinct from that of medical or natural disciplines (Wertz et al., 2011).

In addition to Freud, William James, widely recognized as the pioneer of American psychology, initially concentrated on spiritual experiences with qualitative characteristics influenced by social, cultural, religious, and subjective factors. James underscored the significance of subjective perspectives in psychological research, emphasizing the importance of considering personal viewpoints in social sciences, a dimension often neglected compared to physical sciences (Wertz et al., 2011). Similarly, Abraham Maslow delved into subjective experiences, formulating his understanding of health from a holistic perspective. Lawrence Kohlberg, in his doctoral dissertation on moral thinking, applied a qualitative method by utilizing the ideal-types developed by Max Weber in the field of sociology. Kohlberg examined the psychological structures representing children's moral reasoning, employing qualitative methodology. Across Freud to Kohlberg's qualitative works, as summarized above, a common feature emerges: their approach to data analysis involved selecting the most exemplary occurrences applicable to all participants. This suggests a priority for choosing the most insightful answers, irrespective of their unusual or uncommon nature, as they were deemed valid for capturing atypical or uncommon responses (Wertz et al., 2011). Thus, Sigmund Freud's incorporation of qualitative data into his psychoanalytic methodology, characterized by the meticulous examination of case histories and the subjective elucidation of psychopathological symptoms, served as the foundational underpinning for the systematic development of qualitative research methodologies within the field of social sciences, as expounded by Frosh (2019). Overall, psychoanalysis provides social science scholars with a valuable tool for exploring subjective meanings, playing an integral role in establishing a dedicated domain for subjective signification and addressing the potential pitfalls of social reductionism, as critically observed by psychosocial researchers. An example of such reductionism can be observed in psychopathological conditions, where individuals may experience a sense of detachment, feeling

disconnected from their own sense of self. They may perceive themselves as objects, detached from their own wishes and desires, as described in Freudian theory. Psychoanalysis aims to address and resolve this detachment (Frosh, 2007; Saville Young & Frosh, 2010). In this sense, psychoanalysis and psychosocial studies share a common interest in considering subjectivity and social structure together, rather than separating them (Frosh & Baraitser, 2008; Saville Young & Frosh, 2010). Therefore, a psychoanalytically-informed approach and psychosocial studies can converge at the point of intersection within a qualitatively empirical approach (Frosh, 2007, 2019). Psychoanalytic concepts are often employed to create an environment for exploring individual interpretations, considered as psychological aspects within the realm of psychosocial contrast (Frosh, 2019).

3.2. Process and Methods of Data Collection

In order to address the research questions through the Integrative Capacity Building Plan (ICBP) of the regional non-governmental organization (NGO) center in Iraq, and with permission obtained from both the NGO and its mental health workers, most of the ICBP activities, such as supervisions, weekly check-ins, and coordination meetings, were recorded. Consequently, extensive and rich recorded materials were generated in the intervention project, forming the empirical basis of the present study (Table 3.1.).

Table 3. 1. Recorded Materials of the ICBP Activities

	Clinical Supervision for traumatized cases		Supervision for Internal Supervisors	Supervisory Meetings for MH workers	Workshops	Weekly Check-ins with MH workers	Coordination meetings with the center manager
	Individual Supervision	*Group Supervision					
Number of MH workers/Managers	9 MH workers	8 MH workers	3 (2 internal supervisor & 1 trainee)	8 MH workers	8 MH workers	8 MH workers	2 (Clinical Lead & Manager)
Number of recorded supervision session/meetings	16 supervision sessions	23 Group supervision sessions	13 Group supervision sessions	37 supervisory meetings	12 workshops	13 Weekly check-ins meetings	12 Coordination meetings

Table 3.1. (continued)

Total time of recordings (approximately)	16 hours	23 hours	31 hours	43 hours	28 hours	16 hours	12 hours
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* Groups consisted of 2 or 3 mental health workers according to their availability in the center.

In line with the research objectives and employing a consistent Lacanian lens for the qualitative analysis and interpretation of the gathered data, I consequently selected Lacanian discourse analysis as an integral component of the research methodology. It involves the examination of the chosen discourses of four mental health workers, selected from approximately one hundred and sixty-nine hours of recorded supervision sessions (both individual and group) and meetings that included mental health workers, internal supervisors, and managers. More specifically, all recorded sessions, totaling 176 hours, include sixteen individual and ten group supervision sessions for traumatized cases (39 hours), twelve workshop sessions for training (28 hours), thirteen weekly check-ins (16 hours), thirteen supervision sessions for internal supervisors (31 hours), thirty-seven individual supervisory meetings (43 hours), and twelve coordination meetings with the managers. These sessions and meetings were recorded between May 2020 and March 2021 as part of the project aimed at enhancing the capacity building of a regional NGO in Iraq.

3.3. Lacanian Theory of Discourse

Within discursive theory, empirical work examines political materials developed in varying chains of signification formed through complicated systems of symbolic associations (Lacan, 1969-70/2007). Lacan's discourse theory, foundational in this research, comprises four quaternary formulas. These formulas elucidate the interplay between individual psychological states within social relationships, shaping socio-cultural and political outcomes (Bracher, 1994; Parker, 2005; Pavon-Cuellar, 2010). Through algebraic constructs, Lacan endeavors to distill his extensive theoretical framework into a concise form, aiming to comprehend structures housing complex embodied behaviors. This illumination sheds insight on societal mechanisms by charting diverse individual avenues of desire and gratification. Discursive space

encapsulates the positions held by speakers and their conversational partners within language and the terms exchanged, fostering sustained social relations. Lacan characterizes the structure of discourse “as a group of elements forming a co-variant set” (Lacan, 1972a, p. 8). Within this framework, discourse denotes “a necessary structure that goes well beyond speech, or a discourse without speech” (Lacan, 1969-70/2007, p. 13). In the XVII. seminar, Lacan delves extensively into the concept of discourse, considering it a crucial structure transcending mere speech or its absence. Building on Freud’s exploration of linguistic associations within psychoanalysis, focusing on etymology, phonology, and semantics, Lacan takes a distinctive approach in his discourse analysis. Departing from classical discourse analysis, he explores unconscious formations and develops a discursive theory from a psychoanalytic perspective. In general, Lacanian psychoanalytic attention is paid to the way language functions inside and around the researched (materiality of the text) as part of the reading out process to elucidate how discourses are constructed by the unconscious within language (Lacan, 1969-70/2007). It is important to note that while Lacan’s work is extensively discussed, Freud’s contributions to the discourse analysis were also integral. Discourse represents a mode of social connection within a specific structural configuration. Lacan (1969-70/2007) categorizes discourses in four types as Master, University, Hysteric, and Analytic according to governing/commanding, educating/indoctrinating, desiring/protesting, and analyzing/transforming/revolutionizing, respectively (Bracher, 1994, p. 109). The May 1968 movement, recognized as a liberating force challenging established institutions in France and globally, originated with student protests against bureaucratic and authoritarian academic practices in French universities. It evolved into a widespread strike involving around six to seven million workers across various sectors, advocating for new government elections (Fernandez-Alvarez, 2022). Amid this era of radical criticism toward governmental establishments, Lacan’s discourse theory suggests, not a protest, but a method to understand the recurring logic of structural conditions rather than outright breaking away from them.

To set Lacan’s discourse theory in context, it is vital to recall Lacan’s assertion that “Unconscious is structured like a language” (Lacan, 1971-72/2017, 1964/1977, p. 149, 203). This statement holds two theoretical implications: 1) Lacan redefines the subject

by definition “a signifier is what represents the subject to another signifier (Lacan, 2006, p. 694), in contrast to the Aristotelian concept of *hipokeimenon*, which refers to an underlying substratum conferring essential substance or something (*etwas*) to an individual (Lacan, 1969-70/2007, p. 48). In the Lacanian framework, any idea or abstraction (a signifier) has the potential to influence the subject in the way they embody the effects of these signifiers (Lacan, 1966/2006). Lacan’s theory of the subject views an individual as a subject of the unconscious, historically and unconsciously alienated by the discourse they are raised within, of which they remain unaware consciously (Fernandez-Alvarez, 2022). This pertains to concealed knowledge shaping a neurotic subject’s thoughts and behaviors, including those of a sexual nature, independent of their awareness. Unlike other species, unconscious knowledge finds expression through elements like letters and phrases but often remains unspoken due to factors like modesty and fear, thereby shaping each subject’s unique verbal expression (Melman, 1993-94/2022). 2) The unconscious can manifest through the analysis of the relationships maintained through language. Lacan asserted that “Unconscious is the discourse of the Other” (Lacan, 1964/1977, p. 131). Even in the absence of explicit speech acknowledging events, norms, or procedures, language continues to facilitate linguistic interactions. These interactions encompass words, silences, actions, and disruptions, all contributing to the framework of a particular practice. The subject of the unconscious, shaped by language, remains intricately linked to a discourse that acts as a channel for super egoic directives. Lacan, in referencing discourses devoid of verbal communication, raises the critical query: “What would we make of what appears in the guise of the superego?” (Lacan, 1969-70/2007, p. 13). This inquiry is pivotal for advancing discourse analysis as within every institution (such as motherhood, friendships, workplaces, etc.), implicit and explicit actions and expectations are enforced through super egoic mandates (Fernandez-Alvarez, 2022). These obligatory repetitions uphold the functioning of institutions, yet often remain elusive, despite being crucial in maintaining the status quo of specific social relations (Lacan, 1969-70/2007). Discourses, extending beyond verbal expression, are upheld and perpetuated by the superego, establishing the structure through which institutions maintain their repetitive behaviors. Deciphering this repetition involves identifying its essence within Lacan’s mathematical notations in his discursive formulas. A “letter” within these formulas represents a fundamental

structure that reiterates the existence of something from the Real (Fink, 1995, p. 24). To conceptualize Lacan’s discourse theory, it is also important to have a grasp of Lacan’s initial level of the graph of desire (Lacan, 1958–59, p. 12), as he illustrates how the subject of desire operates linguistically by positioning the subject (\$) and the big Other (A) (as “Autre” in French) (Lacan, 1966/2006, p. 683). While a comprehensive analysis of this graph exceeds the scope of this dissertation, it is essential to note that at the initial level of this graph, as depicted in Figure 3.1, the subject necessitates a minimum of two signifiers when engaging in speech. The fundamental level of the graph of desire shows the minimal act of speech and the way the master signifier (S_1) conditions retroactively any further meaningful signification (S_2) within discourses (Fernandez-Alvarez, 2022, p. 137). A statement, indicated in the graph by a line extending from the signifier to the voice, is retrospectively given meaning by the subject according to the coding by the big Other (A) through the master signifier (or signifier number 1, S_1), which organizes further meanings in speech. S_1 establishes the framework within which the Other’s signification, $s(A)$, generates content or meaningful knowledge for the subject (or signifier number 2, S_2). This basic speech act expands significantly as S_2 moves along the chain of signifiers, offering numerous possibilities of expressing the same concept using different words. The voice’s potential grows exponentially due to the perpetual existence of another signifier, continuing until a pause in speech is reached, at which point signification occurs retrospectively (Lacan, 1966/2006, p. 683), always involving the Imaginary circuits of the ego, the ideal ego, and the ego ideal. Clarifying this mechanism is crucial not only for a deeper comprehension of psychoanalytic intervention, but also for situating the linguistic domain of discourse (Fernandez-Alvarez, 2022).

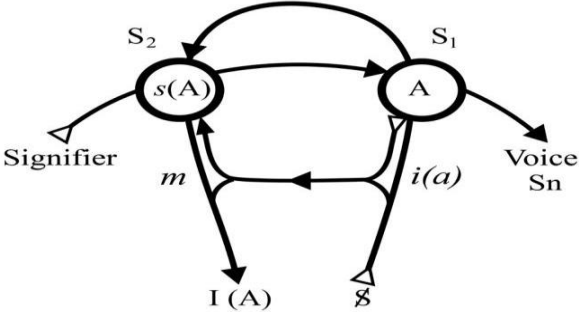


Figure 3.1. First Level of the Graph of Desire (Fernandez-Alvarez, 2022, p. 137; Lacan, 1966/2006, p. 684)

Lacan’s theory of discourse formulas serves as a representation of a subject among multiple others, with each structure containing four distinct positions initially named in Seminar XVII (Lacan, 1969-70/2007) and later redefined in the Milan Discourse (Lacan, 1972a) as: 1) agent or semblance; 2) other or *jouissance*; 3) production or surplus *jouissance*; and 4) truth. These four positions or loci are firmly set within an algebraic fraction, and the comprehensive formula for the discourse is illustrated in Figure 3.2.

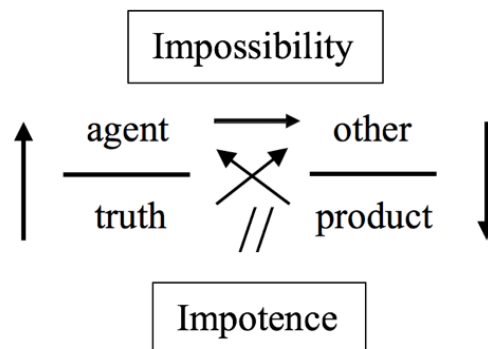


Figure 3.2. Lacan’s Fixed Positions in Discourse, Locating Impossibility and Impotence (Lacan, 1969-70/2007, p. 169).

Verhaeghe (2001) presents a vivid metaphor, likening the four discourses to bags with four compartments to house things. The compartments are called positions, and the things are the topological terms. These positions interconnect via vectors, characterized by two types of relation: the upper level denotes impossibility, while the lower corresponds to impotence. As illustrated in Figure 3.2, on a higher plane, there exists the disjunction of impossibility: The agent or a mere semblance of agency, is propelled by a desire constituting their truth. This truth eludes complete verbalization, rendering the agent and/or semblance incapable of transmitting their desire to others. Consequently, achieving perfect communication through words becomes logically unattainable. Lacan’s explanation extends beyond conventional communication challenges. It encapsulates the profound concept of “*Il n’y a pas de rapport sexuel*”, signifying the non-existence of the sexual relationship (Verhaeghe, 2001). This refers to the inadequacy of any truth to fully comprehend or transform the Real. The impossibility unfolds distinct repercussions within each discourse, uniting subjects under the shared constraint of a particular desire that proves elusive. Thus, the inherent

impossibility in language activates whenever unconscious knowledge confronts the subject (Fernandez-Alvarez, 2022).

Moving to a lower level of a discourse entails the disjunction of impotence and/or inability. This impotence revolves around the connection between the product and truth. The product, stemming from the discourse in the other, is unrelated to the truth of the agent (Lacan, 1969-70/2007). In a scenario where the agent could articulate their truth entirely to the other, the latter would respond with a fitting product. However, given the unfulfilled precondition, the product can never align with what resides at the position of truth (Verhaeghe, 2001). This occurs because the agent remains unaware of the truth within themselves, concealed from consciousness. Consequently, their inquiries within discursive interactions prompt a production by another that is disconnected from the essence of their demand (Fernandez-Alvarez, 2022). Hence, discursive impotence serves as a means of safeguarding conscious recognition of the impossibility (Lacan, 1969-70/2007).

The foundational positions dynamically at play within these stabilized structures encompass key elements: *S1*, signifying the master signifier; *S2*, representing knowledge; $\$$, emblematic of the divided subject; and *objet a*, signaling a void (Fernandez-Alvarez, 2022; Lacan, 1969-70/2007; Verhaeghe, 2001).

3.4. Lacanian Discourse Analysis

In the field of social sciences, especially in psychology, discourse analysis examines the organization of systems or structures based on social constructionism, which critically analyzes social phenomena. Discourse analysis in psychology has focused on the utilization of language structures and expressions to create an impression that certain aspects are inherent psychological mechanisms or properties, rather than recognizing them as functions of discourse (Parker, 1998). This approach challenges positivist notions such as “objective fact” by recognizing the influence of historical, social, and cultural values. Originating from social constructionism, discourse analysis enhances the understanding of diversity, human differences, the localness of experiences, and subjectivity (Burr, 1998). Likewise, while the Lacanian perspective

accentuates the constraints associated with methodologies grounded in quantitative analysis (Moncayo, 2008, p. 228), it also underlines the limitations inherent in the conventional discourse analysis model. For Lacan, when it comes to the relation of psychoanalysis to discourse analysis, it is important to delve into the relation between the conception of the unconscious and conception of discourse since any discourse is structured by unconscious formations (Lapping, 2011). Otherwise, classical discourse analysis can just represent the discourse of the Master and/or of the University. For instance, a wide range of diverse psychological experiences characterized by intense emotions exists beyond the realm of narratives, extending to aspects that cannot be verbally expressed. These experiences play a pivotal role in individuals' lives and are integral to their psychological functioning, particularly in the context of trauma and coping with distressing events (Frosh, 2007). Considering subjective experiences that cannot be uttered in words, there will always be absences and/or holes in the texts that cannot be verbalized. In other words, language will always reject the kind of worthlessness and/or wordlessness (Lapping, 2011).

Building on Freud's ground-breaking work in "The Interpretation of Dreams" (Freud, 1900a/2000), Lacan (1964/1977) asserted that "the unconscious is structured like a language" (p. 149, p. 203) and "unconscious is the discourse of the Other" (p. 131). These ideas prompted two critical psychologists Parker (2005) and Pavón-Cuéllar (2010) to develop a seminal methodology for Lacanian discourse analysis (LDA), providing a valuable framework for analyzing unconscious formations within language. Thus, the integration of Freudian and Lacanian concepts has opened up new avenues for understanding the intricate relationship between language and the unconscious. Parker's and Pavón-Cuéllar's influential work have been pivotal in shaping discursive analysis. They articulate this method as a heterogeneous and transdisciplinary constellation of more-or-less explicit, systematized methodological conceptions, practical executions and theoretical suppositions, whose only common denominator is the analytical study of the discursive manifestations of language (Pavón-Cuéllar & Parker, 2014, p. 2).

In general, the LDA methodology does not adhere to a rigid formula; rather, it finds its basis in Lacan's theory of language. Consequently, the analysis revolves around

distinguishing between the Symbolic and the Imaginary, focusing on the subject of enunciation versus the subject of the statement, and upholds the significance of the signifier over the signified content (Parker, 2005; Pavón-Cuéllar, 2010, p. 89, p. 121). This method enables the identification of master signifiers while addressing the negative and nonsensical aspects, yet acknowledges its own constraints in three key respects: First, it recognizes the absence of a meta-language, thereby precluding explanations of language beyond language itself. Second, it acknowledges the inherent involvement of our subjectivity in assigning meaning. Third, it renounces the idea of possessing an all-encompassing knowledge, as “knowledge is neither finite nor permanent. In any field there has always been more to know” (Neil, 2013, p. 338).

In developments within the LDA, a volume edited by Pavón-Cuéllar and Parker (2014) stands as a notable addition. This compilation covers Lacanian discourse analyses in various realms, spanning from film and literary evaluations to the examination of global political landscapes. It centers on the concept of the “event”, representing the unforeseen or inexplicable that emerges as a veiled possibility in discourse. The purpose of the LDA is not to assimilate the event into the discursive structure; rather than reducing the event to a mere diagnostic element that could potentially diminish its impact, the approach posits that the event unfolds concurrently with the act of language expression (Pavón-Cuéllar & Parker, 2014, p. 7). Similar to appropriate clinical interventions, the goal of the LDA is to apprehend the singularity of the event by re-evaluating elements such as truth, critique, action, or symptoms, assigning them distinct values.

Lacanian Discourse Analysis (LDA) has established itself as a robust qualitative methodology within various disciplines such as social sciences, psychology, psychoanalysis, political science, psychiatry, pedagogy, and philosophy. According to Pavón-Cuéllar and Parker (2014, p. 2, p. 3), the LDA emerges from the epistemological perspectives rooted in both Freudian psychoanalysis and continental structuralism. It incorporates elements from various discourse analyses influenced by Lacan. These include Foucault’s archaeological analysis of historical discursive power practices, Althusser’s structural examination of ideology’s materiality and subject interpellation, Jameson’s Marxist historical approach in literary criticism, Derrida’s

deconstruction of differences and inconsistencies, Laclau and Mouffe's discourse analysis focusing on the discursive construction of institutions within politics and society, and Fairclough's critical discourse analysis concerning power relations' reproduction (Fernandez-Alvarez, 2022). The primary distinction between LDA and the aforementioned discourse analysis methodologies lies in its specific emphasis on Lacanian theory and, consequently, on the unconscious (Pavón-Cuéllar, 2014).

Parker (2005) developed the LDA by dividing it into seven elements as (i) formal qualities of text; (ii) anchoring of representation; (iii) agency and determination; (iv) the role of knowledge; (v) positions in language; (vi) deadlocks of perspective; and (vii) interpretation of textual material (Parker, 2005). In sum, Parker's approach to the LDA emphasizes form of the textual materials over content and absolute difference. The analysis disrupts the text to reveal irreducible, nonsensical elements, exploring the function of absence and the organization of signifiers. Pavón-Cuéllar's (2010) formulation of the LDA places greater emphasis on the division or fragmentation of the unconscious subject. This division encompasses various realms, including the division between the Symbolic and Imaginary, between the signifier and the signified, between full speech and empty speech, as well as between enunciation and enunciated. The core of this approach involves a thorough interpretation of the content within these divisions and the unconscious. In addition to these divisions, along with the discourse of the Other, they serve as unconscious representatives of the subject and the discourse of the Master (Pavón-Cuéllar, 2010).

3.4.1. Lacanian Discourse Analysis in Psychosocial Field-Work

This study constitutes a pivotal element of a humanitarian intervention initiative in Iraq, with a specific focus on psychosocial fieldwork. The research activities were conducted during the global lockdown imposed due to the Covid-19 pandemic, and all interactions with the local mental health team were carried out remotely. The research encountered numerous challenges, including the remote implementation of project activities (such as clinical supervisions and training sessions), multilingual translations involving mainly Kurdish, English, and Arabic, and frequent interruptions in electrical power supply, a common occurrence, particularly in the Kurdistan Region of Iraq. In

response to these challenges, there was a need to adapt project activities to a more pragmatic and clinically oriented conceptual framework for local mental health workers. This involved, for instance, emphasizing the importance of analytic listening skills and the subjectivation process in addressing social trauma when working with traumatized cases. In alignment with this adaptation, a similar adjustment was necessary for the Lacanian Discourse Analysis (LDA) in the research segment of the project, following the examination of transcribed initial and final supervision sessions for each mental health worker. The modification of the Lacanian Discourse Analysis (LDA) entailed a meticulous analysis of four unconscious formations. The research methodology is shaped significantly by firsthand feedback from my co-advisor, Phil C. Langer, who provided guidance on the general structure, emphasizing the process of summarizing material content, followed by analysis and interpretation. Furthermore, in shaping the Lacanian Discourse Analysis (LDA) methodology, I predominantly embraced the approach outlined by Pavón-Cuéllar (2010). Valuable insights for refining the methodology section were gleaned through direct feedback received from Hilda Fernandez-Alvarez on May 28th, 2022, and David Pavón-Cuéllar on June 1st, 2022. Certain elements of Parker's methodology, with a focus on the formal attributes of textual material, were also integrated into the LDA approach in this study. In general, these adjustments were aligned with the four positions of Lacan's discourse mapping. In the course of analysis and its Lacanian interpretation, my primary references were to Lacan's XVII. (Lacan, 1969-70/2007), XXIII. (Lacan, 1975-76/2016), and XI. seminars (Lacan, 1964/1977).

In my conceptualization of the Lacanian Discourse Analysis (LDA), I initially construed Lacan's four discursive elements ($\$$, $S1$, *objet a*, and $S2$) as integral components of the LDA capable of analyzing four distinct unconscious formations in the speech of a neurotic subject. These are "enigma/division" ($\$$), "master signifier" ($S1$), "hole/the Real" (*objet a*), and "Other's discourse/signification" ($S2$). Upon reviewing the transcripts of each mental health worker's initial and final supervision sessions, I observed a prevailing presence of one specific unconscious formation or a distinct identification with one unconscious formation structure in their speech, overshadowing the other three. Consequently, I opted to analyze a particular unconscious formation using a specific LDA component in each mental health

worker's initial and final supervision sessions. The goal was first to pinpoint a structural theme for both the initial and final supervision sessions of each mental health worker. Second, in the subsequent analysis, two sub-themes, specifically, case conceptualization and subjective position, were scrutinized and compared within each structural theme across both the initial and final analyses. The investigation aimed to evaluate potential alterations in the discursive position of the mental health workers during their clinical supervision sessions. Through this approach, I intended to comparatively discuss the structural, case conceptualization, and subjective themes in the initial and final supervision sessions of mental health workers in my discussions of the findings. The discussion involved mapping discursive positions to identify potential changes in the discursive position of each specific theme. This conceptualization holds particular value in the realm of psychosocial intervention work, offering insights into changes in discursive position distinct from alterations in the psychic structure, which remains unaltered but subject to modification in the context of discursive position. According to Lacanian conceptualization, modifications in the psychic structure (Dor, 1999; Yaka, 2021) can occur through the traversing of fantasy (Fink, 1995) within the context of discursive positions. Below, I elaborate on how I defined and utilized the four main components of LDA according to Lacan's discursive elements ($\$$, $S1$, *objet a*, and $S2$) to analyze four unconscious formations in the speech of mental health workers in my research.

1) Enigma/Division ($\$$): Division of a neurotic subject, in general, refers to the separation between the ego and the unconscious (Fink, 1995). In so far as the subject is divided, they are still exposed to fantasy. When analyzing the barred S ($\$$) (speaking subject), the half-saying, that is, unconscious formations is considered. The division is between symbol and the symptom (Lacan, 1975-76/2016, p. 14). According to Lacan (1969-70/2007, p. 37) "an enigma/division is an utterance, you do what you can about the statement". Thus, Lacan differentiates utterance (*énonciation*) and the statement (*énoncé*) based on the function of the enigma as a half-said (*mi-dire*) which makes sense (1969-70/2007, p. 36). "It is a question of something that ought to be entitled the subjective positions, the subjective positions of existence" (Lacan, 1964/1977, p. 246). Centering on the four-cornered schema of the graph, Lacan underscores a purposeful

differentiation between the level of utterance (*énonciation*) and the level of the statement (*énoncé*), as articulated in the eleventh seminar (Lacan, 1964/1977, p. 138).

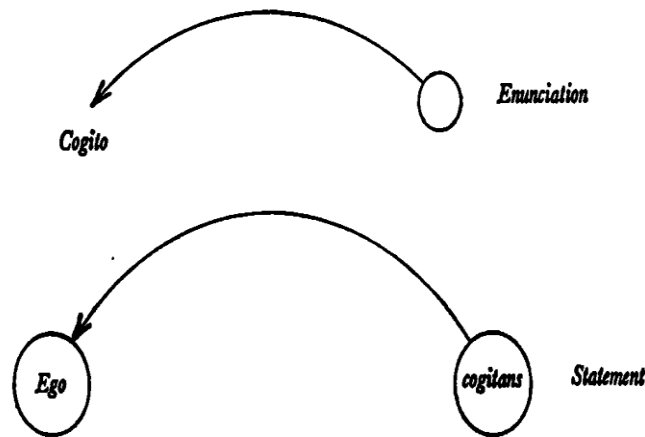


Figure 3.3. Lacan’s Enunciation and Statement Schema (Lacan, 1964/1977, p. 140)

Lacan (1964/1977) explicates how the proposed schema serves as a valuable tool in elucidating Freud’s fundamental approach, particularly in light of the discovery of the unconscious, a concept inherently present since the time of Thales and within the most primitive forms of inter-human relations. Introducing the Cartesian “I think” into this framework, Lacan highlights the perpetual potential for the nuanced interplay and potential obstacles between enunciation and statement distinctions (Fink, 1995). Indeed, the cogito, as elucidated by Descartes, establishes the domain of thought by differentiating it from extension, a condition that, while fragile, proves sufficient within the context of signifying constitution. Lacan asserts that it is through its positioning at the level of enunciation that the cogito attains its certainty (Lacan, 1964/1977).

As an unconscious formation structure, when incorporating enigma/division as a main component of Lacanian Discourse Analysis (LDA), I explore the divergence between statement and enunciation, emphasizing the concept of incommensurability. In Lacanian thought, this incommensurability signifies the irreducibility between the content of a given communication and the performative conditions of its utterance. From a Lacanian perspective, this gap or irreconcilability is insurmountable, shaping all communication and ensuring that each instance of speaking carries minimal entropy

(Hook, 2013). The primary strategy to navigate this division involves being attuned to mismatches between content and enunciation, recognizing the discrepancy between what has been said and how it has been said as a means of unveiling alternative readings of the material, including any sudden shifts in its contents. In this study, I utilized the enigma/division component of the LDA to examine unconscious formations as divisions in Tekoşin’s speech during both her initial and final supervision sessions.

2) Master Signifier (*SI*): In Lacanian approach, key-signifiers act in language bolstering the status quo and outlining the characteristics and boundaries of the discursive realm (Parker, 2001). According to Lacan, the subject is what one signifier represents relative to another signifier that they are required by its insistence to show that it is in the symptom that one of these two signifiers from the Symbolic derives its support (Lacan, 1975-76/2016, p. 14). Hence, meaning is continually deferred and concurrently constructed within the chain of signifiers, with a pivotal role played by the key signifier in orchestrating this process. The initial formulation by de Saussure positions the concept (signified) as superior to the acoustic image (signifier). Lacan, influenced by considerations tied to the characteristics of repression and the unconscious, inverts this formula (Thom, 1981). In the “The Instance of the Letter in the Unconscious”, using the symbols “*S*” and “*s*” to represent signifier and signified, Lacan (1966/2006, p. 414) writes the formula in this way:

$$\frac{S \text{ (Signifier)}}{s \text{ (Signified)}}$$

It can be interpreted in the following way: The signifier is positioned above the signified, with the term “over” denoting the bar that separates these two levels. Thus, a signifier functions as a representation of another signifier, giving rise to an interconnected network of signifiers (Dor, 1998) that forms a structure:

$$\frac{\text{Signifier (SI)}}{\text{Signified (S)}}$$

This enables a precise examination of the distinctive connections within the signifier, elucidating the magnitude of their role in generating the signified. It presents itself as apodictic, necessitating no further explanation, and serves as the foundational condition for all subsequent significations. In this research, I utilized the LDA component, master signifier (*SI*) to analyze the initial and final supervision sessions of Bawer.

3) Hole/the Real (*objet a*): The true nature of the *objet a* is essentially a semblance, a deceptive appearance. This is because it is fundamentally untrue. Lacan traces the origin of the *objet a* to Karl Abraham's partial object, specifically a corporeal substance (Miller, 1994). What's intriguing is Lacan's transformation of this corporeal substance into a logical one. For Lacan, the *objet a* embodies a semblance of being, holding a logical consistency. Lacan does not posit an opposition between semblance and reality; on the contrary, he asserts their interconnection. However, merely developing the logical consistency of the Other is insufficient; it must also be connected with the logical consistency of the *objet a* (Miller, 1994). This linkage is crucial for understanding that the realm of the Real can only be situated in relation to the impasses of logic (Lacan, 1964/1977). Hence, description of *objet a* emphasizes the presence of an elusive and captivating element that we hypothesize, within an analysis, to function as a cause around which a speaker revolves. While the *objet a* lacks empirical reality, it serves as an analytically valuable tool to investigate a speaker's orientation. The orientation goes beyond mere interaction with another empirically present speaker. In this context, the *objet petit a* function akin to gravity within discourse, allowing to discern patterns in communication without delving into a definitive understanding of its true nature (Parker, 2005). That is why, Lacan introduces the term "extimacy" to capture the paradoxical nature of the subject's intimate exteriority within discourse. Contrary to common perception, the Symbolic, unconscious, and *objet petit a* are not positioned outside of discourse but rather exist within the subject (Miller, 1994). In Lacanian theory, as a hole in speech, *objet petit a* is related to desire, *jouissance*, and thus to the symptom. It is at the same time in the middle of the Borromean knot which bind together the three registers (Symbolic, Real, and Imaginary) (Lacan, 1975-76/2016). Therefore, *objet petit a* has also a determining role in the fundamental phantasy ($\$ \diamond a$), hence, it determines the flow of speech as

a hole/the Real. The Symbolic realm can never fully encompass the facets of the Real. Instead, acting as a deficiency within the Symbolic, they create a void as *objet a* that the subject must navigate. Beyond the confines of conventional timekeeping, the immediate moment disrupts the continuity of meaning and linguistic expression. As the signifier inherently involves disjunction, the disappearance of the subject results in a gap, a noticeable absence of a signifier. This gap, where the object, identified as the cause of desire, “a”, descends, is a significant aspect that warrants exploration (Pavón-Cuéllar & Parker, 2014). In this research, I employed the LDA component, “hole/the Real” (*objet a*) to analyze Bejnê’s subjective positions and case conceptualization of social trauma in both the initial and final supervision sessions.

4) Other’s Discourse/Signification (*S2*): Denotes the epistemological facets regarded as valuable in the continuous activities of defining, articulating, listening, writing, and reading of a discourse. According to Lacan (1969-70/2007), undisclosed knowledge exists within what he terms *S2*, identified as the “other signifier” and/or “battery of signifiers”. This additional signifier is not solitary; it resides within the stomach of the Other, a colossal entity. The stomach acts as a metaphorical Trojan horse, serving as the basis for the fantasy of a comprehensive and all-encompassing knowledge. Repetition establishes a distinct correlation with the boundaries delineating knowledge, particularly concerning its limits and the concept designated as *jouissance*. Consequently, a crucial logical articulation is encapsulated in the proposition that knowledge manifests as the *jouissance* of the Other. Knowledge functions as the force that arrests vitality at a specific threshold along the trajectory to *jouissance*. In the discourse on masochism, the focal point revolves around the journey towards death. The trajectory toward death, in essence, is synonymous with what is referred to as censored *jouissance* (Lacan, 1969-70/2007). Lacan (1969-70/2007, p. 21) delineates the distinction between *connaissance* and *savoir faire* as two facets of knowledge. Both are contingent on a signifying articulation, yet *connaissance* is linked to representation, the accrual of information and theory; while *savoir faire* pertains to an embodied know-how and practice. Lacan associates *savoir faire* with episteme or “transmissible knowledge” (p. 22). Within the realm of psychoanalysis, *savoir faire* represents the operative form of knowledge, denoting the subject’s capacity to confront the Other’s *jouissance* internally. This confrontation enables the subject to

articulate a practical approach to dealing with the elusive and lexicon-lacking painful enjoyment. For Lacan, within the university discourse, knowledge is invariably entwined with *connaissance*, which proves impotent by rendering the speaking subject as an object subjected to the Other's enjoyment, instigating profound anxiety (Fernandez-Alvarez, 2022). This is a crucial point in the context of social trauma considering that societal suffering that challenges easy representation is interwoven with public discourse, demanding an understanding of the social positions that shape individuals. Hence, only through desire, that is subjectivation can the subject and society achieve a partial separation from the disquieting inquiry into their existence for the Other. Therefore, psychoanalytic strategies must grapple with the historical and unsayable aspects of the individual's and society's bodies in subjective way. In this research, I employed the LDA component, Other's discourse/signification (*S2*) to examine and analyze Aram's subjective position and case conceptualization of social trauma in both the initial and final supervision sessions.

3.5. Sampling

Before engaging in material analysis, sequential introductions were conducted for all mental health workers participating in the humanitarian project. A comprehensive overview of the intervention project, particularly within the scope of my role, was provided in Appendix A. This role primarily involved conducting individual and group clinical supervision sessions for psychotherapists and internal supervisors. Additionally, I facilitated regular training sessions that emphasized psychotherapy skills and organized reflection groups (refer to Appendix A for further details).

The composition of the mental health workforce was diverse, with a predominant representation from Kurdish Êzîdî background. Furthermore, the team included mental health workers with Syriac Christian and Muslim Kurdish backgrounds, reflecting the multicultural and multi-faith nature of the humanitarian initiative. During the intervention project, among the fluctuating numbers of mental health workers between eight to thirteen in the humanitarian project; I chose mental health workers, with pseudonyms "Tekoşin", "Bawer", "Bejnê", and "Aram" who regularly continued working in the project.

Tekoşin, a twenty-four-year-old psychotherapist actively engaged in various programs within the project, stands out as a highly skilled and dedicated mental health professional committed to aiding traumatized individuals in both refugee camps and the central facility. Recognizing her exceptional commitment, I opted to assign her the pseudonym “Tekoşin”, signifying “struggling” or “scrambling” in Kurdish within the project’s specific context. Tekoşin identifies as being of Êzidî and Kurdish descent.

Bawer served as the clinical lead for the team, being thirty-eight years old and a Muslim Kurd. Possessing significant expertise as a psychotherapist, he fulfilled three pivotal roles within the local NGO, psychotherapist, internal supervisor, and clinical lead. Additionally, Bawer holds a Master’s degree in psychotherapy and psycho-traumatology, further bolstering his qualifications. Throughout the project, my collaboration with him extended beyond project-specific activities, encompassing a focus on the overall progress of the mental health team. Bawer’s multifaceted roles indeed offered the advantage of providing direct and consistent oversight of the team. However, the distinct nature of these roles occasionally posed challenges in discerning between the various responsibilities he concurrently undertook. This complexity was particularly evident during supervision and training sessions involving him and other team members. Drawing from my observations during the project and the transference dynamics at play, I assigned the pseudonym “Bawer”, a term generally connoting confidence and trustworthiness in Kurdish, encapsulating the qualities I perceived in him.

Bejnê, an Êzidî psychologist and psychotherapist, played a crucial role as one of the mental health workers within the team, contributing to interventions both in refugee camps and at the clinic center. Hailing from Şingal, she emerged as a resilient survivor of the Êzidî genocide on August 3, 2014, and concurrently experienced internal displacement within Iraq. Considering my transferences with her, I assigned her the pseudonym “Bejnê”, encapsulating meanings associated with tallness, stature, gestalt, and body (Wîkîferheng, 2023). Furthermore, during the project, Bejnê embarked on a Master’s degree program in psychotherapy and psycho-traumatology. From the onset of the project, I encouraged her to assume the role of an internal clinical supervisor within the team.

Aram, an Êzidî Kurdish psychotherapist and internal supervisor, possesses extensive experience and demonstrates effective work in his role. Having undergone various trainings on psychotherapy techniques, he brought a diversified skill set to his practice. I assigned the pseudonym “Aram” based on its meanings in both Kurdish and Armenian, signifying kindness, being quiet, and patience (Wikîferheng, 2023).

3.6. Analysis Process

The analytical process commenced with an initial, relatively unstructured reading of the materials, aimed at gaining a preliminary understanding of their content (McMullen, 2011). Subsequently, a comprehensive search was conducted to identify and select relevant sections aligning with the initially defined research objectives and questions. While numerous sections of the materials were initially included (sharpening the focus of the investigation), a more refined selection process led to the exclusion of many parts from detailed analysis. Guided by the research questions, my analysis of the selected material aimed to explore four Lacanian unconscious formations: “enigma/division”, “master signifier”, “hole/the Real”, and the “Other’s discourse/signification”. This exploration encompassed both formal and content-wise examinations of linguistic associations. To scrutinize unconscious formations in the materials, I examined and considered phonological and semantic associations. This involved exploring the content of the speech and examining the interconnecting chains of associations, which included displacements, unexpected associations, double meanings, and switch-words. In general, the interpretation of potential unconscious formations in the materials centered on etymology, phonology, semantics, and the comparison of phonetic and morphological aspects among languages. There was a specific emphasis on the contrast between Kurdish and English, the two primary languages used during project activities, in addition to the Arabic language. This comprehensive approach encompassed stylistic and grammatical features, etymology, anthropological dimensions, socio-political context, institutional factors, cultural dynamics, and gender issues. The study involved a continual reassessment of analytic strategies, maintaining awareness of potential multiple functions.

CHAPTER 4

ANALYSES AND MAIN FINDINGS

Current research constitutes a component of a humanitarian-aid initiative led by an International Non-Governmental Organization (INGO) within the Kurdistan Region of Iraq. This chapter presents the findings derived from the initial and final analyses of clinical supervision sessions, focusing on the discourses of the local mental health team. No coding system was employed for several reasons. First, all supervision sessions were conducted through an interpreter, facilitating communication between Kurdish, English, and Arabic languages. Second, the structure of supervision sessions prioritized the enhancement of mental health workers' capacities, aligning with the primary goal of the humanitarian-aid project. Third, all project activities, including supervision sessions, were executed remotely. The clarity of recorded sessions depended on internet connectivity, introducing an additional challenge to coding transcripts of the supervision sessions.

However, Lacanian Discourse Analysis (LDA) does not mandate the coding of transcripts. The LDA offers a flexible approach, allowing researchers to decide on the methodology's application. Moreover, several studies have successfully employed the LDA without employing coding on transcripts, as evidenced by previous research (Lapping, 2013; Pavon-Cuellar, 2010; Parker, 2010; Hook, 2013). Lacan's algebraic formulations of discourse, instrumental in grasping structures that harbor overdetermined embodied practices, purposefully refrain from exhaustive interpretation and a zealous quest for meaning. This intentional restraint serves to evade linguistic entanglement within the confines of the same discursive constellation (Lacan, 1969-70/2007). Consistently, my analytical approach strategically embraces the processes of Imaginary and Symbolic narrativization. This intentional selection served the purpose of articulating and elucidating the embodied positions that actively respond to the discourses' underlying causes.

4.1. Initial Analyses of the Mental Health Workers' Subjective Positions and Case Conceptualizations

4.1.1. Overview of the Initial Findings

Outcomes for the initial analysis has been done by starting with the Lacanian discourse analysis (LDA) of the empirical materials (extracts), and then developing the themes from a Lacanian framework. Empirical materials have been analyzed and interpreted according to the four main components of the LDA for each mental health worker in the psychosocial intervention field work. The four main components of the LDA are Enigma/Division (\$) for Tekoşin; Master Signifier (SI) for Bawer; Hole/the Real (*objet a*) for Bejnê; and Other's Discourse/Signification (S2) for Aram. These four main components of the LDA could be identified in all empirical materials of this study; however, in order to have a concise and clear outcome of the analysis, for each empirical material (extract) a main component, which was thought to be more related to that extract, was chosen for analysis and interpretation. Determined themes have been presented below in the Table 4.1. to give a general summary of the analyses.

Table 4. 1. Findings of Initial Analysis on the Mental Health Workers' Subject Positions and Case Conceptualizations

Main Components of LDA	Structural Themes	Subjective Positions	Case Conceptualization
Enigma/Division (Tekoşin-\$)	<i>Subjectivity</i>	<i>Diagnostic Symptoms</i>	<i>Psycho/education</i> (Advice)
Master Signifier (Bawer-SI)	<i>Sexuality</i>	<i>Incest</i> (Impossible Problem)	<i>Masculinity</i> (Possible Solution)
Hole/the Real (Bejnê- <i>objet a</i>)	<i>Trauma</i>	<i>Anxiety & Dissociation</i>	<i>Medicalization</i>
The Other's Discourse/Signification (Aram-S2)	<i>Knowledge</i>	<i>Diagnostic</i> (Evidenced-Based)	<i>BioMedical</i>

4.1.2. Structural Themes, Subjective Positions, and Case Conceptualizations

Presented below is a meticulous analysis of individual supervision sessions with mental health workers, emphasizing carefully selected empirical materials. Preceding each empirical material, contextual details are provided, encompassing the session's location, the language used for translation, and the pseudonyms assigned to the mental health workers. After conducting a thorough analysis of each mental health worker's empirical materials, a common structural theme emerged for both initial and final findings. This overarching structural theme, in turn, gave rise to two sub-themes. These sub-themes delve into each mental health worker's subjective positions and their case conceptualizations, providing a nuanced interpretation within the context of the identified structural theme. It is essential to note that, given my diverse roles in the intervention project, initially as a practitioner, subsequently as a researcher, and finally as a narrator, I have adopted a storytelling format (Fairbairn, 2004) to present the in-depth analysis of each empirical material.

4.1.2.1. Tekoşin (\$) (Initial Analysis Component: Enigma/Division)

In this remote supervision session, which took place in August 2020, the interpreter was in the center next to Tekoşin (while I connected remotely) and facilitated communication, primarily translating between English and Kurdish. Below, you will find the opening segment of the individual supervision session I conducted with her.

Extract

Tekoşin: I think, we should start about how to manage the work, because if I know how to manage the work, everything will be much better for me.

Ali: Okay, what are you wondering now?

Tekoşin: I am waiting for you to give a very good suggestion for me how to organize my work.

Ali: For instance, in which part of the work you have difficulty?

Tekoşin: In cases...There are two cases. One of them is in the center and the other one is in the camp...

Ali: Okay, I understand that you have difficulty about two cases, which one you want to prefer to talk about now?

Tekoşin: The one in the camp... she is a female, from Şingal, when she was twelve years old she got married. She has three kids. All of them are boys. She has four brothers and eight sisters. She is the eight one in the family. She did not study. She was given birth to in a normal way. Her relation with the family is good, but she is very angry and she hits her children. She has a good relation with the family but she has not visit them or seen them because of financial situation. She has a good relation with the neighbors but she never gets out of the house. In talking about the way, she was raised, when she was the kid, their financial situation was very bad, many days went by and they didn't eat any food because they couldn't provide it. And she could not study because of their financial situation they could not send her to the school. At the age of nine, she was doing the job of old people, she was raising the cattle, the animals, the sheep. At the age of thirteen, there was an accident of fire that happened to her, and until now she is afraid of fire. In 2014, when the ISIS invaded the area, she and her family separated, she and her mother and father. In her own family like her mother and parents, four members of her family, they were under ISIS captivity. Some of her other relatives also were under the ISIS captivity but she does not know the specific number of members. When they run away, they run by feet until the borders of Syria. And they were on the mountains for eight days. In that time, she was pregnant, she was on her eighth months. And she was on the mountain, they did not have any food supplies. In 2015, one of her cousins which is the daughter of her uncle from her father side, she died under ISIS captivity. This is like in a brief way, this is her history. And for her diagnosis, she sees nightmares, she is angry, she has flashbacks, and she doesn't sleep properly, and even in her food, she has some problems in it, her attention is very bad even in the session; and the way she is communicating with people is also not good. These are her diagnosis...One of the problems is that I do not know that from which part to start? Because whenever she comes to the session she starts to cry and I do not know how to start the session. Whenever the session starts, I try to show her that the breathing exercises, but because she starts the cry, I cannot spend my all of the session time trying to show her this exercise.

Analysis

Starting with the surface level, in sequence, Tekoşin, first, emphasized the need to be supported about how to manage her work (*we should start about how to manage the work*). After I asked about what she was wondering, she interestingly stated her expectation of “*a very good suggestion*” from me to organize her work. When I asked

to specify her difficulty (*in which part of the work you have difficulty*), she expressed her frustration that she had severe cases and started presenting a female case who was living in a camp of the forcibly-displaced. About her case, Tekoşin, first, mentioned some sociodemographic information concerning that the case who is from Şingal (Êzidî town attacked by the so-called ISIS/Deash). When the case was twelve years old she got married, and she had three children. Being the member of eight among her four brothers and eight sisters, she did not go to school. She was born normally and had a good relation with her family. She used violence on her children. She did not visit her own family because of economic issues. Although her relation with her neighbors was good, the case generally did not go outside. Tekoşin, then, mentioned how the case talked about her childhood such as the case's family was very poor and did not have food for many days. That is why, the case could not go to school, and when the case was nine years old, she worked as shepherd. When she was thirteen years old she started having fear of fire because of a fire accident. During *ISIS* attack on Şingal on the "third of August in 2014", the case and her parents separated and four family members were held captives by *ISIS* (*In her own family like her mother and parents, four members of her family, they were under ISIS captivity*) and some relatives of the case were also taken as hostages although the case did not know the numbers specifically. Tekoşin, then, mentioned about her case's severe experiences during *ISIS* attack as the case and other Êzidîs were escaping by running first towards mountains and then to the border of Syria. During hiding on mountains without any food for eight days, the case was already pregnant for eight months, and the case's paternal uncle was killed under *ISIS* captivity. After presented those severe events about the case's history, Tekoşin directly passed to mentioning the case's diagnosis such as seeing nightmares, anger issues, having flashbacks, problems in social communication, attention deficits as well as sleeping and eating disorders even during the sessions. Then, she asked about where to start. Specifically, which symptoms and diagnoses of the case she needed start with. Lastly, she emphasized the difficulty about how to start the session as the case generally cried at the beginning of the psychotherapy session. Even though Tekoşin tried to show how to do the breathing exercises to calm down, the case continued crying during sessions.

In my analysis, the enigma/division in Tekoşin’s speech was the main focus. First, at the beginning of the supervision session, Tekoşin positioned to give a suggestion of starting with the issue of managing the work (*we should start about how to manage the work*). From that position, she then put me in the same position of giving a suggestion or advice to her (*I am waiting for you to give a very good suggestion for me*), which indicates Imaginary unity or consistency according to Lacanian theory (Lacan, 1969-70/2007). As an external supervisor I was put in a position to give “advice” or maybe a solution, kind of a formula for her so that she can manage the work to support this Imaginary consistence for her (*everything will be much better for me*). Here, it was noteworthy that Tekoşin did not mention her subjective experience of managing the work. She directly expected a suggestion that can help manage the work. Tekoşin, in distancing herself from her own subjectivity, omitted any personal reflections on the challenges of organizing her work. Instead, she directly asked for my suggestions and/or advice. A similar pattern was evident in Tekoşin’s approach to her case’s subjectivity within the context of presenting her case. For instance, when I inquired about the challenges she faced in her work, she cited a specific case of individuals who survived attacks by Deash/ISIS and were exposed to severe traumatic events. While presenting the case, Tekoşin omitted the subjective experiences of the case related to traumatic real events. In other words, the supervision session lacked the subjective aspects of the case. The catastrophic experiences, potent enough to reduce Tekoşin’s case to tears in a psychotherapy session, were intrinsic to the case’s subjective position. However, simultaneously, Tekoşin distanced herself from these subjective encounters. She then posed the question to me, “From which part should I begin?” (*One of the problems is that I do not know that from which part to start? Because whenever she comes to the session she starts to cry and I do not know how to start the session*). Hence, an enigma or division emerged in Tekoşin’s discourse, creating a gap between the case’s traumatic experiences and the diagnosis. This resulted in a distancing of subjectivity during the clinical supervision session. It prompted Tekoşin to bridge this division through Imaginary unities, offering advice on breathing exercises, a form of psychoeducation associated with symptom-based approaches originating from the dominant medical discourse. Consequently, Tekoşin incorporated the case’s subjective experiences of trauma into her discourse, with the challenge arising from the case’s expression of distress, manifested through crying

during the psychotherapy session. In the final phase of the detailed analysis of the initial segment of Tekoşin’s clinical supervision, subjectivity emerged as the central theme, delineating the structural enigma and/or division in her discourse during the session. In Tekoşin’s subjective position, the sub-theme of the structural theme of subjectivity as an enigma was identified as “diagnostic symptoms”, and her case conceptualization was characterized by “psycho-education (advice)”, both subthemes indicating a form of distancing from subjectivity.

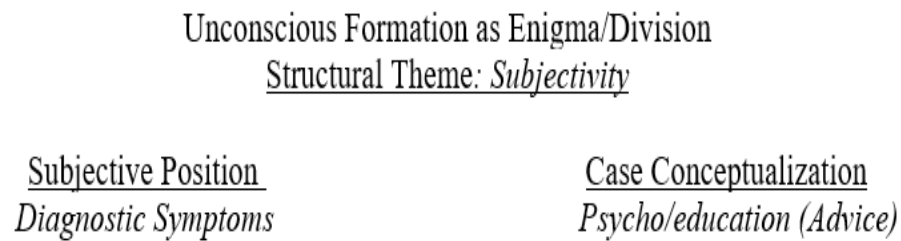


Figure 4.1.1. Tekoşin’s Initial Case Conceptualization and Subjective Position

On the interpretation level, I will analyze the points mentioned in the preceding analysis. Beginning with Tekoşin’s subjective position, her solicitation of advice from me regarding her work and her dispensing advice on breathing exercises to her case can be interpreted as empty speech. This enigma/division may be viewed as the object-cause of her desire and the root cause of Tekoşin’s frustration with her case, constituting a dilemma. This interpretation is grounded in the omission of Tekoşin’s subjective experiences from her speech. Here, Tekoşin’s references to or demands for suggestions, while skipping her subjective experiences, can be interpreted as an attempt to fill the enigma and/or division through Imaginary unity, such as advice or suggestions, to attribute meaning to that which cannot be easily symbolized. This pattern was also observed when Tekoşin presented her case. Despite numerous traumatic aspects, such as “child marriage, hunger, violence, war, family separation, loss of loved ones, forced displacement, witnessing the killing of loved ones under captivity, escaping to the mountains during pregnancy with no food, and experiencing nightmares, flashbacks, sleeping, feeding, communication, and attention problems”, Tekoşin distanced herself from her case’s subjective experiences. She expressed uncertainty about where to start, stating, “One of the problems is that I do not know that from which part to start?”. This can also be interpreted as Tekoşin distancing

herself from her case's subjectivity. Another noteworthy point was that Tekoşin attempted to introduce breathing exercises to her case, as she mentioned, "Whenever the session starts, I try to show her the breathing exercises". Similar to Tekoşin seeking advice from me, her demonstration and teaching of breathing exercises can be seen as an Imaginary attempt. This act can be seen as an Imaginary attempt to address or fill the broken or, more precisely, the split subjectivity caused by the Real and severe experiences of the case. Distancing from the case's subjectivity and attempting to cover or fill it with a kind of Imaginary unity was also observed in other parts of Tekoşin's discourse regarding her case's severe experiences. For instance, Tekoşin portrayed the case's crying during the session as a hindrance to the psychotherapy process, stating, "but because she starts to cry, I cannot spend all of the session time trying to show her this exercise". This is a fascinating example on various levels. On the rhetorical level, a division emerges between the presentation of the case story, marked by its trauma, drama, intensity, and profound elements of death, loss, and suffering. However, this narrative primarily resides on the surface level, merely recounting the events and sequences of traumatic occurrences. Then, abruptly stating, "This is her history. And for her diagnosis..." sharply separates the two, providing the diagnosis in a clinical, symptom-based manner. Consequently, the case's history, rooted in events that were not even acknowledged as the case's subjective experiences, and the symptoms, nightmares, anger, flashbacks, sleep and eating disturbances, attention, and communication problems, became divided between the case's life events and diagnosis. This led to Tekoşin distancing herself from the case's subjectivity, leaving it as a division and/or enigma due to the lack of linkage or connection, a lack of causality between the two. The deviation from analytical thinking was intriguing, as it was operating primarily on a surface level. In this context, the diagnosis also remained on the surface without establishing a connection between the two. Instead, there was an attempt to mask it with a sort of Imaginary unity. Tekoşin's case conceptualization and subjective positions can also be understood within the four-cornered schema of Lacan's graph mentioned in Lacan's eleventh seminar, which distinguishes the level of enunciation (*énonciation*) from the level of the statement (*énoncé*) (Lacan, 1964/1977, p. 140). Examining some of Tekoşin's statements in the supervision session can reveal a dynamic between enunciation and statement through

Lacan's schema. To illustrate this, I have selected a few statements made by Tekoşin, which are provided below:

I am waiting for you to give a very good suggestion for me how to organize my work... This is like in a brief way, this is her history. And for her diagnosis, she sees nightmares, she is angry, she has flashbacks, and she doesn't sleep properly, and even in her food, she has some problems in it, her attention is very bad even in the session; and the way she is communicating with people is also not good. These are her diagnosis... One of the problems is that I do not know that from which part to start?... Because whenever she comes to the session she starts to cry and I do not know how to start the session... Whenever the session starts, I try to show her that the breathing exercises, but because she starts the cry, I cannot spend my all of the session time trying to show her this exercise.

In Tekoşin's speech, the level of the statement is evident in her explicit use of advice and a symptom-based approach from the biomedical discourse, as illustrated by statements such as "I am waiting for you to give a very good suggestion for me on how to organize my work". Here, the enunciation is intimately tied to Tekoşin's desire, particularly evident in her expressed challenge: "One of the problems is that I do not know from which part to start". This desire was intricately connected to "psychoeducation", as highlighted by Tekoşin's attempt to initiate sessions with breathing exercises: "Whenever the session starts, I try to show her that the breathing exercises, but because she starts to cry, I cannot spend my entire session time attempting to demonstrate this exercise". In that context, the enunciation was represented by "psycho/education" which is related to the dominant biomedical discourse, shaping Tekoşin's language and influencing her strategies for managing the therapeutic process. The interplay between enunciation and statement in Tekoşin's case conceptualization, depicted in Figure 4.1.2., intricately reveals the nuanced understanding within the Lacanian framework. Tekoşin's guidance to her case and her request for advice during the supervision session are positioned in the first corner of the schema on the statement level, distinct from the parameters of the enunciation depicted on the diagram. The enunciation positioning signifies Tekoşin's detachment from her own and the case's subjectivities. A notable expression of this detachment is particularly observed in Tekoşin's reaction to her case's crying, a form of

communication devoid of speech, meaning, or words. This emotional expression as an enunciation might symbolize the manifestation of the initial trauma (see Figure 4.1.2.).

To comment on Tekoşin’s detachment from subjectivity, several aspects merit consideration. The persistence of diagnostic thinking solely based on symptoms and the concurrent presentation of events without establishing any connections between them may be perceived as a manifestation of a dichotomous approach. This division, evident in the separation of the case’s history based on events and the diagnostic aspects, seems to serve as a mechanism for distancing Tekoşin from the profound experiences encapsulated in the case. The evidenced-based interpretation of events such as Deash captivity, enduring days on mountains without food, pregnancy, marked by extreme events and profound suffering, appears, on the surface, to lose its empathetic quality. In this light, Tekoşin’s ability to empathize with the woman in the case seems compromised.

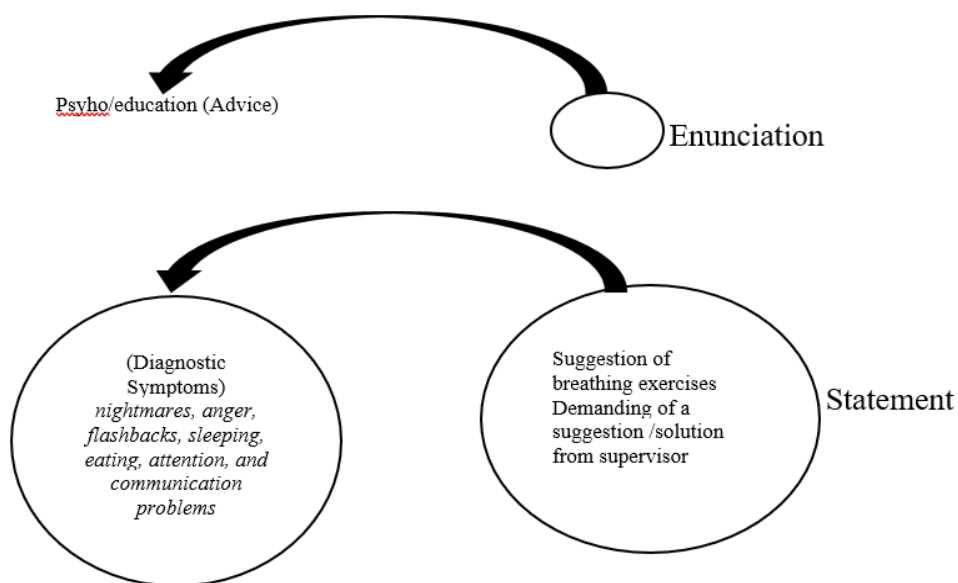


Figure 4.1.2. The Enigma/Division in Tekoşin’s Speech on Lacan’s Four-Cornered Schema of Graph (Lacan, 1964/1977, p. 140)

Another noteworthy aspect pertains to a question posed to me during the session: “From which part should I start?” This query revolves around the challenge of initiating the session when the case consistently begins to cry upon arrival, presenting a dilemma on how to effectively commence the therapeutic engagement. The therapist

expressed attempting to introduce breathing exercises as a grounding technique. However, due to the immediate onset of tears, the therapist finds it challenging to dedicate the entire session time to demonstrating this exercise. At a psychotherapeutic level, not limited to the psychoanalytic framework, the act of “crying” often serves as the starting point or an integral component of a therapy session. In the case of Tekoşin, functioning as a psychotherapist, it appears that she struggled with managing this emotional expression, potentially feeling overwhelmed and lacking specific methods or approaches to address it. This challenge might be associated with a perhaps Cognitive-Behavioral Therapy (CBT) oriented mindset that emphasizes the need for a structured framework. The pressure to adhere to a particular framework, as well as constraints imposed by the maximum number of sessions, such as the limit of twenty or twenty-five, within the local NGO where Tekoşin worked, could contribute to these difficulties in navigating the therapeutic process. It is plausible that Tekoşin did not harbor the expectation that, within twenty-five sessions, a complete healing and resolution of the situation would be achieved. Considering the profound nature of the woman's experiences, the process of coping and finding a way to navigate through them is likely a lifelong journey. The restriction to a set number of sessions, such as twenty-five, could be perceived as merely an initial step in articulating the woman's ordeal. However, if Tekoşin held the mindset that she needed to exhibit success within this limited timeframe, armed with a predetermined toolbox, the pressure to meet such expectations might lead to attempts to quickly alleviate the case's distress. This approach could stem from a desire to accomplish defined goals within the set sessions and avoid categorizing the outcome as a failure. From a reflexivity perspective, as a practitioner serving as an external supervisor, I experienced a parallel pressure in my role. The pressure stemmed from the responsibilities of offering support, conducting supervisions, and delivering training, all within defined and often challenging time constraints. Confronted by such constraints, I engaged directly with Tekoşin, encouraging her to articulate challenges within the case. Striving for a nuanced balance, the approach involved providing practical assistance while accentuating the pressures encountered in my role as a practitioner engaged in a time-constrained humanitarian project. This dynamic notably shaped my position as an external supervisor for Tekoşin. Reflecting on this situation from a current standpoint, free from the constraints, barriers, and pressures of that framework, I might have

approached it differently. After Tekoşin presented the case history followed by a diagnosis, I would likely prompt her to reflect on the severe traumatic events she detailed. I would inquire, “How does what you shared resonate with you? What are your thoughts on the severe events your case has experienced?” This approach might prioritize helping Tekoşin reflect on her subjective position before delving directly into the case’s diagnosis, aiming to establish more subjective link between the severe traumatic events and the subsequent diagnosis and symptoms. The pattern of distancing from her own subjectivity persisted in Tekoşin’s engagement with her case, particularly when she directly sought guidance on initiating sessions despite the case’s crying. The dual aspects of distancing, from her own subjectivity and then to the case’s subjectivity, were notably entwined with her supervision queries, where she sought advice and suggestions. Various interaction dynamics, including Tekoşin’s potential burnout, the pressures arising from the demands and obligations of the time-restricted project, and the influence of my position as a practitioner, likely played a role in these distancing behaviors. In summary, it is noteworthy that Tekoşin’s case conceptualization and her subjective position align with her approach to the subjective positions of her case within the therapeutic process. This parallel dynamic was evident in the clinical supervision involving Tekoşin during the intervention work.

4.1.2.2. Bawer (SI) (Initial Analysis Component: Master Signifier)

In this remote supervision session with Bawer conducted in August 2020, the interpreter was physically present in the center, and the supervision session languages mainly involved English and Kurdish, with occasional use of Arabic. Below is the opening segment of the individual supervision session I conducted with Bawer.

Extract

Bawer: A female case, as a second wife, but systematically sexually abused by the husband’s son from his first wife. Because of that, she is afraid a lot, she faints a lot, and she is so uncomfortable, and she says how come, he is like her son, and he is doing that to her; one of the problems is that I do not know how to solve this, I do not know how to tell the father that the son is doing this or to tell your son is doing that to the second wife, because they live together. She even had some suicidal thoughts, she thought about killing herself, but I put a

safety plan for her (a plan in case there is suicidal situation) and I promised her that I will solve the problem. My question is that I do not know how to solve this problem between the son and her mom, I do not know how to do it... I discussed this with other supervisors, and other psychotherapists, but still we could not achieve a point. One of the plans is that I thought about finding a way either to talk to the boy, or the father, or the second wife to approach them. But this subject is very sensitive, I only thought about it, I did not decide about anything towards it. Otherwise I advise her like to avoid from him, to stop him, to talk to him and to tell him that whatever he is doing is wrong, like he is like her son, but, although she was trying these attempts, but he still keeps on what is doing to her. I do not know what to do for this situation.

Ali: You said that you promised to solve this.

Bawer: I said that I will actually try my best, I will ask the supervisor, not only like I will try to find the solution, but I and supervisor, we will try to find a solution for this problem.

Analysis

Bawer presented a distressing case involving a female client who is the second wife, systematically subjected to sexual abuse by the husband's son from his first marriage. In the supervision session, Bawer initiated the discussion without delving into subjective, social, or cultural histories. The gravity of the situation became evident as he described the woman's experiences, including fainting attacks, heightened fear, and profound discomfort, all stemming from the disturbing nature of the abuse, perpetrated by someone considered akin to her own son (*how come, he is like her son, and he is doing that to her*). Bawer highlighted the psychological symptoms manifested in the case and underscored the challenges he faced in addressing the complexities of sexual abuse within familial dynamics. The dilemma of whether to inform the father about his son's actions, given their shared living situation, added to the intricacy of the case. When the client expressed suicidal thoughts, Bawer took proactive measures by implementing a safety plan, demonstrating his commitment to her well-being. He expressed a personal promise to resolve the issue, but confronted with the gravity of the situation, sought guidance during the supervision session. Bawer articulated his uncertainty, acknowledging a lack of clarity on how to navigate the delicate matter of informing the father. Despite consulting with internal supervisors and psychotherapists, a viable solution remained elusive, intensifying Bawer's internal struggle. He shared his attempts to advise the case, suggesting actions like avoidance

and direct communication with the stepson, but these efforts proved ineffective as the abuse persisted. In discussing potential approaches, Bawer contemplated talking to the boy, the father, or the second wife. However, the sensitivity of the matter left him in a state of indecision. The session underscored the ethical challenges and complexities involved in addressing such a delicate issue. My probing question about Bawer's promise (*You said that you promised to solve this*) prompted a response which made Bawer to clarify that he committed not only to personally try his best but also to collaborate with his supervisor in the pursuit of a solution (*I said that I will actually try my best, I will ask the supervisor, not only like I will try to find the solution, but I and supervisor, we will try to find a solution for this problem*).

In the analysis of the beginning part of the initial supervision session, a Lacanian discourse analysis was employed, focusing on the signifier as a key element in understanding both Bawer's subjective position and his case conceptualization. The process involved identifying potential signifiers, determining a master signifier, and exploring the connections through metaphoric and metonymic operations according to the Lacanian formula:

Signifier (S1)
Signified (\$)

In Lacanian approach, key-signifiers act in language bolstering the status quo and outlining the characteristics and boundaries of the discursive realm (Parker, 2001), thus, I will be concerned with how meaning is always deferred and simultaneously constructed by identifying the key-signifier. In accordance with Lacanian theory, a signifier is imbued with overdetermination, condensation, and myriad connections, ultimately replaced by another signifier through the dynamic interplay of progressive and regressive desire movements. In the case presented by Bawer, the signifiers encompass familial roles (father, son, mother, second wife) and actions (sexual abuse, fear, fainting, discomfort). The nodal points, or *points de capiton*, are where these signifiers anchor and connect, representing the psychical life of the case. The bar (~), signifying repression, is evident in the difficulty of addressing the unspeakable nature of the sexual abuse within the family structure as expressed in Bawer's speech (*I do*

not know how to tell the father that the son is doing this or to tell your son is doing that to the second wife). The clinical discourse is then deconstructed into a condensed form without punctuations to emphasize the overdetermined and condensed nature of signifiers. This structural analysis reveals that the entire presentation revolves around the key signifier of “sexual abuse by the husband’s son”, highlighting the thematic focus on “sexuality” and its various connections to other signifiers:

female second wife but sexually abused by husbands son first wife afraid a lot faints a lot so uncomfortable not know solve this not know how to tell the father son doing this tell son doing that second wife suicidal killing herself but I plan I promised her I solve problem question not know solve this problem between son mom not know but we not achieve I boy father second wife but this subject very sensitive advise her stop him him him he wrong he her son but she but he doing her not know my best supervisor not I solution but I supervisor we solution problem

In alignment with Lacan’s theoretical framework, where a signifier is seen as overdetermined and condensed with multiple connections, “sexuality” demonstrated diverse links to other signifiers through both metaphoric and metonymic operations within Bawer’s subjective position and his case conceptualization. A noteworthy observation in the initial supervision session was the central role of the key signifier, “sexuality”, in shaping both Bawer’s subjective position, represented by the “incest (impossible problem)”, and his case conceptualization, symbolized by the “masculinity (possible solution)” as the master signifier. The case’s encounter with incestuous sexual abuse was construed as an insurmountable problem, serving as Bawer’s subjective position anchor for other signifiers in his discourse. Within this context, “incest” emerges as an impossible problem in Bawer’s subjective position during his presentation of the female case. The operation of signifiers related to the “incest (impossible problem)” is apparent in the sequence:

(not know solve) (not know how to tell the father son doing this) (tell son doing that) (I plan I promised I solve problem question) (not know solve this problem between son mom not know) (we not achieve plans not know what to do my best) (supervisor not I solution) (I supervisor we solution problem)

Bawer’s conceptualization of the case, where the master signifier “masculinity” dominates, subsequently influencing his subjective position. This is illustrated by these key signifiers:

female sexually husband I know solve father plan I promised I solve problem question I know solve problem between son mom I know I we achieve plans I father I advise stop wrong I know I supervisor I solution I supervisor we solution problem

Conclusively, the key signifier “sexuality” functions as a pivotal force, collaborating with “masculinity (possible solution)” for Bawer’s case conceptualization and juxtaposed with “incest (impossible problem)” for his subjective position as master signifiers. This interplay of signifiers intricately shapes Bawer’s understanding of the presented case within the Lacanian framework (see Figure 4.1.3.).

Unconscious Formation as Master Signifier (SI)
Structural Theme: Sexuality

<u>Subjective Position</u>	<u>Case Conceptualization</u>
<i>Incest (Impossible Problem)</i>	<i>Masculinity (Possible Solution)</i>

Figure 4.1.3. Bawer’s Initial Case Conceptualization, and Subjective Position

On the interpretation level of the analysis, in Lacanian approach, first of all, instead of searching for an ultimate meaning, I focused on the openness of the enunciations. Thus, I tried to follow up multiplicity and polyvocality of the signifiers which can broaden explanation rather of shutting them down to focus on final reading or another. Ultimately, at this part of the analysis, my aim is psychoanalytic interpretation based on the Lacanian analysis of the signifiers. Here, my subjective position as a researcher is also in the interaction of the concentric circles between my subjective position and the text, where interpretation may be expressed. The act of engaging in these reflexive interpretations and movements is more important than the final product since concentric reflexivity is never completed because we can never get to a place where we can stand outside of preconceptions and knowledge. First off, the persistent recurrence of signifiers such as “sexual abuse”, “father”, and “son” in Bawer’s

discourse functions as Lacanian *points de capiton*, anchoring the traumatic narrative and stabilizing the discourse around key signifiering elements. Without giving any information concerning the case's demographic, familial, social, and cultural background, Bawer's direct starting point of the case's exposure to sexual abuse by the step-son, "female case, as a second wife, but systematically sexually abused by the husband's son" was noteworthy. As mental health workers in the center, they generally have some background information about their cases, yet, somehow, Bawer preferred to emphasize "sexual abuse by the step-son". It was likely that identification was strongly linked to the key signifier, "sexuality", more specifically to certain patriarchal themes like "masculinity", and "incestuous guilt". This was consistent with Bawer's pattern of speech considering that after he emphasized "sexual abuse by the step-son", his case conceptualization was based on the masculinity-related signifiers as in:

I know solve father I plan I promised I solve problem question I know solve problem between son mom I know I we achieve plans I father I advise stop wrong I know I supervisor I solution I supervisor we solution problem

The signifiers within Bawer's discourse carry the imprint of cultural taboos and linguistic nuances, influencing the representation of concepts like "sexuality" and "guilt". This exploration reveals the symbolic and cultural dimensions inherent in the language used. It is also noteworthy to mention that during the initial supervision session, as Bawer's supervisor, I reiterated my understanding of his speech, stating, "You said that you promised to solve this". Bawer's use of negation was particularly significant: "I said... actually... I will ask the supervisor, not only like I will try to find the solution, but I and the supervisor, we will try to find a solution for this problem". In this context, the use of negation within the same case conceptualization (masculinity) is noteworthy. As I found myself in a position associated with the "subject supposed to know", it suggests a potential indication of Bawer's identification with the Other's desire. What adds intrigue to the situation is that, when I simply reflected Bawer's statement (*You said that you promised to solve this*), it aligns with Lacan's formulation of "his own message in its true signification, that is to say, in an inverted form" (Lacan, 1964/1977, p.140). The reflection prompted Bawer to respond with clarification, stating, "Actually... I will ask the supervisor". I have depicted this

aspect using Lacan’s L Schema (Figure 4.1.4.). As noted, Bawer’s case conceptualization centered around the signifier related to “masculinity”, positioned under the key signifier “sexuality”. This mobilized Bawer’s case conceptualization towards a masculine role associated with the “subject supposed to know”. In alignment with Lacan’s conceptualization, an analysis of interconnected signifiers, including “I promised I solve problem question I know solve problem between son and mom I know I we achieve plans I father” reveals a dynamic pattern. When I mirrored these aspects by stating, “You said that you promised to solve this”, Bawer, employing negation, responded, “not only like I will try to find the solution, but I and the supervisor”. The alignment substantiates my earlier interpretation of Bawer’s negation as its inverted form (see Figure 4.1.4.).

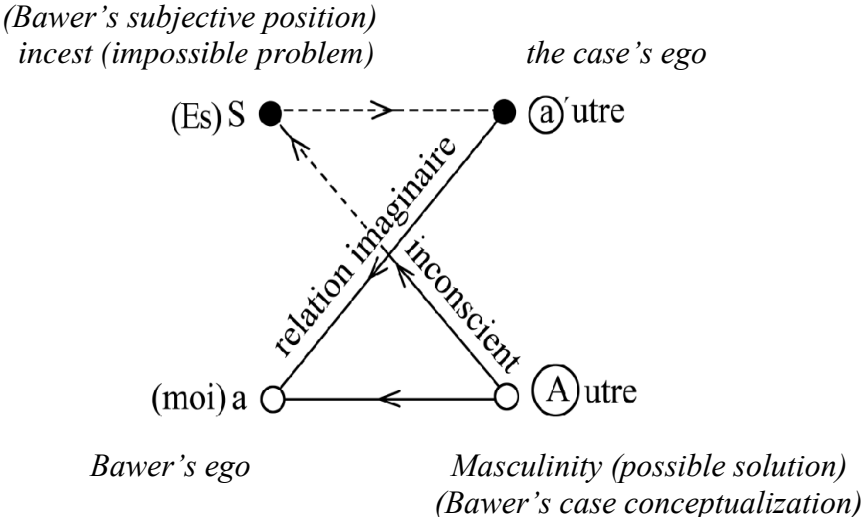


Figure 4.1.4. Bawer’s Initial Supervision Session on Lacan’s L Schema

Bawer’s use of negation within his subject of enunciation is notable, positioning both himself and me within the “supposed to know” role, which was backed up his case conceptualization of masculinity. This is evident in his statement, “but I and the supervisor, we will try to find a solution”. This dynamic hold relevance within the Symbolic axis of the *L Schema*, where the master signifier, masculinity, occupies the position of the Other (Autre on the schema). An additional avenue of exploration involves an examination of the key signifier, “sexuality”, within the specific context of the Kurdistan Region of Iraq’s language, culture, and social structure. A lexicographical inquiry into the term “sexuality” in a Kurdish dictionary revealed

translations as “zayendî” and “cinsîti” (Farqînî, 2011). Intriguingly, in my interactions with local mental health workers, the term “zayendî” in Kurdish was notably absent, with the team predominantly employing “cinsîti” in Kurdish, originally connoting sexual, but utilized more broadly to signify “gender” (*cinsî* in Kurdish) rather than “sexuality”. Delving into the etymology of “zayendî”, it emerged from “za-n” in Indo-European language structures, carrying diverse meanings such as “giving birth”, “giving birth abundantly”, and “birth of Jesus”. These connotations intertwine “sexuality” with “religion” in a psychoanalytic context. The broader discourse among mental health workers underscores “sexuality” and “religion” as primary signifiers associated with primal repression. Additionally, a pertinent observation from Wikîferheng notes that “in certain regions of Kurdistan, the term “zan” is considered taboo for women, exclusively applied to female animals” (Li hin deverên Kurdistanê bikaranîna peyva “zan” bo jinan tabû ye lewre tenê bo heywanên mê tê bikaranîn) (Wikîferheng, 2023). This association with the Kurdish word “za-n” suggests a linkage to prolific childbirth, supporting the notion of frequent birthing (essentially sexuality). Simultaneously, the taboo surrounding the term in relation to religion (birth of Christ) implies a sense of “guilt” within the cultural and linguistic milieu of the region.

4.1.2.3. Bejnê (*objet a*) (Initial Analysis Component: Hole/the Real)

During the remote supervision session in August 2020, the interpreter was physically present at the center alongside Bejnê. The session primarily involved communication between English and Kurdish, occasionally incorporating Arabic.

Extract

Bejnê: We are receiving some severe cases, they have severe depression, severe anxiety, they want therapy treatments.

Ali: Okay, if you want, you can mention the most difficult case now.

Bejnê: I receive a case, that is very severe, but still it is not under supervision neither under psychiatrist control. A female case from Eryan Camp, three sessions done, and she is pregnant. Nearly for more than one year she hallucinates. She just recently came for treatment. Fainting, nearly thirty times a day. The case says, when she faints she sees things that they are not there.

Even when she does not faint, she sometimes sees these figures. One of the figures that haunts her is in a shape like mutilated, burnt and eyes out. After fainting, waking up, she finds some marks on her body as if someone pressed her skin. In the past time, she had suicidal thoughts, she was trying to kill herself, that is why her family did not put any knife or other things near herself. Sometimes, she smells something burnt, but other people around her do not smell this. When she tries to observe or receive where the smell comes from, she sees that someone is burning something. She is diagnosed as depression. She is pregnant for seven months, and sometimes cannot breathe well. I followed her history and could not find any traumatic incident. This happened to her suddenly. After she got married she was happy, but after four months, she started fainting. Because Covid-19 and the Eid holiday, they did not put the case under supervision. She also does not think properly (some problems in her brain explained in Kurdish). After intake interview, I took history because the case was urgent. Because of her pregnancy she could not come to her last session and there was not anybody to bring her to the session...I do not know, how to treat other things happening to her. I can treat depression, but for other things, I do not know what to do about hallucinations (she has hearing, smelling, and seeing hallucinations) ...She sees a lot of scary faces, sometimes, I also feel scared when the case mentions about these...This is the first time that I met such kind of hallucinations. It is very difficult for me when the patient describes these kinds of features that she sees...

A: Why is it difficult for you?

Bejnê: Because I do not know how it (this type of hallucination) happens...

Ali: Okay, because the lack of information you got scared...

Bejnê: I already saw a lot of hallucinations, but this type of hallucination is very extreme. I have not seen this kind of hallucination...Because there are three type of hallucinations (hearing, smelling and seeing hallucinations) that the patient is suffering from...It is also difficult for the reason that in sessions I do not think she is benefiting (from sessions). She benefits when she gets medicines...I think, the sessions are not helpful for her; only medicines will help...Hallucinations cannot be treated in sessions. Hallucinations are related to mental not psychology...It is related to psychology as well, but more, it is related to mental, maybe also because of hormones...Like brain...

Analysis

Bejnê opened our conversation by highlighting the severity of cases they were dealing with, cases marked by intense depression and anxiety, all seeking therapy (*We are receiving some severe cases, they have severe depression, severe anxiety, they want therapy treatments*). When I asked to discuss what the most challenging case was for

her, Bejnê recounted a distressing situation involving a pregnant woman from Esyan Camp in northern Iraq which is a home to around two thousand victims of Êzidi genocide, most of them from Şingal. This particular case had already undergone three sessions but remained without supervision or psychiatric support. The woman (the case) had been experiencing hallucinations for over a year, fainting almost thirty times daily. During these fainting episodes, she described seeing disturbing figures, including one resembling a mutilated, burnt figure with eyes out (*One of the figures that haunts her is in a shape like mutilated, burnt and eyes out*). Even when not fainting, the case continued to experience these unsettling visions. Following these episodes, she often found unexplained marks on her skin, as if someone had pressed her body (*After fainting, waking up, she finds some marks on her body as if someone pressed her skin*). In the past, the case had grappled with suicidal thoughts, prompting her family to keep sharp objects away from her. Additionally, the woman occasionally detected the smell of burning, though those around her did not share this experience. When she attempted to locate the source of the smell, she claimed to see someone burning something. Clinically, she had been diagnosed with depression and was seven months pregnant, experiencing occasional breathing difficulties. Bejnê claimed that she had reviewed her history but could not identify any traumatic incident to explain these symptoms. The case said to Bejnê that she had initially been happy when getting married; but after four months she started experiencing fainting spells. Moreover, the case had been left unsupervised due to factors like Covid-19 and the Eid holiday in the local region. In addition, Bejnê noted that these symptoms could be resulted from some cognitive issues, suggesting potential brain-related problems for the case. After she took the intake interview, Bejnê started sessions with her by taking her history as the case was urgent. Yet, because the case was pregnant, she could not come for her last session and there was no one who could bring her. Although Bejnê could treat the case's depression, she expressed her uncertainty about how to address the hallucinations; therefore, she shared her feelings of inadequacy and fear in dealing with this case (*I do not know, how to treat other things happening to her; She sees a lot of scary faces, sometimes, I also feel scared when the case mentions about these*). Bejnê repeated that she had never encountered this extreme type of hallucinations and it is very challenging for her when the case mentioned hallucinations (*It is very difficult for me when the patient describes these kinds of features that she sees*). After I asked

about the challenge to delve into her subjective experiences of the difficulty about her case, Bejnê answered that she did not know how hallucination occurs in the case (*Because I do not know how it happens*). Then, based on her answer I made an interpretation as I stated that the main reason of her fear was “the lack of information” (*because the lack of information you got scared*). As an answer to my comment, she admitted that she had encountered hallucinations before but had never encountered this extreme type as the case’s experience encompassed three types of hallucinations: auditory, olfactory, and visual. For Bejnê, the main reason of the difficulty was that the patient was not benefitting from her therapy sessions and she believed that medication might be more effective (*It is also difficult for the reason that in sessions I do not think she is benefiting. She benefits when she gets medicines...I think, the sessions are not helpful for her; only medicines will help*). She expressed her belief that hallucinations were a mental rather than psychological issue, potentially related to hormones or brain functioning and cannot be treated in sessions (*Hallucinations cannot be treated in sessions. Hallucinations are related to mental not psychology*). Interestingly, when she was describing her case’s problems as mental problems differentiating from psychological issues, she made a biomedical connection to the brain as an organ which was described in Kurdish language in the supervision session (*It is related to psychology as well, but more, it is related to mental, maybe also because of hormones...akliye...Like brain*).

In my analysis of the beginning part of the initial supervision session summarized above, my main focus in Bejnê’s discourse was not on seeking a definitive meaning but rather on identifying the meeting points with the Real that corresponds to *objet petit a* in Lacanian discourse theory. In the framework of Lacanian psychoanalysis, the Symbolic structure lays the groundwork for all Imaginary constructs, including thought processes (Evans, 1996). However, preceding the emergence of Imaginary register within the Symbolic order is the Real which is a realm defined by trauma, rupture, and disengagement, steadfastly resisting integration into both the Imaginary and the Symbolic (Fink, 1995). The Real, characterized by its inherent impossibility, alludes to the traumatic essence. During the Sinthome seminar, Lacan (1975-76/2016) outlined the three registers (Imaginary, Symbolic, and Real) as interwoven elements, forming a complex structure known as the Borromean knot. He expounded that in the

mimesis of the *Borromean knot*, the Imaginary order operates on the plane of *consistency*, the Symbolic as a *hole*, and the Real as *ex-sistent* to other registers (Lacan, 1975-76/2016, p. 44). Within this intricate Borromean knot, there is *objet petit a*, which is, topologically, the residue as a hole left behind after the incorporation of the Symbolic into the Real. The reason is that *objet a* is devoid of reference to any signifier, representing a void that compels the subject to perpetually attempt to fill it (Melman, 1993-94/2022, p. 64), and to try to create an Imaginary unity. Therefore, in the discourse of Bejnê, *objet petit a* has been considered the meeting points with “the Real which entails the hole that subsists within it, given that its consistence is no more than the consistence of the entirety of the knot that it forms with the symbolic and the Imaginary” (Lacan, 1975-76/2016, p. 26).

In my experience as a clinical supervisor, I found Bejnê’s speech during supervision sessions to be particularly relevant in terms of elucidating the connection between *objet petit a* (the residual aspect) of the fragmented subject and the gaps or voids within her speech. Firstly, at the beginning of the supervision session, Bejnê’s emphasis about her case’s severity was interesting as she several times repeated the word, “severe” (*We are receiving some severe cases, they have severe depression, severe anxiety, they want therapy treatments*). That repetition of the word, *severe*, was thought to be related to *objet petit a*, as an *ex-sistent* in the Real register which indicates a hole in the symbolic, and, staying as *consistency* in the Imaginary register in Bejnê’s speech. For instance, in order to reframe the word “severe”, when I used the word “difficult” and said to her that she can talk about the most *difficult* case (*you can mention the most difficult case now*), interestingly, she repeated the word “severity” in a more emphasizing way (*I receive a case, that is very severe*). Secondly, when presenting her case, Bejnê did not mention any background information such as her case’s biography. Instead, among the case’s symptoms, hallucinations were the main focus of Bejnê’s speech (*The case says, when she faints, she sees things that they are not there. Even when she does not faint, she sometimes sees these figures*). Although there were some other symptoms (such as fainting and suicidal thoughts) to be discussed in our supervision session, symptoms of hallucinations of the case were the main focus in Bejnê’s speech. When describing the case’s hallucinations, Bejnê’s explanation was related to that of a disfigured form, marred by burns and devoid of sight (*One of the*

figures that haunts her is in a shape like mutilated, burnt and eyes out). Furthermore, in Bejnê's speech, there were themes that were related to the case's body as the case upon regaining consciousness after fainting, she discovers peculiar impressions on her skin, as though her body had been touched or manipulated by an unseen presence, kind of depersonalization experience (as ex-sistent in the Real register), intensifying her sense of detachment from her own physical self (*After fainting, waking up, she finds some marks on her body as if someone pressed her skin*). Depersonalization experiences in the case were also accompanied by other phenomena, including a history of suicidal thoughts, unique olfactory sensations, and the efforts to trace their origins. Therefore, in Bejnê's speech, those experiences of her case revealed a compelling and unsymbolized connection to themes of mortality and self-harm (*suicidal thoughts, she smells something burnt, but other people around her do not smell this*), which was thought to be related to create a metaphorical "hole" in the Symbolic register, for both Bejnê's case conceptualization and her subjective position. The case was diagnosed with depression, but the sudden onset of symptoms, including difficulty breathing, fainting, hallucinations, and no apparent traumatic incident do not fit neatly into a typical diagnostic framework within conventional parameters as a master signifier for Bejnê. At this point, Bejnê's anxiety was evident when she mentioned feeling scared because of the uncertainty about how to treat the case's hallucinations, particularly since she has not encountered such experiences before (*She sees a lot of scary faces, sometimes, I also feel scared when the case mentions about these*). Encountering this uncertainty (hole), Bejnê's reference to biomedicalization instead of psychotherapy for her case's hallucination symptoms was thought to be related to *consistency* in the Imaginary register as part of the *objet petit a* in the Borromean knot in Bejnê's speech (*I do not think she is benefiting from sessions. She benefits when she gets medicines...I think, the sessions are not helpful for her; only medicines will help*). Thus, from the pattern of the repeated word, "sever-(e)", and the way that Bejnê's description of the case's "hallucinations" which were related to distorted body figures, to high level of Bejnê's anxiety, and her medicalization were thought to indicate *objet a* in Bejnê's speech simultaneously. For the analysis of *objet a* in Bejnê's speech in the initial supervision session, the term "trauma" was chosen as a general structural theme because her speech revolved around the themes of distortion/separation, anxiety, and medicalization. The term dissociation (*twisted*

reality) was selected for Bejnê’s case conceptualization, and for her subjective position, the terms anxiety and medicalization were chosen as sub-themes (See Figure 4.1.5).

Unconscious Formation as Hole/the Real (*objet a*)
Structural Theme: Trauma

<u>Subjective Position</u>	<u>Case Conceptualization</u>
<i>Anxiety & Medicalization</i>	<i>Dissociation (Twisted Reality)</i>

Figure 4.1.5. Bejnê’s Initial Case Conceptualization, and Subjective Position

Regarding Bejnê’s conceptualization and her subjective position, first of all, her repeated emphasis on the word “sever(e)” was thought as the first meeting point with *objet petit a*, which was related to *dissociation (twisted reality)*, *anxiety*, and *medicalization* in Bejnê’s speech. For instance, when she used diagnostic terms such as depression and anxiety, it was interesting to see that Bejnê used the word, *severe*, as an adjective to emphasize the diagnoses (*severe cases, they have severe depression, severe anxiety*). Analyzing the word “severe” in etymological aspects can open for some phenomenological interpretations. First, the word “sever” in “severe” attracted my attention and according to the Online Etymology Dictionary (2022), “sever” means a separation and/or division, to put or keep apart in old French, or to separate (later in French restricted to wean, i.e., to separate from the mother). It derives from Latin “separare”, meaning to pull apart, and can be traced back to “parare”, which means to make ready or prepare (derived from the Proto-Indo-European root “pere”, meaning “to produce, procure”). In the same dictionary (2022), “severe” is explained to originate from the Proto-Indo-European root “segh”, which means “to have” or “to hold”. Thus, considering the root of the word “severe”, there are two meanings of the word “sever(e)”, which are “separation or division”, and “holding (together)”. These etymological meanings were compatible with the function of *objet petit a* as a meeting point with the Real in Bejnê’s speech. For instance, when mentioning her case’s symptoms of hallucination, Bejnê’s description of it was based on a form of a twisted reality (*she sees things that they are not there*) and fragmented figures (*One of the figures that haunts her is in a shape like mutilated, burnt and eyes out*). Furthermore, Bejnê’s explanation of the case’s depersonalization experiences, in which she feels as

if someone has touched her skin and she smells something burnt that others around the case did not detect, was thought to be related to the Lacanian term ex-sistence. This connection is rooted in the concept of the loss of essence, which was compatible with Bejnê’s central focus in presenting the case’s hallucination that revolved around “dissociation”, “twisted reality”, “anxiety”, and “medicalization”. “Medicalization” was at the same time based on Imaginary unity. Hence, as the first meeting with the Real in Bejnê’s speech, the word “sever(e)” was interpreted as the Borromean knot of the three registers as follows (See Figure 4.1.6.).

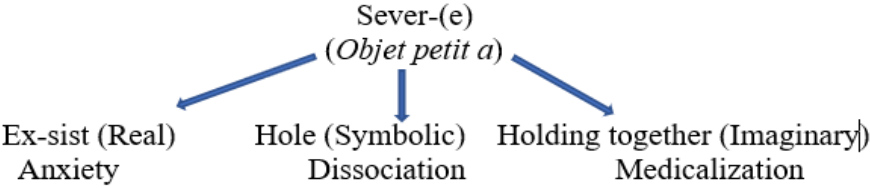


Figure 4.1.6. Bejnê’s Word, Sever(e), as *objet a*

It can also be illustrated topologically the function of *objet petit a* on the Borromean knot which was mentioned in Lacan’s Sinthome seminar (Lacan, 1975-76/2016) (See Figure 4.1.7.).

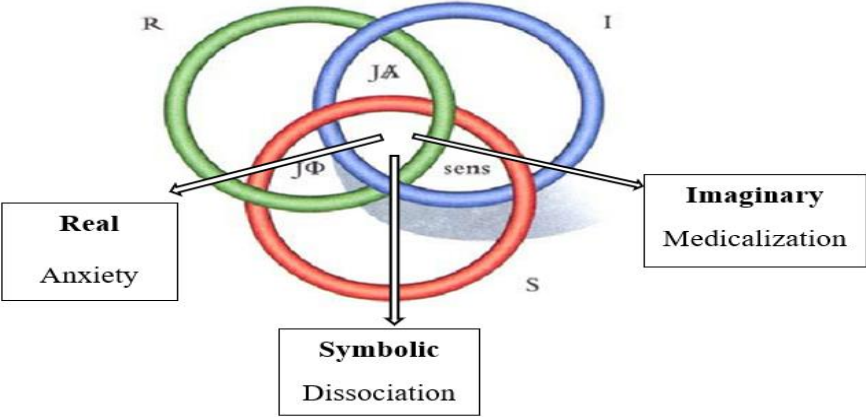


Figure 4.1.7. Bejnê’s *Objet a* on the Three Central Fields of the Lacan’s RSI Diagram (Lacan, 1975-76/2016, p. 43)

Thus, in the function of *objet petit a*, which was represented by “sever(e)” in Bejnê’s speech, the case’s hallucination symptoms were related to the dissociation and/or twisted reality in the Symbolic realm as hole. Those inexplicable symptoms of

hallucination in turn were believed to induce anxiety in Bejnê in the Real register as ex-sistent. This might lead to her medicalization in the Imaginary realm for Bejnê as consistency (holding together). Bejnê's anxiety was thought to be related to the meeting with the Real. Because Bejnê herself was an internally displaced person (IDP) from Şingal, and the case's hallucination symptoms of disfigured shapes, and broken-down body images might be associated with Bejnê's own traumatic experiences as an IDP. Another point is that Bejnê's reference to "medicine" might indicate some ethological and historical aspects of *objet petit a* as trauma in Êzidî community. In the term "medicine", there is "med" which is Proto-Indo-European root meaning "take appropriate measures" according to the Online Etymology Dictionary (2018). The word "med" might also be associated with the "Med(es)", an ancient Mesopotamian people who may be relatives of ancient Kurds (Wikipedia, 2023). In summary, the supervision session was a truly fascinating and paramount case discussion, to say the least. At one point, I was attempting to reframe the word "severe" to something more akin to "difficult", aiming to provide a case description that was not solely symptom-based but also descriptive and associative in nature. At this stage, we lack a biography and significant context, which could also be interpreted as an identification between Bejnê and her case. What was particularly intriguing was how Bejnê herself related to feelings of fear after mentioning her case's hallucination symptoms. I was striving to transition from describing the case to understanding its impact on her, which introduced a different level of discussion. It was fascinating to realize that the issue was not just about the number of fainting episodes but also about anxieties and fears. Another noteworthy point was that my interpretation, "because of the lack of information, you became scared", could be related to my position as an authority (master position), potentially suggesting that Bejnê identifies with me. This might cause Bejnê to not fully accept it but to present an alternative perspective. It was quite intriguing to observe how it was then reframed as "I can't help, only medicine can help", without any apparent reason, argument, or logic, just "medicine".

4.1.2.4. Aram (S2) (Initial Analysis Component: Other's Discourse/Signification)

In this remote supervision session done in August, 2020, the translator/interpreter was in the center and the supervision session languages were mainly in English, Kurdish and rarely in Arabic.

Extract

Aram: Female case in the camp, born in 1973. She has three daughters and one son. Her childhood, she was prevented from a lot of things, she did not have sympathy and empathy because she did not have parents, she wanted to go to school but her aunt and uncle they prevented her from that she could work to support them economically because the situation was not good. She was diagnosed with PTSD and depression, I did seventy-eight sessions with her; the last session was on the last Sunday; her situation was very bad; and when she remembered that the third of August, she remembered her brother because she was loving him so much; she was missing him; I used a lot of CBT but she was crying in the session, she was talking a lot about her brother, in this situation she doesn't know whether her brother is death or lost, I am asking about how can I help her in this situation. This is my question.

...

Ali: What do you think about her crying in sessions?

Aram: In one way it is good, because she expresses her feelings out, on the other hand if she continues like that it may affect her eyes. She may go blind...Generally, when the case coming to the session and crying a lot, this may delay the time of the session and also treatment method can be delayed. We also get affected by it.

Analysis

Starting at the surface level at this initial supervision session, after mentioning demographic information briefly (*Female case in the camp, born in 1973. She has three daughters and one son*), Aram presented his case. He gave some general information about his case's past life, such as having been deprived from some fundamental needs during her childhood because the case did not have parents, which resulted in lacking sympathy and empathy, and she was forced not go to school in order to work for her aunt and uncle as their economic conditions were poor (*Her childhood, she was prevented from a lot of things, she did not have sympathy and empathy because she did not have parents, she wanted to go to school but her aunt*

and uncle they prevented her from that she could work to support them economically because the situation was not good). Then, Aram stated that the case's diagnoses were PTSD and depression, and, although he did around seventy-eight psychotherapy sessions with his case, she was still not good (*I did seventy-eight sessions with her ... her situation was very bad*). Later, Aram mentioned the case's loss of family member (her brother) during Êzidî genocide as the case was missing her brother (*when she remembered that the third of August, she remembered her brother because she was loving him so much; she was missing him*). Aram also emphasized his specific psychotherapeutic technique as he used CBT often with his case, yet the case continued crying and talking about her brother as she did not know whether her brother was alive or dead as the case's brother was lost during Êzidî genocide (*I used a lot of CBT but she was crying in the session, she was talking a lot about her brother, in this situation she doesn't know whether her brother is death or lost*). Then, in a general way, Aram asked his supervision question which was, kind of, demanding to know the way that he can help his case in that kind of situation (*I am asking about how can I help her in this situation. This is my question*). As an external supervisor, when I asked how he felt about his case's crying since Aram already emphasized the case's crying as a kind of barrier (*I used a lot of CBT but she was crying in the session*), he gave an interesting or somewhat ambiguous explanation as he said that although crying was related to expressing the feelings, which Aram found good, but for him the case might go blind because crying could affect the eyes negatively in addition to delaying the time of the session and affecting the treatment method negatively.

On the analysis level, I focused on the Other's discourse structure/signification (S2) through discourse mapping in Aram's speech about his case in the initial clinical supervision session. For Lacan, since discourse is the main reason of the structural relations without language, it is also a causal effect of stable relations, which goes further and larger than actual speech during intersubjective relations that account for sociocultural and political productions (Lacan, 1969-70/2007). Thus, through the analysis of the Other's discourse/Signification in Aram's presentation of his case, my primary goal was to first examine the structural theme in Aram's discourse. Second, I aimed to explore how Aram constructs his case conceptualization, elucidating the factors that influence his intersubjective relations both with his case and with me

during supervision sessions. The third objective was to analyze Aram's intrapsychic conditions, shedding light on his subjective position in the initial clinical supervision session. As the detailed explanation of Lacanian analysis of Other's discourse/signification (S_2) through the mapping of discourse within Lacanian discourse analysis has been previously presented in the methodology section, it is sufficient to provide a summary of Lacan's quadruple discursive space positions and algebraic symbols of his discourse formula before delving into the analysis of Aram's discourse structure. Lacan's naming of four distinct structural positions of any discourse, connecting through vectors, as 1) agent/semblance, 2) other/*jouissance*, 3) production and/or surplus-loss of *jouissance*, and 4) truth, was based on his XVII. Seminar (1969-70/2007) and his Milan discourse (1972a) in which he revised the structural positions of the discourse. The upper structural positions represent the relation of impossibility which indicates the barrier of complete transform of truth, and the lower structural positions demonstrate impotence that illustrates the block between the agent's truth and the other's (receiver's) product.

The structural positions are formed in a kind of algebraic sections as S_1 , master signifier, S_2 knowledge, $\$$ subject divided, and lastly *objet a* which is, in general, related to the object-cause of desire. These algebraic sections, based on, their places of structural positions, establish four fundamental discourse formulas of Master, University, Hysteric, and Analyst discourses. In Lacan's delineation of four discourse types, he placed Master and University discourses on a parallel trajectory, labeling University discourse as a "modernized master discourse". Similarly, he associated Hysteric and Analyst discourses, citing the hysterization of the analysand as a precursor to Analyst's discourse (Lacan, 1969-70/2007). Taking the discourses of Master and University in a similar structural approach is also compatible to explain Aram's discourse of structure. In Aram's discourse, the structural theme of the Other's discourse/signification intricately revolved around the concept of "knowledge", resembling a manifestation of the hegemonic Other or a modernized master discourse. This is exemplified by Aram's explicit statement, **"I used a lot of CBT, but she was crying in the session"**, in reference to a victim of the Êzidî genocide. The absence of subjective elements in his case presentation, focused on an individual subjected to the Êzidî genocide on the "third of August", signifies that Aram's discourse structure

aligns predominantly with the “(hegemonic) modernized Master”, consistent with Lacanian discourse theory. I have interpreted the reasons behind Aram’s discourse structure by applying Lacan’s modernized master discourse, following a Lacanian discourse analysis of the initial segment of Aram’s supervision session. First, I analyzed Aram’s discourse structure with Lacan’s algebraic formula of discourse based on this hegemonic “modernized” Master (university) discourse formula. As part of the analysis, I matched Aram’s discourse with Lacan’s four algebraic symbols which is placed in the discursive positions of 1) agent and/or semblance, 2) other and/or jouissance, 3) production and/or surplus-loss of jouissance, and 4) truth. I suggest that among Lacan’s algebraic symbols, the master signifier $S1$ is related to “BioMedical” as it corresponds to Aram’s case conceptualization, in the discursive position of truth. Second, knowledge which is $S2$ in the Lacanian discursive formula matched to cognitive behavioral therapy (CBT) in Aram’s speech (*I used a lot of CBT*) in the discursive position of agent/semblance. The third was that in Aram’s discourse, the case is placed as the Lacanian *objet a* in the discursive position of the other/jouissance, which represents the location of the other of jouissance that exceeds the consequences of the signifying chain. This was emphasized in Aram’s discourse as “although I used CBT a lot, the case still did not answer appropriately”. Thus, the case was put in the position of the enigma in Aram’s discourse, which was represented as “third of August” (*when she remembered that the third of August, she remembered her brother*) in Aram’s discourse. Lastly, the diagnosis and Aram’s symptom-based approach were considered as the demands (and products) made by the master signifier, “BioMedical” conceptualization (BMC) which resulted in de-subjectification of both the case and Aram himself. The residual production of the master signifier (BMC) occupied a discursive space marked by the dual presence of loss and surplus jouissance, stemming from the exclusion of subjectivity. Aram’s, kind of orientalism, for the case’s “diagnosis symptoms” aligned with Aram’s subjective position and can be positioned in the place of production as an algebraic symbol of $\$$ subject divided, which represented as the exclusion of subjectivity in Aram’s discourse. I named Aram’s discourse, which is based on the (hegemonic) modernized master discourse, as “pedagogic discourse” (Figure 4.1.8.).

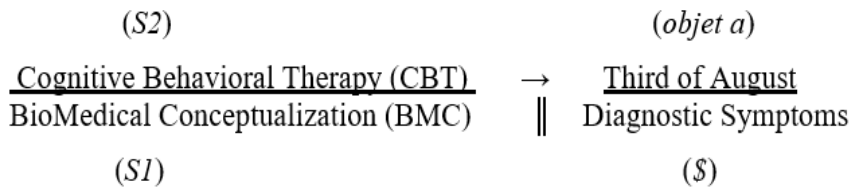


Figure 4.1.8. Aram’s Pedagogic Discourse Structure in the Initial Supervision

Therefore, drawing from Aram’s discourse structure, his case conceptualization theme was identified as “BioMedical” conceptualization serving as the master signifier (S1) in the discursive position of truth. Simultaneously, his subjective position theme was established as “Diagnostic Symptoms” denoted as \$ (subject divided) within the Lacanian discursive framework (Figure 4.1.9.).

Unconscious Formation as the Other’s Discourse/Signification (S2)
Structural Theme: Knowledge

<p><u>Subjective Position</u> <i>Diagnostic Symptoms</i> (Exclusion of Subjectivities)</p>	<p><u>Case Conceptualization</u> <i>BioMedical</i></p>
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Figure 4.1.9. Aram’s Initial Case Conceptualization, and Subjective Position

On the interpretation level, I will explain how Aram’s discourse structure conforms with Lacan’s (hegemonic) modernized master discourse. First, it is important to emphasize that the beginning part of the supervision session was just a snapshot of the social bond and it did not explain personal motivation but positions occupied by unconscious mechanisms occurring in the Iraqi local institution. The subject (Aram) as a mental health worker required certain semblance/appearance of supporting the biomedical conceptualization to enter symbolic exchanges in the social relations of the local NGO or else he might be excluded. Here, the signification was retroactive that the master signifier (S1) biomedical conceptualization (BMC) was a supporting factor to the evidenced based psychotherapeutic technique, that is, CBT. The word biomedical was not present in Aram’s speech, however, it held the institutional ideal which controlled super egoic assumption for mental health workers if they wanted to participate in the social relation of the institution. The reason is that such

fixed/prearranged ideal fortifies specialized identifications for those who interact in a professional exchange. Here, the master signifier BMC gave support to Aram's relation for evidenced based psychotherapy technique (CBT) rather than subjective desire such as the curiosity to search for the case's (subjective) knowledge about her own struggles with trauma, mental illness, and desire to be related to the loved ones. Instead, Aram just briefly mentioned diagnosis and the case's not replying to his dominant psychotherapy technique of CBT (*She was diagnosed with PTSD and depression...I used a lot of CBT but she was crying in the session*). As the extolled master signifier, the BMC justifies and designs the signification (meaning) of mental disorders (Yaka, 2024). Aram, therefore, relied on the authoritative account of biomedicine, assuming it to be factual and requiring no reasoned deflection concerning what might be subjectively convenient or constructive. Aram's mentioning about the case, especially his comments about his case's reactions (i.e. her crying), illustrated antagonism to subjectification which can nourish different voices. Despite the case's subjective reactions, Aram seemed to stick with the evidence-based approach (CBT) supplied by the hegemonic master signifier of biomedical. BMC is a veiled master signifier yet applied in all its power as it organizes the social link around the treatment of trauma in the local NGO. In Aram's supervision session, the master signifier BMC was distant from the time and space of the case's history. Instead, the BMC preserved the (hegemonic) modernized master, that is, (fantasy) of totality-knowledge discourse (Lacan, 1969-70/2007, p. 33). Acting as a CBT expert agent/semblance, Aram presumed to be a subject-supposed to know his case's experiences instead of engaging a psychoanalytical listening position for the case to understand herself in her own context. Despite the subjective traumatic experiences in the case, Aram adhered to the authoritative perspective of evidence-based Cognitive-Behavioral Therapy (CBT), reinforced by the master signifier BMC. However, in this particular instance, the master signifier appeared to be linked to different traumatic experiences, as mentioned in Aram's discourse, such as the "third of August", marking the date of the Êzidi genocide, and the uncertainty surrounding the case's brother, whose fate remains unknown. It looks like what the case described about her subjective experiences to be interesting. Aram was engaged in diagnosis, kind of, symptom-based approach of BMC and using the session time as a kind of product in a neoliberal-wise. Therefore, the master signifier, BMC, apart from the moment/territory of the case's past,

constructed Aram's rendition of psychotherapy performance to maintain the phantasy of totality-knowledge of the modernized master discourse. The reason is that, based on Aram's supervision session, it can be inferred that he, in a way, imposed his own "totality knowledge" to maintain the facade of being an expert on the case's traumatic experiences, thereby violating subjectivities (*I used a lot of CBT but she was crying in the session, she was talking a lot about her brother/ In one way it is good, because she expresses her feelings out, on the other hand if she continues like that it may affect her eyes. She may go blind*). In summary, the master signifier BMC adapts Aram into an unsighted "master", despite the case's speech which signifies different factors. The institution's evidenced based approach (CBT) was of a superior caliber and validity instead of maintaining the case's speech in its entirety or participating in critical, dialogical, or jointly articulated debate of, what in fact, establishes the case's outstanding enthusiasm that can evolve into a vocal device which is frequently employed to promote certain therapeutic measures. This kind of controlled dialogue produced a kind of constricted subjectivities (*when the case coming to the session and crying a lot, this may delay the time of the session and also treatment method can be delayed*) and for the case who did not conform to the BMC, might face a kind of judgmental approach as evidenced in Aram's discourse (*I used a lot of CBT but she was crying in the session, she was talking a lot about her brother*). This illustrates that Aram, who conducted the psychotherapy session and served as the focal point in upholding the modernized master discourse, materialized and acknowledged the master signifier BMC. Instead of paving the way for the subjectification of the case, Aram supported Cognitive-Behavioral Therapy (CBT), an evidenced-based approach. It can be assumed that, if the psychotherapist (Aram) followed a different approach, kind of supporting the subjectivity of the case, the relations in the supervision session may have come at other discursive positions such as protest/hysteric which occurred in Aram's final supervision session. However, in this initial supervision session, as a master signifier, the BMC, held the discursive position of the truth in the examined institutional social bonding and established the evidenced-based approach like CBT in Aram's discourse. The master signifier, BMC as *SI*, demonstrates a sense of truth that cannot carry the case's existence. The reason is that in this situation, the case was exposed to substantial pathologizing that was summarized as diagnostic label in Aram's discourse and misunderstanding, which is the basis of psychic reality as

“*connaissance*”, which is what Lacan called a myth or a nonsensical reflection (*She was diagnosed with PTSD and depression... if she continues like that it may affect her eyes. She may go blind*). Truth as cause can be questioned, for instance, in this way: “What kind of truth impels the mental health system to neglect the patients’ subjectivities by not analytically listening and fail to adequately offer treatments?”. Lacan considers truth “*as the inseparable from the effects of language taken as such*” (Lacan, 1969-70/2007, p. 62). Yet, truth’s structure is half-said, and as a material, it causes and connects to signifiers which are the lingual fundamental components. In Lacanian conceptualization, truth is different from objective facts, suggestive/hypothetical rationale/sense which assigns the validity efficacy of an accurate/faulty legitimate explanation/remarks. Truth as a material cause is an irresistible unconscious association that the subject has with signifiers which build/constitute the language which speak them. To understand discursive truth as cause, it is important to accept split between truth and knowledge. Structurally truth is featured as half-said, the other half is related to the knowledge of *jouissance* which cannot be stated but rather felt as “nonsensical sensed” (Lacan, 1969-70/2007). This can be exemplified in Aram’s mentioning about his case after I asked a subjective question concerning his case’s crying in the session:

Ali: What do you think about her crying in sessions?

Aram: In one way it is good, because she expresses her feelings out, on the other hand if she continues like that it may affect her eyes. She may go blind...Generally, when the case coming to the session and crying a lot, this may delay the time of the session and also treatment method can be delayed.

Due to repression, truth, acting as a cause, impels a powerful emotional response, significantly influencing the subject. In Aram’s discourse, the intense affect was formed as a result of a particular *jouissance*, divided between inarticulable knowledge (the case’s crying in opposition to dominant pedagogic discourse) and a causative truth (the master signifier BMC). This causation truth was concealed, thus, eluding detection as the root cause of the discourse. In the formulation of the discursive positions, at the representation axis, the *SI* (at the place of truth) was hidden or camouflaged and persisted as impotent to say or to trail the results of punctuations (significations) it brings about. At the same time, in the axis of production, diagnosis

or symptom-based approach prevailed extraneous or foreign to discourse as it could not cause a relation among the discursive positions that could trace the material effects of the truth (here biomedical conceptualization). Thus, the production of university discourse, characterized by all-encompassing thinking and the appearance of possessing all-knowing, was an excess, an overflow of the signifier. This surplus demanded a specific form of subjective position that supported the narcissistic ideal of the master signifier (BMC), or else approved subjective position would face exclusion (Fernandez-Alvarez, 2022). This illustrates how the BMC determinant played a crucial role in the conceptualization of mental health, as evident in Aram's discourse. In this context, the master signifier, BMC, functions to generate "diagnosis (symptom-based)" (Yaka, 2024).

I argue that the diagnostic approach in itself serves as a symptom of the BMC. The reason is that the diagnosis (as $\$$ in Aram's discourse) is produced by the BMC. This is what discourses does, that is, forces position despite people's conscious intentions. Psychoanalytic theory of discourse rejects the notions of individualization or intention. In Lacan's discourse theory, there are two kinds of knowledge: knowledge as *connaissance* and knowledge as *savoir faire*. Both depend on signifying articulation, but *connaissance* is about representation, accumulative information, and theory, whereas *savoir faire* is related to "know-how" and practice which Lacan associates it with episteme or transmissible knowledge (Lacan, 1969/2007, p. 22).

Knowledge as *savoir faire* is the form of knowledge operative in psychoanalysis which is related to the ability of the subject to confront the Other's jouissance within the subject, which can allow to enlighten a know-how to deal with the painful enjoyment that lacks the lexicon. The place of knowledge in Lacan's (hegemonic) modernized master discourse always involves *connaissance* which is impotent as it renders the speaking subject as an object to the Other's enjoyment, that is, source of profound anxiety (Lacan, 1969/2007).

The diagnostic category plugged in irregularity of mental disorder arrangement is the impotent essence of the BMC and is conflicted with the case's autobiographical hystographies, letters of her own trauma, suffering, anguish, and pain which persist as

puzzling, unclear, and enigmatic to any external actor (Yaka, 2024). It is only through desire that the subject can afford a partial separation from the anxious inquiry of what on is for the Other? (*What am I for the Other?*). Imagining what I am for the others is a certain way to enter discourse as we want to be socially recognized as valuable (Fernandez-Alvarez, 2022). In Aram's supervision session, the omnipotence of BMC within the modernized master discourse, termed as pedagogic discourse, becomes evident. This discourse not only shapes the social fabric within the local institution but also molds Aram's narrative into a semblance of knowledge, predominantly influenced by Cognitive-Behavioral Therapy (CBT). Consequently, Aram assumed the position of the subject-supposed-to-know when communicating with the patient, giving rise to preconceived notions about the patient's experience.

Semblance refers to an appearance/resemblance of the master signifier itself that represents the speaking subject for another signifier. For instance, in Aram's discourse, CBT represents him for the institution (*I us-ed a lot of CBT*). The semblance fulfills the need for social connection by establishing a consensual and automatic code of conduct aligned with the prevailing discourse. This code safeguards individuals from conflict or disorder and maintains the outward appearance in discourse. Aram constructs a semblance of employing an evidence-based approach (CBT) as he diagnoses the case, presenting (*connaissance*) knowledge in the form of CBT (*S2* in Aram's discourse). However, this method overlooks a more in-depth analysis of the origins of the case's trauma, sadness, sorrow, and crying. Instead, Aram fills subjective dimensions with the hegemonic discourse's biomedical conceptualization. The incapability to think the reality which only the case knows even if the case does not know that she knows it, drives a structural demand that designates the absence elsewhere. Here, Aram designated the absence in the case elsewhere rather than questioning or being skeptical about his own position in the psychotherapy session.

Aram's utilization of a dominant knowledge (CBT) (*savoir-totalité*), representing social cohesion within the institute, shapes Aram's response to the enigma (of trauma) of the case on the third of August (*Êzidî genocide*). In this context, Aram's surplus *jouissance* as diagnosis is situated by filling this social trauma (third of August) with the master signifier of the BMC. The case which is placed here as the Lacanian *objet*

a, represents the locus of the other of *jouissance*. In Lacanian discourse theory, *objet a* emerges from the surplus that surpasses the consequences of the signifying chain within the subject divided (\$). It represents a structural absence, eliciting diverse responses that construct the discourse surrounding it. According to Lacanian theory, the definition of *objet a* assert that it “precisely describes which effects of the discourse manifest themselves as the most opaque and fundamental” (Lacan, 1969-70/2007, p. 42). This declaration encompasses the traumatic and *jouissance* aspects, discordance and the unutterable, since it lacks conventional meaning. *Objet a* is an inevitable and unassimilated remnant which causes both shortage and excess/surplus of *jouissance*, and desire. The other of *jouissance*, establishes kind of disturbing dimension in the experience of the body, which makes it impossible for the split subject to perceive oneself as a self-sufficient, enjoyable body (Lacan, 1969-70/2007). As in the place of the other of *jouissance* in Aram’s discourse, *objet a* is literally the hole in the (hegemonic) modernized master discourse, that is, the locus of ignorance of the knowledge and futility of ultimate or totaling information.

In the broader context, a mental health professional is required to possess certain attributes, encompassing self-awareness, analytical thinking, a comprehensive understanding of psychic structures, and knowledge pertaining to both physical and mental disorders. These qualities are imperative for the effective therapeutic intervention and care of patients. However, the workplace where Aram was employed relied on the master signifier (BMC) as the authoritative source guiding the optimal approach to probing an individual’s experiences of distress. Therefore, patients were put in the place of enigma and the source of *jouissance*. The rigid and predetermined understanding of mental health information hinders the recognition of another form of information crucial in the mental health domain, specifically, the subjective experiences of the individual and their potential access to their own unconscious awareness (*savoir-faire*) of psychological distress (Fernandez-Alvarez, 2022).

The pedagogic discourse tends to hold the case responsible for the perceived lack of information as a potential source of enjoyment, rather than recognizing the inherent shortcomings within the discourse itself. As a result, the case’s conduct and emotional responses presents a kind of mystery. No matter how thorough an anamnesis, in the

reality of providing mental health services, one frequently has no knowledge about the person's *jouissance* (Fernandez-Alvarez, 2022). The main factor of identifying and citing *jouissance* is encoded in the case's unconscious, and can only be obtained through free association instead of presenting a prearranged "meaning and/or knowing" and this depends on developing analytical listening skills (Yaka, 2024). The split subject (\$) refers to the speaking being, which unconsciously represented by a signifier for another signifier (Lacan, 1964/1977; Yaka, 2024). That is why, a subject can only appear when a signifier chain is constituted (Lacan, 1966/2006). The split subject is always submissive to the master signifier in social bonding (Lacan, 1969-70/2007). The divided subject of discourse concerns with language aspects (e.g. grammatical features), and politics (e.g. subject citizen of government policies) and psychological subject (the inner most emotional interiority of the living organism) represented to himself and to others by the pronoun "I" (Fernandez-Alvarez, 2022; Lacan, 1964/1977).

In Milan discourse, Lacan said "That one says as fact remains forgotten behind what is said in what is heard" (Lacan, 1972a, p. 6). In this statement, Lacan alludes to the division between what an individual consciously articulates in speech (considered the subject of the manifest statement or *énoncé*) and what inherently speaks within their own speech, unbeknownst to the subject (the subject of *énonciation* or the latent content). Consequently, the subject becomes divided between their desire and their actions, between morality and enjoyment (Lacan, 1964/1977). Social connection places the receiver (in the place of the other, where Lacanian *objet a* is the position in the pedagogic discourse) in a position to invoke the excess consequences of speech that results in surplus *jouissance*. During Aram's supervision session, once the deficiency has been pinpointed and situated within the patient (having been diagnosed and placed in a resistant position due to excessive talking and crying), an excess manifest. The excess originates from the divergence between the biomedical explanation and the case's subjective experiences (*I used a lot of CBT but she was crying in the session; In one way it is good, because she expresses her feelings out, on the other hand if she continues like that it may affect her eyes*). Pedagogic subjectivity emerged in this encounter, reinforcing adherence to the directives of the BMC signifier.

As a result, the case's subjectivity was excluded from social bonding, disrupted by Aram's reluctance to engage. Pedagogic subject, or more precisely, the self, is shaped through social connections within the local institution, giving rise to the generation of "*plus de jouir*" (surplus *jouissance*). This self is compelled to confront the repercussions of language when the master signifier (BMC) eludes subjectivity, consequently generating surplus *jouissance* (Lacan, 1972a, p. 12), that is diagnosis in Aram's discourse. The diagnosis and Aram's perspectives on his case exemplified the demands imposed by the master signifier (BM), leading to the de-subjectification of both Aram himself and his case. The concept of excess *jouissance* represented a commercially viable notion, signifying the accumulation of surplus and the expenditure of loss within the psychic apparatus, carrying discernible discursive implications. In the aftermath of the master signifier's residual production marked by loss, the excluded or rejected subjectivity found a haven in the surplus *jouissance* (Fernandez-Alvarez, 2022). In Aram's case, the diagnosis served a dual purpose, acting as both a symptom-based subjective position and a determinant within the constructed pedagogic discourse. Within this discourse, Aram encountered challenges in fully grasping the subjectivation of his case and the subjectification of his case's symptoms. The struggle underscores the broader significance of the realm in social bonding systems, highlighting how inhabited spaces have the potential to either reinforce or transform surplus *jouissance* into distinct discourses.

4.2. Final Analyses of the Mental Health Workers' Subjective Positions and Case Conceptualizations

4.2.1. Overview of the Final Findings

The final analyses mirror the sequence of the initial analyses, commencing with a detailed examination of empirical materials (extracts) and subsequently deriving themes from a Lacanian framework. Given the study's aim to assess the impact of supervision on psychosocial intervention fieldwork by comparing initial and final analyses, the same four main components of Lacanian Discourse Analysis (LDA) were applied: Enigma (Division) (\$) for Tekoşin, Signifier (*SI*) for Bawer, Hole/the Real (*Objet petit a*) for Bejnê, and the Other's Discourse/Signification (*S2*) for Aram.

In line with arguments presented during the initial analyses, these components were consistently identified across all empirical materials. To yield a concise and lucid outcome, a primary component most pertinent to each extract was selected for detailed analysis and interpretation. The resultant themes were succinctly summarized in Table 4.2.

Table 4.2. Findings of Final Analyses on the Mental Health Workers' Subject Positions and Case Conceptualizations

Main Components of LDA	Structural Themes	Subject Position	Case Conceptualization
Enigma/Division (<i>Tekoşin-Ş</i>)	<i>Subjectivity</i>	<i>Unraveling Dilemma</i> (<i>Subject of Enunciation</i>)	<i>Tracing Trauma Split</i> (<i>Subjective Aspects</i>)
Master Signifier (<i>Bawer-S1</i>)	<i>Sexuality</i>	<i>Abortion & Guilt</i>	<i>Religious Guidance</i>
The Real (Hole) (<i>Bejne-Objet a</i>)	<i>Trauma</i>	<i>Corporeal Anxiety & Anticipated Threat</i>	<i>Disfigured Body</i> (<i>Images</i>)
The Other's Discourse/Signification (<i>Aram-S2</i>)	<i>Knowledge</i>	<i>Subjective-Analytical</i>	<i>Social Trauma</i>

4.2.2. Subjective Positions and Case Conceptualizations

The following section involves an examination of transcripts from the final individual sessions of mental health workers. Similar to the initial analysis, the focus was on the initial segment of the session. Presented here is a thorough scrutiny of individual supervision sessions with mental health workers, highlighting meticulously selected empirical materials (extracts). As in the initial analysis, contextual details precede the discussion of each empirical material, covering the session's location, language used for translation, and the pseudonyms assigned to the mental health workers. Following the initial analysis of empirical materials, the same integral facet of Lacanian discourse

analysis is applied, and the same structural theme is employed. Two distinct sub-themes were assigned to explore the subjective positions and case conceptualizations of each mental health worker in connection to the overarching structural theme, thereby facilitating interpretation. In line with the initial analysis, a consistent narrative approach (Fairbairn, 2004) has been employed to present a comprehensive analysis of each empirical material.

4.2.2.1. Tekoşin (\$) (Final Analysis Component: Enigma/Division)

During this remote supervision session, the interpreter was not physically present at the center, and the session predominantly entailed translation between English and Kurdish. Noteworthy was the fact that Tekoşin's latest individual supervision session occurred in December 2021, creating a nearly three-month interval when compared to the last individual supervision sessions of other mental health workers, conducted in February/March 2021.

Extract

Tekoşin: The previous Tuesday, I presented this case to Bawer (Clinical lead/Internal supervisor); number of the sessions are twenty-six, that is why Bawer suggested to present the case to Ali, now I prepared the case to present to you... The current problems are she faints a lot, she sees many nightmares related to Deash, sometimes she even sees like the picture of Deash in front of her eyes, and she avoids people who have long beards and also wear black clothes, many times she says that she hears voices as if somebody is calling her, and she feels very scared like if somebody calls her name very loudly or somebody shouted or open the door very hard, she does not care about herself, she is always sad and wants to be isolated, she does not go out, she eats less, she sleeps but often she wakes up, and she has some issues with her belly/stomach, when she faints she sees the blood comes out of her mouth, and the main events, her life was very normal until she was fifteen years old, and after that her father passed away, she was very connected to her father, and her issues started after her father passed away, getting annoyed easily (irritability), crying a lot, she was always seeing her father's picture like flashbacks, after one year, her nephew (her friend) passed away, she was very closed to her, they were somehow, at the same age, always together, and by an explosion he passed away, after this incident her situation got worse, the main event happened was these faints, when she was preparing tea in the kitchen, suddenly she felt like somebody pulled her hair hard, and she fainted directly, and the person who pulled her hair was not normal person, like it was a ghost,

at that time she fainted, from then on she had always faint attacks. After that she fell in love with a person when she was around seventeen or eighteen years old, but her family was against this idea telling her that “you are sick and you always faint, that is why it is not good for you now”, and after that they decided that like her boyfriend to elope, they got married but after that her relation with her family cut off for 3 months, the reason was that her family told her that you should not have got married until you recovered, during this period she was also taking some psychiatric medicines, in 2014 she was captured by Deash for one day, in that time she had two kids, one of them was four years old and the other was six years old,

Ali: ...when mentioning main events, also like when 2014 at that time how old she was? So, for the moment how old is she?...

Tekoşin: She was born in 1990, and when she was under Deash capture, nearly she was twenty years old when she was captured by Deash. In this period, when she was captured by Deash, she saw they were separating females and males, and how they were taking women, and how they were taking their scarf, the women’s scarves out of their faces to look at them, after that she does not know, maybe an issue happened among Deash and they took chance to ran away, and during the time when they were running, Deash were firing bullets at them, and they ran away. And during the time, when they were running away, Deash were firing bullets at them, many families were running together, and she saw that the way like whoever got the bullets, they died right there, and whoever could run away they directly ran away, like as much as they could, they were running fast, but she and her family was safe, nothing happened, after that they arrived on mountains, and they stayed like seven days on mountains, and during this period, her daughter was young, and she said she did not have anything to give her daughter to eat, her daughter fainted because of starvation, she thought that the daughter died right there, they were even preparing like to bury her daughter on the mountain but after that her brother came and he said no she was okay, she only had a faint seizure, when they gave her milk, then she woke up again, and after that they returned to Kurdistan, these were the main events in her life ... up to now, she feels scared like whoever she sees someone like who has long beards and wearing black clothes she gets scared and also feeling scared of Deash and her financial situation..., the protecting factors are her family, her husband and her kids, and also the therapy sessions, she says she feels very comfortable when she comes to the session, and she already went to a centre like in Dohuk to get therapy, she took nearly ten therapy sessions and then she stopped ...and after that she went to another organization but she does not know the name of the organization, it was in Şaariya, she said she got a little benefit from that organization but the organization stopped working there, and also one of the main events that I forgot to mention was that before two months she was pregnant for four to five months, and then she had a miscarriage. This is my case in summary. My question is she mostly got upset with her panic (-faint) attacks and I do not know how to solve the problem of panic (-faint) attacks, and if you could help me to show a way so I can help the client to get rid of these panic attacks, (interpreter): sorry faint attacks...

Analysis

In comparison to the initial supervision session conducted approximately two and a half months prior, Tekoşin's presentation of her case during the final supervision session demonstrated a heightened level of elaboration, incorporating subjective elements and establishing causal links between traumatic events and symptom manifestation. Tekoşin's conceptualization began with a surface-level presentation of the case's psychotherapy journey, highlighting the completion of twenty-six sessions, exceeding the local NGO's prescribed limit of twenty-five in the local NGO. That is why, she was directed to consult me by the internal supervisor (Bawer). In delving into the case, Tekoşin detailed the current issues that led to the admission to psychotherapy. These included fainting attacks, nightmares associated with Daesh, fear triggered by encounters with Daesh members, occasional flashbacks, avoidance of individuals in specific attire, claims of hearing voices, and intense feelings of terror. The case also exhibited signs of depressive symptoms, such as neglecting self-care, persistent unhappiness, a desire for solitude, social withdrawal, reduced appetite, regular sleep disturbances, and stomach issues. Notably, the case's life remained relatively normal until the age of fifteen. After outlining the case's psychological symptoms, Tekoşin proceeded to delve into the case's history, summarizing key events that may have triggered the symptoms based on the case's narrative during therapy sessions. She explained the case's major life events and correlated psychological symptoms chronologically. These included the significant losses of loved ones, notably the case's father at the age of fifteen, to whom she was deeply attached, and her nephew (also her close friend) at the age of sixteen. Particularly following the loss of her father, the case encountered difficulties, exhibiting symptoms like increased irritability, frequent crying, persistent flashbacks of her father's image. Within a year, she faced another tragedy with the death of her nephew, leading to a deterioration in her circumstances. The onset of fainting episodes coincided with an incident where she felt as if a force, resembling a ghost, forcefully grabbed her hair while she was cooking tea in the kitchen. Subsequently, at approximately eighteen years old, the case fell in love with someone, despite her family's opposition due to her psychological state. Her family set a condition for treatment, but she chose to elope and marry. This decision led to a separation from her family for several months during which the case was on

psychiatric medication. Tekoşin continued to provide further information about the case's harrowing experiences. In 2014, at the age of around twenty, the case was kidnapped by Daesh for a day. During this time, she had two young children, aged four and six. When asked about the case's age during that event, Tekoşin revealed that the case was born in 1990. During her captivity, the case witnessed the separation of women from men by Daesh terrorists. The captors would take women's scarves to unveil their faces. The case recalls a moment of uncertainty, suspecting a possible disagreement among the Daesh terrorists. Eventually, the case and her family managed to escape to the mountains while Daesh fired at them. They joined other fleeing families, witnessing tragic deaths from bullets and managing to escape themselves. On the mountains, they endured seven days of hiding to protect themselves from potential attacks. Facing starvation due to a lack of water and food, the case mistook her baby's faint seizure for death. With nothing to feed her starving daughter, they prepared to bury her on the mountain. However, when her brother arrived and confirmed the daughter's well-being, they gave her milk, and she revived. The family then returned to Kurdistan. The traumatic experience left lasting effects on the case, manifesting in a persistent fear of individuals with long beards and dressed in all black, as well as an enduring fear of Daesh. Tekoşin further highlighted key supportive elements in the case's life, including her family (husband and kids) and the ongoing therapy sessions. She noted that the case had previously sought counseling at a facility in Şaariya, Iraq, similar to the one in Dohuk. The case attended over ten sessions there before discontinuing. Later, the case sought assistance from another organization, although the specific name remains uncertain. Despite this, the case derived some benefit before the NGO ceased operations. In the course of the discussion, Tekoşin realized she had omitted to mention a significant event in the case's life, a miscarriage at four or five months of pregnancy, occurring nearly two months before the supervision session. In response to the case's statement about being frequently disturbed by faint episodes during the supervision session, Tekoşin sought guidance on how to address these symptoms. There was a moment of linguistic confusion when the translator initially interpreted the term as "panic attacks" but later corrected it to "faint episodes". When the word "panic" was reiterated to seek clarification from the translator, she explained that it had spontaneously come to her mind.

Before delving into the analytical aspects of this final supervision session, it was noteworthy to observe a significant evolution in Tekoşin's presentation style compared to the initial supervision session merely three months ago. The transformation was compelling, as she offered a more detailed and nuanced account, addressing a spectrum of factors ranging from institutional considerations to delving into the case's subjective and social dimensions related to the severe events that the case had undergone. This shift aligns more closely with a conceptualization of social trauma, indicative of a thought process influenced by analytical considerations. Aligned with the initial analysis of Tekoşin's supervision session, I continued to track potential enigma and/or divisions in her discourse, both in terms of subjective positions and case conceptualization. Broadly speaking, Tekoşin's speech in this session allowed for more exploration of subjectivities and a detailed conceptualization of the case. As a general observation, the role of enigma and/or division appeared to be in the reversed direction compared to the dynamics observed in the initial clinical supervision session.

Initially, Tekoşin clarified the institutional rationale behind the case being brought to her supervision. The driving factor was that the number of sessions surpassed the prescribed limit of twenty-five, a rule established within the local organization. This rule was influenced by the target number set within a humanitarian-aid project sponsored by a U.S. institution (*number of the sessions are twenty-six, that is why Bawer suggested to present the case to Ali*). Tekoşin's decision to prioritize her case over strictly adhering to the standardized rule, which limits psychotherapy to twenty-five sessions, can be viewed as a proactive initiative. This choice might reflect her commitment to the well-being of the individual she is treating, demonstrating a willingness to go beyond established limits in order to provide continued and comprehensive support. A notable shift was observed in this session compared to the initial supervision meeting. Rather than immediately seeking advice or suggestions for her case, Tekoşin initiated the session by providing a detailed presentation of the case. The shift observed suggests a more proactive approach from Tekoşin, pointing towards a preference for in-depth exploration of the case before seeking guidance. This inclination can be interpreted as Tekoşin's emphasis on the Symbolic rather than the Imaginary unity to address potential enigma and/or division in her speech. Such a choice may be indicative of enunciation related to her subjectivity, at least in terms of

opening up some Symbolic space during her case presentation. Simultaneously, in my role as an external clinical supervisor, positioned not merely as an advice-giver but to oversee the Symbolic dimension in the speech, I engaged in supervising Tekoşin at the level of enunciation. Tekoşin commenced her case presentation, focusing on a female survivor of the Êzidi genocide that unfolded in Şingal, Iraq, on the third of August, 2014. Throughout the presentation, she emphasized the connection or a form of causality between key events in the case's life and the ensuing symptoms, providing additional information about the case's symptoms following the admission to psychotherapy. Following her general overview, Tekoşin proceeded to elaborate on the case in a more detailed manner. Rather than merely reiterating the symptoms, she delved into how the case experienced trauma-related symptoms. In doing so, Tekoşin considered not only the clinical aspects but also the subjective and socio-political dimensions of the case:

“...nightmares related to Deash, sees like the picture of Deash in front of her eyes, avoids people who have long beards and also wear black clothes, hears voices as if somebody is calling her, feels very scared like if somebody calls her name very loudly or somebody shouted or open the door very hard, not care about herself, always sad and wants to be isolated, not go out, eats less, sleeps but often she wakes up, issues with her belly/stomach, when...faints...sees the blood comes out of her mouth...”

Tekoşin then delved into her case's major life events, offering a kind of biography and histography interwoven with the case's symptoms. One notable aspect she addressed was the historical origin of the case's symptoms (*her life was very normal until she was fifteen years old, and after that her father passed away, she was very connected to her father, and her issues started after her father passed away*). The case, already grappling with mental health challenges such as irritability, easy annoyance, frequent crying, and persistent flashbacks of her father's image, experienced another significant loss. This time, it was her nephew, a close friend (*after one year, her friend-nephew passed away, she was very closed to her, they were somehow, at the same age, always together, and by an explosion he passed away, after this incident her situation got worse*), which made the case's mental health even worse than before. The case had started having faints after having kind of psychotic experience (*when she was preparing tea in the kitchen, suddenly she felt like somebody pulled her hair hard, and*

she fainted directly, and the person who pulled her hair was not normal person, like it was a ghost). Tekoşin provided additional insight into the case's experience by sharing specific examples of the case's speech during the session. For instance, the case's family expressed concerns about her marriage, stating, "You are sick and you always faint, that is why it is not good for you now". Tekoşin also highlighted that the case resorted to psychiatric medications during a period of severed relations with her family. After delving into these subjective and familial histographies, Tekoşin went on to recount the case's exposure to a Deash attack, which was a part of the Êzidî genocide in 2014. The case was held captive by Deash for one day, during which she witnessed the separation of women from men and the checking of their faces. Subsequently, the case and her children escaped to mountainous areas, where they hid without water and food. The case also witnessed people being killed by Deash's firing as they fled. Amidst these severe experiences, including starvation, the case's small daughter experienced a faint seizure, leading the case to initially believe it was a death. These were some severe incidents of the Êzidî genocide that Tekoşin's case was both subjected and witnessed to. Concluding her case presentation, Tekoşin also highlighted the protective factors in her case's life. This not only shed light on the trauma symptoms but also underscored crucial elements such as familial support and the therapeutic sessions (*the protective factors being her family, husband, and children, along with the therapy sessions, with the case expressing comfort during these sessions*). As Tekoşin wrapped up her case presentation and was about to pose her supervision question, she realized she had omitted to mention that her case had experienced a miscarriage (*I forgot to mention ... before two months she was pregnant for four to five months... she had a miscarriage*). Directly following this revelation, she proceeded to pose her supervision question regarding faint attacks, which the interpreter initially translated as **panic**. In the Lacanian framework, it can be posited that Tekoşin's subjectivity manifested itself as an unconscious formation, evident in her act of **forgetting**. This occurred after she presented a traumatized case, where Tekoşin integrated various aspects such as subjective, familial, social, and political dimensions into the clinical supervision session. Simultaneously, it was intriguing that, despite the multifaceted aspects of the case that Tekoşin explored, she ultimately distilled them down to a specific inquiry by seeking a solution for the case's faint attacks. Her question, "My question is she mostly got upset with her panic-faint

attacks, and I do not know how to solve the problem of panic (-faint) attacks, and if you could help me to show a way so I can help the client to get rid of these panic attacks”, was posed at a juncture where the interpreter had a language slip from the word “faint” to the word “panic”, serving as another unconscious formation reflecting the interpreter’s subjectivity. Tekoşin’s unconscious formation, mirrored in the interpreter’s, may have been revealed when she shifted towards seeking a solution-oriented, symptom-based question after Tekoşin’s detailed account of her case’s subjectivities, shaped by the experiences of loss, Deash militancy, and exposure to collective violence. Therefore, initially, subjectivity was explored as an enigma and/or division. This prompted Tekoşin to actively engage with the Symbolic space in her case conceptualization during the clinical supervision session. Unlike her approach in the initial clinical supervision session, where she attempted to resolve or suppress the enigma and/or division through Imaginary unities, Tekoşin, in this instance, chose to directly address the subjectivities inherent in the case. Yet, when Tekoşin transitioned to ask her question, which was centered on seeking advice and adopting a symptom-based approach (*how to solve the problem of **panic-faint** attacks, and if you could help me to show a way so I can help the client to get rid of these **panic-faint** attacks*), she inadvertently disclosed her own lapse in memory regarding the case’s miscarriage. It is crucial to highlight that as Tekoşin prepared to pose her supervision question, framed within the Lacanian perspective, she was on the verge of inquiring in a manner that sought to resolve the enigma and/or division through Imaginary unities. Imaginary unities, such as advice or suggestions, were linked to symptom-based approaches rooted in the prevailing medical discourse. In this moment, Tekoşin’s own subjectivity surfaced as an unconscious formation. Embracing a subjective stance, Tekoşin delved into both her own subjectivity and that of the case. This exploration persisted until a point where she briefly sidestepped or, in a sense, attempted to diminish the awareness of her forgetting as an unconscious formation. It occurred when she posed a solution-based question concerning faint attacks. Throughout her case presentation, Tekoşin provided numerous instances highlighting the subjective, familial, and socio-political dimensions of the unsettling real events associated with the case. Consequently, the subjective components of the case conceptualization were also addressed within the supervision session (See Figure 4.2.10).

Unconscious Formation as Enigma/Division (\$)
Structural Theme: Subjectivity

Subjective Position
Unraveling Dilemma
(Subject of Enunciation)

Case Conceptualization
Tracing Trauma Split
(Subjective Aspects)

Figure 4.2.10. Tekoşin’s Final Case Conceptualization, and Subjective Position

On the interpretation level of the analysis, I tried to interpret the points mentioned in the analysis in Lacanian frame. To start with the Tekoşin’s subjective position, compared to the initial supervision session, instead of just directly asking for advice to fill out her the enigma and/or division through Imaginary unities, she started presenting her case in many aspects, which might lead Tekoşin to approach her own subjectivity to work through the enigma and/or division in the speech in order not to fill out but to open more to the subjectivities.

Contrasted with the first supervision session in which Tekoşin asked for advice before presenting her case and mentioning her own subjective experience, she tried to give some Symbolic space concerning her case’s severe experiences, such as “losses of loved ones, hunger or poor nutrition, family conflict, forced displacement, war, mass violence/killings, escaping from Deash attacks to the mountains during pregnancy and having no food, fainting attacks with bleeding from mouth, nightmares about Deash, fear from similar appearances of Deash members, flashbacks related to Deash, fear, hearing voices as if being called, fear from loud voice, tendency to isolation, depressive mood, interrupted sleep, irritability, crying a lot, suffering from stomach issues, Deash captivity, witnessing of Deash violence, daughter’s faint because of starvation”. The intense experiences within the case can be construed as both subjective encounters and as an enigma and/or division seeking Symbolic representation within the Lacanian framework, emphasizing the role of enunciation. Notably, compared to the initial supervision session, Tekoşin allocated Symbolic space to the case's subjective experiences of psychological symptoms. Specifically, she articulated how her case was subjectively impacted during her childhood and the Daesh attack. The exploration of case subjectivities halted when Tekoşin, in her

attempt to address enunciation points or subjectivity, resorted to Imaginary unities by posing a symptom-based supervision question (*I do not know how to solve the problem of panic (-faint) attacks*) (uncertainty in solving panic-faint attacks). However, when Tekoşin discussed her case's biography with a focus on its historical complexity, she inadvertently revealed her lapse in recalling the case's miscarriage, an important event in its life. Subsequently, she posed a supervision question based on her case's need regarding fainting, a term later replaced by the interpreter with panic attack. This linguistic substitution, viewed through the Lacanian lens, can be seen as an unconscious formation encompassing both Tekoşin's forgetting and the interpreter's language slip. The intricacy was intertwined with the comprehensive discourse of the unconscious within Lacanian discourse analysis, wherein conscious meaning is intricately influenced by unconscious meaning. The unfolding scenario provided a captivating illustration of distinct levels. Initially, there was an unconscious formation (forgetting) on Tekoşin's part just before she posed her supervision question. The mentioned incident delineated a division in the presentation, initially grounded in the case's narrative and subjective experiences of traumatic events encompassing losses, starvation, Daesh capture, witnessing violence, and a miscarriage. After presenting the narrative, Tekoşin then shifted towards introducing a solution and/or advice-based supervision question regarding faint attacks. This transition marked a shift towards a symptom-based inquiry after thoroughly exploring the subjective dimensions associated with the traumatic events. An intriguing aspect emerged just before Tekoşin presented her question, where she acknowledged forgetting to mention her case's miscarriage. In Lacanian terms, this lapse is considered an unconscious formation, indicative of Tekoşin's subjectivity.

Another notable element was the language slip made by the translator, who replaced the term "faint" with "panic" while translating Tekoşin's symptom-based question. The linguistic substitution stood as another instance of unconscious formation, this time on the part of the translator. In Tekoşin's supervision, her revealed subjective position, marked by the unconscious formation of forgetting, aligns with the holistic approach she adopted in presenting her case, considering both subjective and social dimensions. This approach relates to the conceptualization of social trauma. The additional unconscious formation, represented by the translator's language slip, further

contributes to the comprehensive narrative of the case’s subjective and social history in the supervision session (Figure 4.2.11.).



Figure 4.2.11. Subjectivities (\$) of the Case, of Tekoşin, and of Interpreter

Consistent with initial analysis, Tekoşin’s case conceptualization and subjective position can also be figured on the four-cornered schema of Lacan’s graph mentioned in Lacan’s eleventh seminar, which distinguishes the level of the enunciation (*énonciation*) from the level of the statement (*énoncé*) (Lacan, 1964/1977, p. 140) (See Figure 4.2.12.).

Now, considering the distinction between enunciation and statement in Lacan’s schema, Tekoşin’s approach to the case’s life events involves both levels. The level of the statement encompasses the factual, reported events such as losses, starvation, Daesh capture, witnessing violence, and the miscarriage. These events, as presented in her discourse, contributed to the Symbolic understanding of the case. On the other hand, the level of enunciation delved into Tekoşin’s subjective engagement and framing of these events. This level unveiled her subjective perspective, emotional involvement, and the unconscious formations, such as forgetting, shaping her narrative.

The interplay between the two levels, enunciation and statement, provided a nuanced understanding of Tekoşin’s case conceptualization within the Lacanian framework (Figure 4.2.12.). In Tekoşin’s case presentation, specifically during her discussion of the case in the supervision session, the unfolding narrative of her life events was situated within the complex interplay of the enunciation and statement domains on the psychoanalytic diagram.

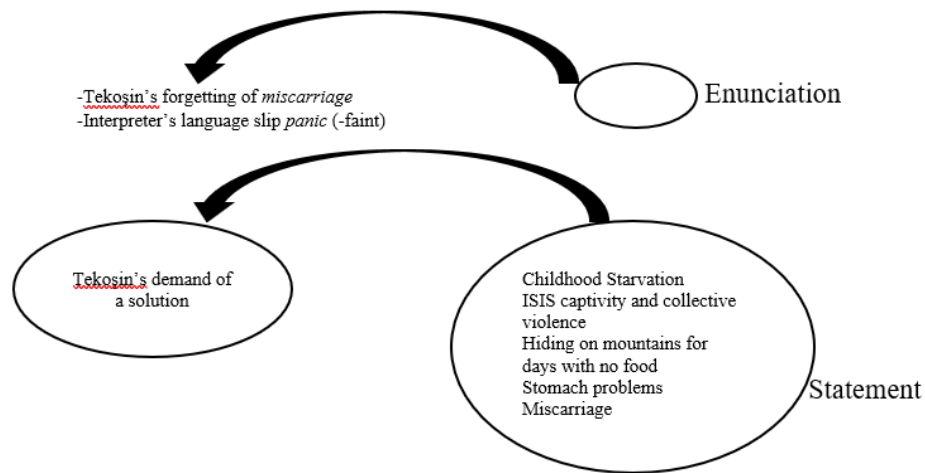


Figure 4.2.12. The Enigma/Division in Tekoşin's Speech on Lacan's Four-Cornered Schema of Graph (Lacan, 1964/1977, p. 140)

This dynamic unfolded in connection with the nuanced relationship between the internal and external realms, as elucidated in Tekoşin's initial supervision analysis. Within the framework of Lacanian theory and Lacan's four-cornered schema of graph, which encompasses the enunciation and statement, Tekoşin's case revealed the challenging and traumatic events she experienced. Those occurrences were the key signifiers positioned in the corner of the statement. Tekoşin's pursuit of a resolution to her case's faint attacks emerged within the Imaginary unity, distinctly separate from the confines of the enunciation on the diagram. The various subjectivities at play in Tekoşin's case, encompassing the subjective experiences of the case's symptoms, the unconscious formation manifesting as forgetting (specifically, the case's miscarriage), and the language slip of the interpreter resulting from panic (-faint), converged at the intersection of the enunciation. Positioned at the center, where enunciation assumed the role of enigma and/or division, this convergence emphasized Tekoşin's engagement with the subjectivity of the case and her own subjective experiences (Figure 4.2.12.). Unlike the initial supervision session of Tekoşin, where no linkage or causality between trauma symptoms and the subjective-social histories of the case was established during the presentation, Tekoşin, in the concluding supervision session, approached her case with an analytical perspective that integrated the conceptualization of the traumatized case within the context of social trauma. To interpret Tekoşin's request for solution-oriented advice and/or suggestions following her comprehensive case presentation, several observations can be made. Similar to

Tekoşin's initial supervision session, a sort of evidence-based, CBT-related approach might have intruded into Tekoşin's conceptualization of the case, potentially leading her to once again distance herself from the subjectivities inherent in her case and her own subjective experiences. Considering Tekoşin's role in project-related humanitarian work, where specific parameters were in place, such as a predetermined maximum number of sessions (typically ranging from twenty to twenty-five) for each trauma or violence victim residing in Iraqi refugee camps, her inquiries about solutions and symptoms might be linked to fulfilling the project's objectives within a defined time constraint. This suggests that Tekoşin's approach was influenced by the structured framework and objectives set by the project, emphasizing efficiency and effectiveness within the specified session limits. Indeed, Tekoşin explicitly addressed this matter at the onset of the final supervision session, noting that her case surpassed the stipulated maximum number of psychotherapy sessions, a circumstance she attributed to workplace pressures (*I presented this case to Bawer-Clinical lead/Internal supervisor- number of the sessions are twenty-six, that is why Bawer suggested to present the case to Ali, now I prepared the case to present to you*). Hence, Tekoşin's request appears to be focused on resolving the immediate symptom of fainting to conclude the psychotherapeutic process for the case. It is crucial to recognize, however, that this approach should be viewed within the context of a long-term perspective. Tekoşin might be contemplating the fact that despite conducting twenty-six psychotherapy sessions, the case's fainting attacks persist. From her standpoint, achieving the anticipated target number for the humanitarian project was imperative, and the resolution of these fainting attacks became pivotal to avoid deeming the intervention as unsuccessful. The pressure to fulfil a specific quota of completed cases within the project's framework could be influencing Tekoşin's perspective on expediting the resolution of these symptoms. Lastly, the language slip by the interpreter, disclosed as panic (-faint), could potentially be linked to an unconscious formation, a manifestation of panic in response to Tekoşin's symptom-based inquiry, particularly following the comprehensive recounting of all the severe experiences associated with the case. Analyzing the sequence of Tekoşin's case presentation, the language slip by the interpreter notably occurred immediately following Tekoşin's mention of the miscarriage within the case. This timing might suggest a potential association between the term "miscarriage" and the interpreter's

own subjectivity, indicating a nuanced and subjective response within the interpreter's language use, particularly noteworthy given that both Tekoşin and the interpreter are integral members of the Êzidî community. In summary, the final clinical supervision session, in contrast to the initial supervision session, revealed the active presence of subjectivities across various dimensions. In Lacanian terms, subjectivity, conceived as the subject of unconscious, operates as an enigma and/or division within the act of enunciation (Lacan, 1964/1977). On one hand, this dynamic enriched clinicians' case conceptualizations, surpassing approaches solely based on symptoms or a biomedical diagnostic framework (Yaka, 2024). On the other hand, it provided a Symbolic space for the unconscious formations of humanitarian workers, exemplified in Tekoşin's forgetting of the case's miscarriage and the translator's language slip denoted as panic (-faint).

4.2.2.2. Bawer (SI) (Final Analysis Component: Master Signifier)

In this remote supervision session held in February 2021, the interpreter was not present at the center. The languages used during the supervision session were predominantly English and Kurdish, occasionally incorporating Arabic. Bawer's initial individual clinical supervision session, conducted in August 2020, had nearly a five-month interval between his initial and final individual supervision sessions.

Extract

Bawer: I have an important case I want to talk about. This case is female, twenty-three sessions done, she was born in 1971, how many children he has, just a moment because it is a lot, she herself has five sisters and six brothers; and I think...she has four...six sons and seven daughters, I haven't written exactly like how many of them are boys and girls, but like total number of her children are thirteen. Current situation is that she has severe depression, mostly postpartum depression, sleeping problems, always in a bad mood, feeling very guilty that she has so many children especially she feels guilty for the last sons, babies, very angry, cries a lot, feeling tired always, she said "I don't believe that one day I will heal from sickness", feeling hopeless, she said "life is meaningless, I am a person who has no luck, unlucky", feeling nostalgic like missing something in the past, sometimes she has problems with her husband, her husband is very good to her, but sometimes she doesn't want to speak or sit with him. The main events in her life is that when she was a

teenager, when she was fourteen she got married. In 1993, her mother passed away. In 1994 her father was killed by her grandfather...Because this case had an uncle (paternal), he passed away, and he had one wife and two kids, so the father of the case wanted to marry his brother's wife, that is why, the grandfather of this case, the father of her father, he did not accept this, he told him that "how come you can marry your brother's wife", they always fought about this, and one day in the morning, the case's father went to his father's house, case's grandfather house, they fought and the grandfather shot in the leg, and because bleeding was too much, he died.... This is not a big issue for her; because she said "he was also my grandfather, it was like a destiny", not as if like trauma we can say. In 1995, her grandfather died, but this was also not like a big issue for her, but in 1989 her husband was not at home, and she was alone with her kids and somebody came for stealing, as a thief, then she fought with the man and she discovered who the man was, although her brother in law was in the house but she felt shame like maybe other neighbors and people will say "this man was there for other things not to steal" like as if they had a relationship together, so although this woman's nature like they always fight and they depend on themselves, but because of the society's idea, that's why, she felt ashamed, like she was worried about this that people will think they had a relationships together, and the case said that "I will tell my brother if my brother didn't kill that man, I will kill him by myself", because like the nature of the case she is very manly. In 1996, the economic situation was very bad; in 2003 she had a miscarriage, in 1999 when she gave birth to a daughter she had depression, ...she went to psychiatrist and used medicines. In 2004, she gave birth to another daughter, she again she had depression but it was not as severe as in 1999. ... In 2013 she gave birth to a baby boy, in that time as she told me, she had a severe depression. She was feeling very shy like "why I had another baby, I am old, why I keep making babies or bringing babies", and also in that time she bled a lot, during getting birth, she had bleeding. ...For her, protecting factor is religious thought: "God gave me this, it would have been worse, this is destiny from the God". Her reference to religion is strong...My question is this, how and in which way I can help this case that her psychopathological idea and feelings about her children will be better?... For me, the most difficult thing is that she has guilty feeling about doing abortion and hiding in her house. By herself she did this abortion and did not tell to any person. For the child, she did not miscarry the child, and I think that she aborted the child by herself, like she did the abortion for herself, and she buried the child in the garden of the house, she did not tell this to any person. ... I know a mullah (religious man) in Erbil, he is open-minded, I spoke to the mullah, and I explained the situation, and then three of us spoke together, she was feeling very guilty because she aborted the child and she buried him in the house. The mullah told her some religious ways in order to be more relief like fasting, and making good deeds in order for her to be better. She was saying to me "I did something wrong, the God will punish me".

In general, compared to the case presentation in the initial supervision, Bawer presented his case in a more detailed way by giving information, for instance,

concerning the case's subjective and familial histories, sharing his own thoughts as well as presenting some expressions from the case's speech. Starting with the surface level, Bawer presented his case, by mentioning some general demographic information (i.e., number of sessions, the case's age, and number of siblings and children), and then about psychological symptoms such as depression, sleeping problems, feeling guilty, angry, hopeless and tired through giving some examples from the case's speech (*I don't believe that one day I will heal from sickness, life is meaningless, I am a person who has no luck, unlucky*). After presenting the case's psychological symptoms, Bawer started mentioning the case's histories in a complex sequence by summarizing the main life events such as getting married when the case was fourteen years old and having lost three loved ones: the case's mother died when the case was twenty-two years old in 1993; after one year in 1994, the case's father was killed by her paternal grandfather because her father wanted to get married to the case's deceased paternal uncle's wife; and then, again after one year, in 1995, her grandfather died. Around the age of eighteen in 1996, the case faced a challenging situation when a thief broke into her house. Engaging in a physical altercation with the intruder, she experienced shame, concerned about the potential perception by local residents that she might have had a connection with the thief. By the time she reached twenty-five in 1999, the case encountered economic difficulties. Later, at approximately thirty-two years old in 2003, she underwent the painful experience of a miscarriage. She passed through postpartum depression two times after having baby girls when she was twenty-eight (1999) and thirty-three (2004). Post-partum depression in 1999 for which she consulted to a psychiatrist and used psychiatric medication was more severe than the one in 2004. She had excessive bleeding and blaming herself because of giving birth repetitively in the moments of birth. After mentioning religious thoughts as protecting/supporting component for the case, Bawer interestingly addressed his question to me concerning "how he can help the case for the feeling of guilt because of doing an abortion and hiding it (the dead baby) in the house". Bawer expressed his perspective on the case, suggesting that she had performed the abortion independently and buried the baby in her house garden. Given the significance of religion to the case, Bawer reached out to a Mullah, a Muslim religious teacher or leader, seeking religious counsel to help alleviate the case's feelings of guilt. Unfortunately, this intervention proved ineffective, as the case

continued to express fear of divine punishment from God due to her actions of self-induced abortion and burial in her house garden.

In the analysis of the initial part of the final supervision session, focusing on Lacanian discourse analysis, I deliberately opted for the master signifier. This choice was made to ensure consistency with the commencement of the initial analysis of Bawer’s clinical supervision session. My methodology involved identifying key signifiers, utilizing metaphoric and metonymic operations within Bawer’s speech, and presenting them without punctuation for a clearer interpretation as shown below:

female many children guilty many children (1993) mother passed away (1994) father killed by grandfather father marry brothers wife marry brothers wife grandfather shot leg bleeding died not trauma grandfather died (1995) not issue shame people man steal relationship womans fight societys ashamed kill man kill manly (2003) miscarriage (1999) birth depression (2004) birth depression (2013) birth severe depression baby babies babies bled bleeding God destiny God abortion not tell miscarry child aborted child buried child in garden not tell I mullah I guilty aborted child buried him mullah religious I did wrong God punish me

Within the broader structural theme centered around the signifier “sexuality”, the signifier “miscarriage” was intricately linked through metaphoric and metonymic pathways in both Bawer’s subjective position and his case conceptualization. Notably, a temporal sequence oversight in the case’s narrative underscored the significance of the signifier “miscarriage” event within the diachronic sequence (Figure 4.2.13).

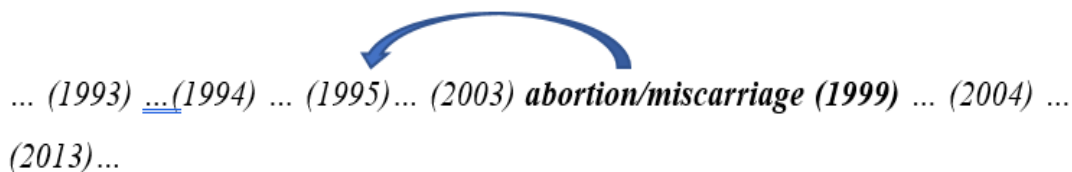


Figure 4.2.13. Bawer’s Historical Slip of His Case Presentation

Upon consideration of other potential signifiers and their metonymic connections, I concluded that “miscarriage” held the potential as the key signifier. Bawer’s discourse

in the final supervision session intricately intertwined key signifiers, including “sexuality”, “miscarriage”, “abortion”, “death”, “guilt”, and “religious guidance”. The structural theme of “sexuality” seemed to play a pivotal role in both the contexts of “abortion/miscarriage and guilt” and “religious guidance”. This connection was particularly underscored by the revelation that the case’s father was killed by her grandfather due to incestuous intentions (*the father was killed to prevent incestuous sexuality*). Under the key signifier of “sexuality”, “guilt”, and “shame” appeared to be reiterated in the context of the case’s self-induced abortion (killing her baby-boy) due to “shame” with “guilt” emerging subsequently following the abortion. The concept of “sexuality” played a crucial role in Bawer’s analysis of the female case. The signifier associated with “religious guidance”, positioned under the key signifier “sexuality” and linked to masculinity as the assumed subject of knowledge, was operative in the fabric of Bawer’s discourse:

many father grandfather man female woman fight manly bleeding God destiny mullah religious punish

Consequently, within the structural theme of “sexuality” that propelled Bawer’s speech, it appeared to collaboratively interact with “mis-carriage/abortion & guilt” in shaping his subjective position and with “religious guidance” for his case conceptualization (Figure 4.2.14).

Unconscious Formation as Master Signifier (SI)
Structural Theme: *Sexuality*

Subjective Position
Abortion & Guilt

Case Conceptualization
Religious Guidance

Figure 4.2.14. Bawer’s Final Case Conceptualization, and Subjective Position

On the interpretation level of the analysis, in Lacanian approach, first of all, instead of searching for an ultimate meaning, I focused on the openness of the enunciations. Thus, I tried to follow multiplicity and polyvocality of the signifiers which can broaden explanation rather of shutting them down to focus on final reading or another.

Ultimately, at this part of the analysis, my aim was psychoanalytic interpretation based on the Lacanian analysis of the signifiers. In this context, my role as a researcher is situated within the interplay of concentric circles, navigating the dynamic relationship between my subjective position and the text, providing space for nuanced interpretation. The act of engaging in these reflexive interpretations and movements is more important than the final product since concentric reflexivity is never completed because we can never get to a place where we can stand outside of preconceptions and knowledge.

Initially, Bawer's focus on the demographic particulars of his case captured my interest, specifically regarding the case's family size. Bawer mentioned, "how many children he has, just a moment because it is a lot". This aspect intrigued me due to the prevalent occurrence of large families in Northern Iraq. Similar patterns emerged in the demographic details of other cases discussed by mental health workers in different supervision sessions. Given Bawer's reference to the case's complaints about "having many children", his recurrent use of this pattern in speech suggests a mutual identification between Bawer and the case. This identification appears closely tied to the key signifier "sexuality" particularly pertaining to patriarchal concerns such as "masculinity, (incestuous) guilt, and death" within Bawer's case conceptualization and his subjective standpoint. The Lacanian discourse analysis centers around the key signifier "sexuality" identified through metaphoric and metonymic connections within Bawer's narrative. The case's identification with signifier "masculinity, guilt, and death" was explored, revealing a pattern where "sexuality" emerges as a pivotal element in the case's traumatic experiences. It can be relevant to follow some patterns pointing out identification related to those terms in Bawer's narration of his case. For instance, "masculinity" as the signifier might indicate "murder", first murder of father's killing his son (the case's father), secondly, the case's "murdering of her son via abortion". This could be linked to the case's hysterical identification with masculinity, particularly with her grandfather, who represented the embodiment of power in masculinity. It seems that the case, in some way, replicated her grandfather's actions, specifically, committing a killing with an intention linked to guilt associated with the key signifier "sexuality". A similar pattern emerged in the narrative involving a thief, where the case expressed the intention to kill the thief. This intention seems to

be driven by the Other's desire, with motivations rooted in reasons associated with the key signifier "sexuality". The case's identification with the Other's desire can be relevant to Bawer's case conceptualization based on masculinity as he said "I think ... she did not tell this to any person" for "a hidden guilt". It might also be of importance to analyze the key signifier, "sexuality", in relation to the "masculinity", (incestuous) "guilt and death" in the context of that region's (Northern Iraq) language, culture, and the structure of society. I rewrote some key signifiers below and illustrated potential associations between two languages (English and Kurdish) as the supervision session was mostly in Kurdish and English:

"female/mêr-nêr - many/mêr-nêr - many/mêr-nêr - father/bav-bab-din - grandfather/bapîr-bav-bab-din - father/ bav-bab-din - grandfather/ bav-bab-din - bleeding/xwîn-malbat (family-father) - grandfather/ bapîr- bav-bab-din - man/mêr - womans/mêr - man/mêr - manly/mêrxas - miscarriage/ - baby/bîbî - babies/bîbî - babies/ bîbî - bled/xwîn-malbat (family-father) - bleeding/xwîn-malbat (family-father) - God/ xwedê - God/xwedê - abortion/ - miscarry/ - aborted/ - mullah/ mela-xwedê - aborted/? - mullah/ mela- xwedê - "God/ xwedê"

As it can be seen how the key signifier "sexuality" is in operation through other signifiers related to "masculinity, (incestuous) guilt, and death" between two languages (Kurdish-English). The structural relations, especially phonetic similarities of some signifiers, such as *male/mêr*, and the metonymic chains of them, for instance, "father/bav-bab-din-bleeding/xwîn-malbat (family) God/ xwedê", in both English and Kurdish were interesting. But the more engaging was that there are not direct Kurdish letters for "abortion" (Chyet, 2003; Saadallah, 2000; Wikiferheng, 2020), instead the translator interpreted it as "miscarriage", which means different from "abortion", which is forbidden in that region and culture. At that point of the supervision session, Bawer could not say the word "abortion" in Kurdish, somehow after trying to explain also in Arabic, first it was used as "*miscarriage*" and then "abortion" by the translator, this might be associated with lack of letters in the Symbolic in Kurdish to carry the meaning of "abortion", at the same time, operated as key signifier in Bawer's speech about his case. The word, "mis-carriage", as a metaphor, might point out some metonymic connections with other signifiers. As a prefix, "mis" is, via negation (**na** in Kurdish), related to other signifiers in speech, that is, "sexuality", "masculinity",

“incestuous guilt”, and “death” considering the associations as to “crime and incestuous guilt”. This is interesting because, even in a translation language (English), key signifier was identified via metaphoric and metonymic connections of negation in “mis-carriage”. This becomes understandable when contemplating the notion that, in the event of primal repression, even when regarded as a mythical occurrence, it requires the postulation of a legendary condition. Nonetheless, this condition remains elusive when viewed through the perspectives of experimental psychology or psycholinguistics. Instead, it beckons investigation through the archaeological perspective inherent in psychoanalysis.

Within the realm of primal repression, it is the conceptual representations of “death and sexuality” that become entrenched (Thom, 1981). Ernest Jones’s assertion, that the unconscious has a restricted range of Symbolic references encompassing life, death, one’s familial connections, and one’s physical form, finds comprehensive understanding only within the framework of the intersection between the “physical body and the Symbolic signifier” (Thom, 1981). As negation and operator of the Symbolic, “mis”, also associates, in Lacanian approach, with father metaphor (Yaka, 2021) as *Des noms du père (names-of-the-father)* in law/language/culture (the Symbolic) which were observed among the signifiers in Bawer’s speech: “sexuality, masculinity, guilt, and death”. It might be relevant to mention that Lacan’s emphasis of father metaphor as *Names-of-the-Father (Des noms du père)* was also observed in Kurdish via French, and English: *Nome-Name-Nav/Non-No-Na* (French-English-Kurdish, respectively). The last but not the least, after some psychotherapy sessions, appealing to the discourse of religion, as Bawer took the case to a “Mullah”, is a crucial point where we can question the medical approach in which the case’s subjectivity was not taken into consideration. The appealing to religion might point out how the discourse is constructed based on trauma for the history of different social, ethnic and religious groups were full of collective violence (historical genocides and massacres) for Êzidî Kurds, Muslim Kurds, Assyrian as well as Armenian (Christian). In a sense, the impact of religious discourse, akin to the discourse of the scientific medical approach, appears to be intricately linked to the history of social trauma, contributing to a division among various ethnic and religious groups. Consequently, this connection might lead to the apprehension of deeply ingrained and pre-existing religious

discourses. Observing the common relation between religion and science in language was also interesting. Throughout the intervention project, local psychotherapists commonly referred to me as Seyda in Kurdish. It is noteworthy that this term originates from Arabic and is associated with Seyit, signifying a religious teacher akin to a “Mullah” in Islam. It highlights how the discourse of religion, akin to the scientific medical approach, might be deeply rooted in historical trauma. Another noteworthy observation pertains to Bawer’s revelation of seeking religious guidance during the concluding supervision session. This may be correlated with the circumstance that the supervision involved two individuals who shared not only a common gender identity but also adhered to the same religious beliefs (Muslim) in the background discourse. Our shared male identity and religious background might have contributed to the emergence of “religious guidance” as Bawer’s case conceptualization, involving a process of identification. Furthermore, the presence of an Êzidî female interpreter added an additional layer of diversity to the dynamics. Beyond gender and religion, the shared Muslim identity and similar ages of both parties may have played a role. Consequently, religious guidance intertwined with religion, biomedicalization, and the unique dynamics introduced by the interpreter in Bawer’s case conceptualization and his subjective position. However, my role as an external supervisor may have impeded my psychoanalytic listening to Bawer and his interpretation of religious guidance. Recognizing this, I could have raised the issue as an agenda, creating a Symbolic space for Bawer to reflect on his case conceptualization and his subjective position. The anger I experienced in Bawer’s final supervision session (this was what I felt at that time because I thought there was not any progress in Bawer’s clinical skills) was linked to an obstacle in desire, preventing me from elevating it to a reflexive question. Therefore, there appears to be a challenge in transferring it to the reflexive realm for both of us to interpret Bawer’s subjective position as religious guidance (as Muslim), especially considering the additional layer introduced by the Êzidî female interpreter.

4.2.2.3. Bejnê (*Objet a*) (Final Analysis Component: Hole/the Real)

During this remote supervision session in February 2021, the interpreter was not present at the center. The session primarily involved communication between English and Kurdish, occasionally incorporating Arabic. Bejnê’s initial individual clinical

supervision session, which commenced in August 2020, created a nearly six-month interval between her first and last individual supervision sessions.

Extract

Bejnê: Nearly two weeks ago she came and Bawer (clinical lead) did the interview and the case asked if the psychotherapist can be a female. Bawer came and told me that she has suicidal attempts...He told me that she has suicidal attempts, he did not tell me she has tried to burn herself... Even when she was in the secretary I thought that it was a male, but then inside the session when I saw her, I was very shocked...I think that I have heard a lot about people who burnt themselves. This is the first time I saw a burnt person in front of my eyes...

Ali: What does it mean for you? What do you mean when you say this is the first time? What do you think about a person who burnt herself?

Bejnê: I felt that I am afraid. I also looked a reason in me but I could not find and I do not know.

Ali: What made you afraid?

Bejnê: She was burnt; her appearance was very scary like her neck was connected to her head, like all of her flesh was burnt like it was melting.

Ali: Why this made you scared?

Bejnê: The appearance was very scary...Her neck and chests burnt a lot (by pointing to that body part) as if the skin was melting...I saw her hands; her ears were covered because of wearing a veil but I mostly saw her neck...and I could see her veins through the skin...Her whole body was affecting me I was afraid of her whole body not only chest and neck part, but I was seeing her neck and chest mostly...but because it was the first time I was very scared...I feel that in any moment she will do something to me like whenever she was moving her hand I will directly noticing her hand movement I felt that she is going to attack me or do something...

Analysis

In the final supervision session Bejnê presented her case, in a similar way that she did in her initial supervision session. Starting with the surface level, Bejnê recounted a recent case where the clinical lead, Bawer, conducted an interview with an individual who disclosed suicidal tendencies. While Bawer communicated the presence of

suicidal attempts, the specific detail of the person attempting to burn themselves was not initially disclosed to Bejnê (*He told me that she has suicidal attempts, he did not tell me she has tried to burn herself*). The surprise deepened during the session when Bejnê, who had initially assumed the person was male based on information from the secretary (*Even she was in the secretary I thought that it was a male, but then inside the session when I saw her, I was very shocked*), discovered that the case was female and visible burn injuries. This marked Bejnê's first encounter with a person suffering from such severe burns (*This is the first time I saw a burnt person in front of my eyes*). Upon my questioning regarding the significance of this being her first encounter (*What does it mean for you? What do you mean when you say this is the first time? What do you think about a person who burnt herself?*), Bejnê expressed a complex emotional response marked by fear and uncertainty (*I felt that I am afraid. I also looked a reason in me but I could not find and I do not know*). She struggled to pinpoint a rationale within herself for this fear. The sight of the burnt person was particularly distressing for Bejnê, as she vividly described the appearance as frightening, emphasizing the extensive burns on the neck and chest that gave the impression of the skin melting (*She was burnt; her appearance was very scary like her neck was connected to her head, like all of her flesh was burnt like it was melting*). While the hands were visible, the ears were covered due to a veil. Bejnê acknowledged feeling deeply affected by the person's entire body, not solely focusing on the chest and neck. The unfamiliarity of the situation heightened her fear, causing anxiety about potential actions from the distressed individual, especially when observing her hand movements. Bejnê expressed a pervasive fear that the person might pose a threat or harm her in some way. This unique encounter left Bejnê profoundly unsettled, representing her inaugural experience in witnessing someone grappling with severe burn injuries (*I feel that in any moment she will do something to me like whenever she was moving her hand I will directly noticing her hand movement I felt that she is going to attack me or do something*).

On the analysis level of Bejnê's speech in the final supervision session, Bejnê's reaction to the case's physical appearance, especially her burnt and disfigured body, might be related to the function of *objet petit a*, which can be understood as an encounter with the Lacanian term, the Real. The Real, in Lacanian terms, represents

that which cannot be symbolized, as ex-sist and traumatic force that resists full representation within language and symbolism. At this point, Bejnê's fear and anxiety after encountering her case can be a response to the traumatic nature of the Real (*I felt that I am afraid*). For Bejnê, the disfigured body of the case becomes *objet petit a*, that is, a traumatic encounter that disrupts the Symbolic order. Lacan emphasized that anxiety often arises from the encounter with the Real, which is beyond the grasp of the Symbolic representation (Lacan, 1962-63/2014). For Lacan, "anxiety is this very cut, without which the presence of the signifier, its functioning, its entry, its furrow in the real is unthinkable" (Lacan, 1962-63/2014, p. 76). Thus, representing a leftover residue or lack within the Symbolic order, the case's disfigured body becomes a "hole" in the Symbolic, leading to Bejnê's emotional response. Bejnê's focus on the physical aspects of the case's body, such as the burnt neck, chest, and visible veins, highlights the significance of the body as a site of trauma (*Her neck and chests burnt a lot as if the skin was melting...I could see her veins through the skin*). Lacan's emphasis on the body as a locus of *jouissance*, pain, and trauma aligns with Bejnê's intense reaction to the case's physical appearance. Bejnê's fear of the patient potentially attacking her can be seen as a projection of the anxiety generated by the encounter with the Real. The reason might be that the case's disfigured body becomes a source of unpredictability, and Bejnê's fear reflects the disruptive impact of the Real on her subjective experience. Thus, Bejnê's intense emotional response revolves around the case's burnt appearance as *objet petit a* in her speech. It encompasses her fear, anxiety, and the projection of potential harm. The focus on the case's physical state, described in vivid detail, becomes a source of profound discomfort for Bejnê. The revelation of the case's gender and the shocking physical appearance in the final supervision session disrupted Bejnê's Symbolic realm and her Imaginary register. Such disruptions impacted Bejnê's subjective position, introducing elements of surprise and shock that resonate with Lacanian ideas of the Real as that which resists symbolization. While grappling with the situation, Bejnê construed the case's movements as a perceived threat, giving rise to a Symbolic void filled with fear and anticipation during the psychotherapy session. Consequently, "the case's burnt appearance" encapsulated the key elements of Bejnê's final supervision session, emphasizing the interplay between the Symbolic, Imaginary, and Real registers within the Lacanian framework. Thus, the pattern of Bejnê's repetitive focus on her case's burnt appearance, which was related to the

distorted body figure, high level of Bejnê’s corporeal fear and anxiety, and anticipation of threat from the case were thought to indicate *objet petit a* in Bejnê’s speech simultaneously. For the analysis of *objet petit a* in Bejnê’s speech in the final supervision session, similar to the initial supervision session of Bejnê, the same term “trauma” was chosen as a general structural theme because her speech revolved around the themes of distortion, fear, anxiety, and anticipated threat and/or harm. The term “anticipated threat” were selected for Bejnê’s case conceptualization, and for her subjective position, the terms “anxiety and disfigured body” were chosen as sub-themes (Figure 4.2.15).

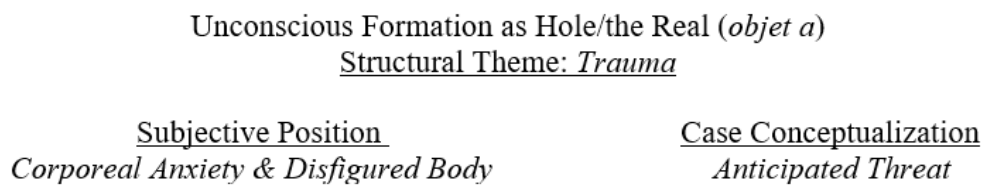


Figure 4.2.15. Bejnê’s Final Case Conceptualization, and Subjective Position

On the interpretation level, Bejnê’s subjective feelings of anxiety and fear upon seeing the burnt appearance of her case, were interpreted as the repetition of trauma. This repetition signifies a persistent encounter with the Real, maintaining a connection with *objet petit a*. In both of the supervision sessions (initial and final), Bejnê expressed her shock at the unexpected nature of the encountering traumatic elements which were related to the disfigured body images. The case’s gender revelation and her physical appearance in the final supervision session disrupted Bejnê’s expectations (Imaginary), creating a hole in the Symbolic order, which caused anxiety in Bejnê, underscoring Lacanian term of the ex-sist in the Real. Thus, Bejnê’s fear was a recurring meeting point with the Real in her both supervision sessions. In the final supervision session, her fear was vividly described in response to the case’s burnt appearance. The fear was not only directed at specific body parts but encompasses the entire body, reflecting a generalized anxiety and projecting a potential threat and/or harm from the case to Bejnê. Therefore, for Bejnê, body was as a source of anxiety because it remained a central focus in both supervision sessions. The consistent thematic focus on the body connects with Lacanian term of the Real as a traumatic and

corporeal realm. The association was rooted in the concept of losing essential qualities, perceived as a disruption in the Imaginary unity. This led to a quest for the elusive object of desire, the *objet petit a*, and a confrontation with the intricacies of the Symbolic realm. The case’s “burnt appearance” served as a point of connection or tension in this unfolding process. As the inaugural encounter with the Real through the function of *objet petit a* in Bejnê’s speech, the “burnt appearance” was construed as the Borromean knot binding the three registers, outlined as follows (Figure 4.2.16.).

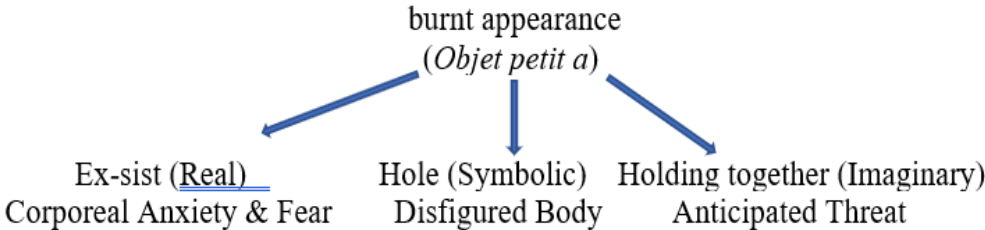


Figure 4.2.16. The Word, “Burnt Appearance”, as Bejnê’s *objet a*

Bejnê’s reaction in her speech to the case’s “burnt appearance” can also be topologically illustrated as the function of *objet petit a* on the Borromean knot, which was mentioned in Lacan’s Sinthome seminar (Lacan, 1975-76/2016) (See Figure 4.2.17.).

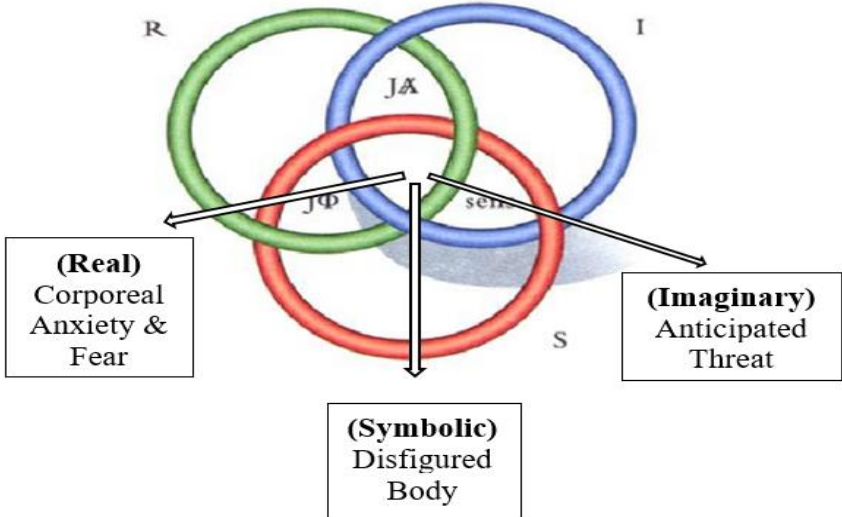


Figure 4.2.17. Bejnê’s *Objet a* on the Three Central Fields of the Lacan’s RSI Diagram (Lacan, 1975-76/2016, p. 43)

In the realm of *objet petit a*, as manifested by Bejnê's profound response in the final supervision session, the case's "burnt appearance" becomes a focal point. Bejnê's vivid portrayal of the case's burns, akin to the melting of flesh, serves as a hole in the Symbolic register, creating anticipated threat and/or harm in the Imaginary realm, where distorted realities and dissociation converged because of corporeal anxiety and fear in the Real register. This anxiety, echoing the inherent impossibility of the Real, intertwines with Bejnê's own history as an internally displaced Êzidî from Şingal. The disfigured shapes and broken-down body images described by the case resonated with Bejnê's own traumatic experiences, creating a nexus between her personal history and the Symbolic hole elicited by the case's conditions. This convergence accentuates the meeting points with the Real, where Bejnê's anxieties became entangled with the case's traumatic narrative. The absence of a comprehensive biography or contextual background adds an intriguing layer, emphasizing the immediacy of presenting a case in its raw complexity. Thus, Bejnê's visceral reaction, initially rooted in fear, transforms into a multifaceted narrative that intertwines personal and collective histories, ultimately leading to an intriguing reframe, which is a testament to the intricate interplay of the Symbolic, Imaginary, and Real registers. Bejnê's attempt to find a reason within herself and her inability to do so points to the limitations of the Symbolic and Imaginary registers in fully capturing the traumatic nature of the Real. The Real, as trauma, remained elusive and unassimilable within these registers. The mention of the case wearing a veil adds a layer to the analysis (*her ears were covered because of wearing a veil*). The veil can be seen as a Symbolic barrier, representing the Imaginary attempt to conceal or protect against the traumatic Real. In the context of Lacanian psychoanalysis, the use of the term "veil" in the description of the case wearing a veil introduces a rich metaphorical layer to the analysis. Drawing from the etymological roots of the word (Online Etymology Dictionary, 2017), which traces back to the Latin *vela*, meaning "sail, curtain, covering", and ultimately rooted in the Proto-Indo-European root "weg", "to weave a web", the veil can be understood as a complex symbol within the Lacanian framework. The act of wearing a veil becomes a Symbolic barrier, akin to the fabric of a sail or curtain, suggesting an attempt to weave a protective covering against the traumatic Real. In the Lacanian schema, the Real is the unmediated, often distressing, aspect of reality that cannot be fully symbolized or represented. The veil, in this psychoanalytic interpretation, takes on the role of a

woven shield, a protective layer that stands between the subject and the unsettling truths of the Real. It becomes an Imaginary defense mechanism, concealing and safeguarding the psyche from the potentially overwhelming experiences that lie beyond the Symbolic order. The act of wearing the veil, as observed historically in the context of nuns becoming cloistered, aligns with the notion of seeking refuge from the challenges of the external world and retreating into a Symbolic space of protection. Just as the linguistic analysis of “medicine” reveals the Proto-Indo-European root “med” meaning “take appropriate measures” (in Bejnê’s initial supervision session), the analysis of the term “veil” in the Lacanian context underscores a psychological endeavor to take appropriate measures against the onslaught of the traumatic Real, utilizing the Symbolic fabric of the veil as a means of psychic defense and concealment. This detail contributes to the complexity of the encounter and aligns with the Lacanian ideas of Symbolic and Imaginary constructs. The multifaceted semantic association of the term “veil” in Kurdish, where it translates not only as “pate” (veil) but also holds a linguistic link to “father” (*malbat, bav, bab* in Kurdish) (Wikiferheng, 2023), adds another layer of complexity to the Lacanian psychoanalytic interpretation. Within the framework of Lacan’s theory of the “Name-s-of-the-Father” in the Symbolic order, the linguistic convergence of “veil” and “father” in Kurdish may be significant. In Lacanian terms, the Symbolic order is characterized by language and societal structures that shape subjectivity. The “Name-s-of-the-Father” represents the Symbolic functions that establish societal norms and regulations. In this context, the veil takes on a dual significance. On one hand, it remains a Symbolic barrier against the traumatic Real, as discussed earlier. On the other hand, its linguistic connection to “father” in Kurdish introduces the notion of the paternal function within the Symbolic order. The “father metaphor” in Lacanian theory, as a Symbolic figure, plays a crucial role in shaping societal norms and transmitting cultural values (Dor, 1999; Yaka, 2021, 2024). The wearing of a veil, then, can be interpreted not only as a defense against the unsettling aspects of the Real but also as an adherence to or negotiation with the Symbolic structures imposed by the paternal function (Yaka, 2021, 2024). The veil, in this expanded Lacanian analysis, becomes a cultural and linguistic signifier that encapsulates both protective measures against the traumatic Real and a Symbolic enactment of the father’s role in shaping the Symbolic order. It reflects the intricate interplay between individual psychological defenses and the broader socio-cultural

framework, where the Symbolic veil becomes a tangible expression of the dialectics between subjective psychic processes and societal expectations associated with the father function. Bejnê's projection of potential harm from the case was highlighted in both supervision sessions. In the final, her heightened awareness of the case's movements and the anticipation of an attack signify a defensive response to the perceived threat. This projection connects with Lacanian ideas of defensive mechanisms in response to the Real. Bejnê's struggle to find a reason within herself for the fear echoes also across both sessions. The inability to locate a reason aligns with Lacanian concepts of the Real as inherently elusive and traumatic. The final supervision session for Bejnê reinforces and extends the themes observed in the initial. The repetition of traumatic elements, the unexpected nature of the encounter, the projection of fear, and the impact on Bejnê's subjectivity collectively contribute to a rich analysis within the Lacanian framework, emphasizing the ongoing negotiation between the Symbolic, Imaginary, and Real registers in the context of trauma and clinical practice. To sum up, the final supervision session emerges as a captivating exploration of a paramount case, mirroring the complexities of the human psyche and trauma to embrace a more descriptive and associative approach.

4.2.2.4. Aram (S2) (Final Analysis Component: Other's Discourse/Signification)

During this remote supervision session conducted in February 2021, the interpreter was not present at the center. The supervision session languages mainly included English and Kurdish, with occasional use of Arabic. Notably, Aram's initial clinical supervision session was held in August 2020, resulting in a nearly five-month period between his initial and final individual supervision sessions.

Extract

Aram: My case is young, male, thirty-one years old, married and has a child, studied until sixth year in the school, after that left, because the level of intelligence was not that good, after that started working to support the family, I have not written number of sisters and brothers, but this person is the oldest one; he has some tightness in breathing ... From six pm until nine pm, he feels afraid, like there is sensation of feeling of fear in him, shivering, he is afraid of again he will go through the same situation, he told me that my main purpose

is to get rid of the situation (the things that happened to him). For the main events in his life, in 2017, the death of his sister; in 2018, his mom had spine operation in Turkey, there was one month in Turkey, this affected him negatively, he was very anxious because of his mom; in 2020, he was in Baghdad for one month because of curfew. He told me that in this point, his situation was even becoming worse than before. In 2020, he was working for someone and that person got killed, that also affected him a lot. These were the main events. He said that “whenever thinking about Baghdad situation like when he was in curfew, this makes me upset and sad”. Whenever it becomes six pm, his situation becomes very bad until nine pm. His mom situation because she is paralyzed, she is on a chair, whenever sees her, he feels very upset. He lost his job, he does not do any job of work, he cannot work. He told me whenever he does not concentrate/focus on these things he becomes better, and also told me many times when he plays football or doing sport he becomes very comfortable. His father is helpful for him and this is supporting factor for him; these were the information and also his diagnoses are panic attack, anxiety and PTSD. My question is that when this person’s situation becomes bad from six pm until nine pm, how can I help him for this?

Ali: What is the most challenging thing for you about this case when you do session?

Aram: An additional information, I have done six sessions with this case. My challenge is that whenever we discuss something in the session, he becomes better; but when he comes for another session, he tells me that I could not help myself and my situation is bad like before.

Ali: What did you discuss about?

Aram: It was about psychoeducation that I explained to him how thoughts and ideas affect human being negatively and positively...

Analysis

Generally, in comparison to the initial supervision session of Aram, in which his case presentation was too general on the surface level, Aram’s final clinical supervision session provided more opportunities for subjectivation. To begin with the surface level, Aram started with his case’s general demographics; that is, his male case is thirty-one years old, he is married, and has a child. Aram’s case was unable to continue his education after the sixth year of school due to his limited intelligence. The case, then, started working to support his family financially. Although Aram did not take note of the number of his case’s siblings, he stated that the case is the oldest one among them. Subsequent to detailing general demographics and the case’s psychological symptoms, Aram pointed out the case’s challenge with shortness of breath,

encountering anxiety or fear from six to nine o'clock in the evening. This was coupled with trembling and distress triggered by situations reminiscent of a past traumatic experience. Following the overview of the case's psychological and somewhat psychosomatic symptoms, Aram proceeded to delve into recent histograms, exploring specific events that significantly influenced the case. Two significant events unfolded in the case's life. Firstly, the case experienced the passing of his sister in 2017. Secondly, his mother underwent spine surgery in 2018 in Turkey, and the case was profoundly affected during the one-month stay there due to his mother's condition. Another impactful event occurred in 2020 when an order forbidding people from leaving their homes in Baghdad city for one month was issued. This situation had a detrimental effect on the case's psychological well-being (*He told me that in this point, his situation was even becoming worse than before*). In that same year, the case experienced another blow when his boss was killed, further contributing to negative impacts on him. Aram elaborated that the case mentioned feeling disturbed and depressed whenever he recollects situations in Baghdad, particularly instances like being subjected to a curfew (*whenever thinking about Baghdad situation like when he was in curfew, this makes me upset and sad*). Particularly during the timeframe from six to nine pm, the case experienced a profound sense of distress. This was intensified by his mother's paralysis and her confined state to a chair, causing the case to feel sorrowful each time he encounters her. Additionally, the case was grappling with unemployment, having been terminated from his previous position and facing challenges in securing new employment. He communicated to Aram that whenever he diverted his attention from these negative thoughts or engaged in activities unrelated to them, he sensed improvement. Engaging in sports activities brought him a sense of ease. The case's father played a supportive role, serving as a motivating factor for him. Following this general information and the diagnosis of panic PTSD, attack, and anxiety, Aram posed a specific supervision question. He inquired about how he could support his case during the challenging period between six and nine o'clock in the evening when the case's feelings tended to deteriorate (*My question is that when this person's situation becomes bad from six pm until nine pm, how can I help him for this?*). After I asked the biggest obstacle for him about his case, Aram mentioned one more detail about his case that until then six sessions were done and the issue for him was that although the case gets better in one session, he felt helpless again and the

things were as terrible as before for him when he came for another session. After I asked which topic he talked with his case in order to open more about Aram's supervision question, he expressed that he did psychoeducation through describing the good and bad effects that thought or beliefs may affect individuals in both positive and negative ways.

To begin with the analysis level of the final supervision session of Aram, there have been some changes in the discursive positions compared to the initial analysis of the discourse's structure. Initially, when discourses encounter the traumatic remnants of the *objet a*, an entity that is inherently incomprehensible; this encounter becomes a source of anxiety (*angoissé*), prompting discourses to engage in constant movement within the space where they are produced. The perpetual movement gives rise to the generation of new forms of discursivity (Lacan, 1962-63/2014). In general, any discourse tries to address the absence or inability to meet in the preceding discourse. In the initial discourse analysis by Aram, a position within the pedagogic discourse attempted to respond to the inquiry posed by the case's symptoms (*objet a*) and potential risks (impossibility). It illustrated how *SI*, functioning as the initiator of the discourse, refutes the claim that the master signifier "BioMedical" conceptualization represented an inadequate response to the challenges presented by the case's condition. This illustration demonstrated how the disagreement was rooted in hierarchical positions (with Aram positioned as the subject-supposed-to-know) and *savoir-totalité* (the evidence-based knowledge of biomedical conceptualization). The dynamic hindered Aram, who advocated for the case, from being heard or acknowledged in the initial supervision session. Given that this research was not grounded in a structured study, I found it important to reiterate my standpoint. Conducted as an intervention fieldwork in Iraq amid the Êzidî genocide, and drawing from my background in Lacanian clinical psychoanalysis, my role as a practitioner in the project involved endeavoring to provide a clinical supervisory influence to local mental health workers. Therefore, rather than adhering to the evidenced-based approach of biomedical conceptualization, which is associated with the Imaginary unity (ego/semblance), I tried to position myself in support of the subjectivity issue (subject of the unconscious). This approach allowed for the exploration of unconscious formations to address social trauma through a psychoanalytic lens. In Aram's initial supervision

session, and in subsequent clinical supervision sessions, my aim was to foster their discourses, creating room for subjectivities to emerge through free association. The approach reflects a protest discourse, reminiscent of hystericization, laying the groundwork for the analyst's discourse. An illustrative moment of this phenomenon occurred during Aram's initial supervision session. Upon my inquiry regarding "his thoughts on his case's crying during psychotherapy sessions", Aram's biomedical case conceptualization came to the forefront.

Lacan emphasized in his XVII. Seminar (1969-70/2007, p. 34): "In the hysteric's discourse, it gives the other as subject the dominant place, it hystericizes his discourse, it turns him into this subject who is asked to abandon every other reference than to the four walls that surround him and to produce signifiers that constitute this free association that is master of the field". Evident in Aram's final supervision session was his pursuit of psychoeducation, with a particular emphasis on biomedical conceptualization in his pedagogic discourse. This intent can be construed as a master signifier in Aram's speech, aligning with the framework of Lacanian discourse theory. At that juncture, a transition was asserted from the modernized master's discourse observed in Aram's initial supervision session to a manifestation of unconscious formation, now functioning as a master signifier in the final supervision session. The activation of the pattern, shifting from the development of the pedagogic to the formation of the unconscious, was similarly observed in the discourses of other mental health workers (Tekoşin, Bawer, and Bejnê). The reasoning behind these dynamics stems from the protest discourse within free association, acting as a revolutionary force in speech. It unveiled voids or gaps that the modernized master's discourse seeks to fill through pedagogic knowledge. In Aram's final supervision session, the case took on the role of *objet a*, represented by the term "Baghdad situation" in Aram's discourse. The depiction gave rise to subjective symptoms within the case, marked by the subject divided (\$) and conveyed through the words "fear from six to nine pm." This placement served as a semblance of protest, aimed at engaging with *SI*, as communicated through the term "psychoeducation" within the framework of biomedical conceptualization. Regarding the discursive position of production, I assert that the ongoing Lacanian clinical supervision sessions in the humanitarian

intervention project have led to the generation of a novel form of knowledge concerning the subjectivities of both Aram and the case (Figure 4.2.18.).

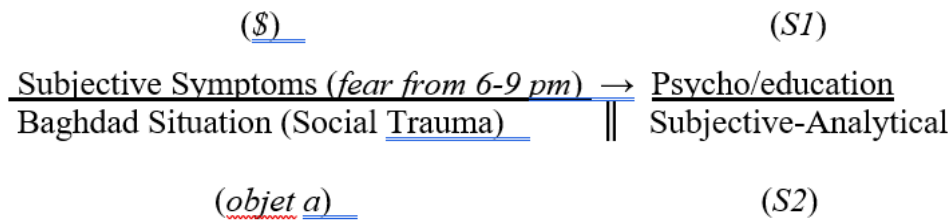


Figure 4.2.18. Aram’s Subjective-Analytical Discourse Structure of Final Supervision

Based on Aram’s discourse structure, his case conceptualization theme was identified as “Social Trauma”, acting as the hole/the Real (*objet a*) in the discursive position of truth. Concurrently, his subjective position theme was defined as “Subjective-Analytical”, indicated as \$ (subject divided) within the Lacanian discursive framework (Figure 4.2.19.).

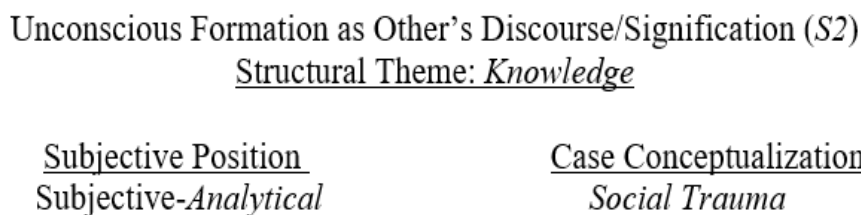


Figure 4.2.19. Aram’s Final Case Conceptualization, and Subjective Position

When delving into the realm of interpretation, it is paramount to acknowledge Lacan’s insights on pedagogy: “A radical distinction, which has far-reaching consequences from the point of view of pedagogy- the desire to know is not what leads to knowledge. What leads to knowledge is...-the hysterics’ discourse” (Lacan, 1969-70/2007, p. 23). In the context of understanding the subjectivity of the unconscious, it pertains to insights revealed in Aram’s concluding supervision session mentioned above. In the given context, an understanding of subjectivities, particularly the grasp of the unconscious, an inherently unknown aspect, emerged as a signifier produced by the discursive position held by the Other, represented by *S1*, specifically, the psycho-

educational framework of the BMC. In Aram's initial supervision session, "Subjectivation" highlighted the inadequacy of the master signifier (the BMC), as it failed to encapsulate or was slipping away from traumatic moments like the "third of August". Aram's discourse, in the initial supervision session, revealed that the (symptom-based) diagnostic category took on the task of filling the gap, serving as the space for surplus jouissance. In the concluding supervision session, Aram's discourse unveiled the case's confrontation with social trauma, signified as the "Baghdad situation" (*From six pm until nine pm, he feels afraid, like there is sensation of feeling of fear in him, shivering, he is afraid of again he will go through the same situation, he told me that my main purpose is to get rid of the situation*). Therefore, the *objet a* served as the catalyst for Aram's and his case's subjectivities, defining the position of the agent/semblance as a divided subject (\$) and prompting an inquiry into the master signifier, *SI*. The master signifier, represented by psychoeducation within the biomedical conceptualization, was established during free-association in the context of the ongoing humanitarian mental health and psychosocial support intervention. This was illustrated in our final supervision session with Aram as below.

Ali: What is the most challenging thing for you about this case when you do session?

Aram: An additional information, I have done six sessions with this case. My challenge is that whenever we discuss something in the session, he becomes better; but when he comes for another session, he tells me that I could not help myself and my situation is bad like before.

Ali: What did you discuss about?

Aram: It was about psychoeducation that I explained to him how thoughts and ideas affect human being negatively and positively...

As can be seen in the final supervision session part above, after I asked Aram about what he finds the difficulty concerning his case, he first mentioned about the number of the session "as an additional information" (*An additional information, I have done six sessions with this case*), and then, revealed that the case's *changing mental health situation* was a challenge for him. While exploring Aram's challenge, my inquiry into the subject he discussed with his case revealed the signifier "psychoeducation". This indicated the existence of the master signifier, *SI*, symbolizing a biomedical

conceptualization. The interpretation of this observation was seen as the case's protest against the pedagogical implications of the master signifier, evident through the manifestation of subjective symptoms. Based on the disclosure of the signifier (psychoeducation within the biomedical conceptualization), I assert that the ongoing mental health and psychosocial support intervention, guided by the analyst discourse's hysterization, initiated the subjectivation of the discourse. The positioning in the production served as knowledge of subjectivities (*S2*) for both the case and Aram. Put differently, through the revelation of the pivotal signifier, "psychoeducation" within the pedagogic discourse, the ongoing mental health and intervention sought to facilitate the unconscious emergence for the subjectification of the discourse. It aimed to address the cases from an analytical perspective by questioning the hegemonic master discourse. By challenging the central signifier of biomedical conceptualization and exposing its deficiencies, the subjectivities of both Aram and the case were unveiled within the discursive position of the product. Therefore, in psychoanalytic terms, the protest (manifested by the agent/semblance) signified the castration of the master signifier. It did so by vocalizing pain and delineating the constraints inherent in the master signifier. The ongoing intervention, specifically a capacity-building project for mental health workers, played a role in hysterization to create a symbolic space conducive to analysis.

The consequences of both an excess and a deficiency of the master signifier "psychoeducation" (associated with the BMC) permeated global mental health, extending into various facets of the Other, including schools, institutions, and NGOs. These entities endorsed the practice of pedagogic formation on how to contribute to the mental health industry. However, the process of hysterization at the core of the protest introduces significant complexity into both the bureaucratic and social domains (Fernandez-Alvarez, 2022). This is noteworthy, as the protest language occasionally prompts protesters to metaphorically castrate their masters in pursuit of *jouissance*, rather than seeking substantial changes grounded in subjectification. As an example, the cancel culture, prominently shaped by identity politics, imposes an alternative master signifier that appears more morally grounded. In such instances, the hysteric's resistance to the master signifier hides their own form of satisfaction, known as *jouissance*. If this satisfaction remains unrecognized, it tends to reinforce the

dominance of a new master signifier, rather than allowing for the possibility of analytically constructing a new master signifier rooted in a more human relationship (Fernandez-Alvarez, 2022). It stands in contrast to the biomedical conceptualization of the hegemonic modernized master's discourse.

In Aram's initial supervision session, the inability of Aram and his case to substantially challenge the dominance of *SI*, namely the biomedical conceptualization, prevented the introduction of hysterization into that aspect of the discourse through the ascendance of an alternative master signifier. In his concluding supervision session, my role as an external clinical supervisor did not involve contributing to the existing signifier or constructing a new master signifier. Instead, my intervention aimed to generate knowledge of subjectivities for the analytical formation discourse by altering the pedagogic discourse (hegemonic modernized master discourse). The primary objective of my intervention was to examine the internal disparities or diversities within the organization. The central concept was that achieving transformation involved both reinstating and, in the process, disrupting the Imaginary cohesion of the organization's authority.

4.3. Summarizing Initial and Final Analyses: Mental Health Workers' Subjective Positions and Case Conceptualization

The results of the initial and final analyses regarding the subjective positions and case conceptualizations of mental health workers (Tekoşin, Bawer, Bejnê, and Aram) were succinctly summarized in Table 4.3. below. In scrutinizing the subjective positions and case conceptualizations of mental health workers during the initial supervision sessions in August 2020 and the final supervision sessions in March 2021, it is important to exclude Tekoşin from this temporal comparison. Her final supervision session occurred in December 2020, resulting in a condensed three-month interval compared to other mental health workers who had approximately a six-month gap between their initial and final supervision sessions. Within this examination, discernible structural themes have surfaced, with each individual distinguished by a unique central structural theme.

Table 4.3. Overview of the Main Findings

<i>MH workers</i>	<i>Structural Themes</i>	<i>Initial Analyses Themes</i>		<i>Final Analyses Themes</i>	
		<i>Subjective Position</i>	<i>Case Conceptualization</i>	<i>Subjective Position</i>	<i>Case Conceptualization</i>
<i>Tekoşin (\$)</i>	<i>Subjectivity (Enigma/Division)</i>	<i>Diagnostic Symptoms</i>	<i>Psycho/education (Advice)</i>	<i>Unraveling Dilemma</i>	<i>Tracing Trauma</i>
<i>Bawer (S1)</i>	<i>Sexuality (Master Signifier)</i>	<i>Incest</i>	<i>Masculinity</i>	<i>Abortion & Guilt</i>	<i>Religious Guidance</i>
<i>Bejnê (Objet a)</i>	<i>Trauma (Hole/the Real)</i>	<i>Anxiety & Dissociation</i>	<i>Medicalization</i>	<i>Corporeal Anxiety & Disfigured Body</i>	<i>Anticipated Threat</i>
<i>Aram (S2)</i>	<i>Knowledge (Other's Discourse/Signification)</i>	<i>Diagnostic</i>	<i>BioMedical</i>	<i>Subjective - Analytical</i>	<i>Social Trauma</i>

Tekoşin, identified as the Enigma/Division, that is, the split subject \$ within the structural theme of “Subjectivity”, initially presented “Diagnostic Symptoms” in subjective position and a “Psycho/Education (Advice)” in case conceptualization. Later, there was an evolution towards an “Unraveling Dilemma” in subjective position and “Tracing Trauma” in case conceptualization. Tekoşin stood out significantly as the subject who notably progressed within the structural theme of “subjectivity”. This achievement was discussed in detail in the subsequent chapter, the discussion. Bawer, identified as the master signifier *S1* within the structural theme of “Sexuality”, initially manifested “Masculinity”, transitioning to “Cultural/Religious Guidance” in the final analysis concerning subjective position. In the realm of case conceptualization, Bawer introduced the theme of “Incest” in the initial analysis and shifted to exploring “Abortion & Guilt” in the final analysis. Bejnê, identified as Hole/the Real, that is, *objet a*, within the structural theme of “Trauma”, initially navigating “Anxiety & Medicalization” and subsequently delving into “Corporeal Anxiety & Anticipated

Threat” in subjective position. In terms of case conceptualization, she introduced “Dissociation” initially and explored “Disfigured Body” in the final analysis. Aram, identified as Other’s Discourse/Signification, namely, *S2* within the structural theme of “Knowledge”, initially unveiled “Diagnostic” and later transitioned to “Subjective-Analytical” in his subjective position. Regarding case conceptualization, he introduced the sub-theme of “BioMedical” initially and shifted to “Social Trauma” in the final analysis.

This succinct overview encapsulates the evolving structural and sub-thematic nuances within subjective positions and case conceptualizations for each mental health worker across both initial and final analyses. The ensuing discussion involves a deliberate act of narrativization inherent in any interpretation. Its objective is to meticulously explore the linguistic spaces that participants articulate as both meaningful and experiential. Subsequently, the discussion will delve into the Lacanian discursive positions of each mental health worker, elucidating the findings.

CHAPTER 5

DISCUSSION

5.1. Comparative Discussion of the Initial and Final Findings: Mental Health Workers' Structural, Case Conceptualization, and Subjective Positions

Before delving into the comparative discussion of initial and final findings, it is crucial to revisit the overarching aims and specific inquiries guiding this dissertation on the intervention project in Iraq. Both at the study's outset and conclusion, the primary objective was to unravel the general case conceptualization and subjective positions of mental health workers in Iraq. Key questions framed this exploration, addressing the current conceptualization of social trauma, the construction of cases in clinical supervision, and the subjective positioning of mental health workers. Further inquiries delved into the facilitators and hindrances in expressing subjective experiences, the impact of social trauma dynamics on case conceptualization, and the potential contributions of analytically-informed supervision rooted in the Lacanian approach. In the final phase, the study sought answers regarding shifts in how mental health workers articulate their cases, recognize their role in a traumatized society, and evolve from a symptom-focused conceptualization of trauma towards a more nuanced, analytical understanding. The investigation also considered changes in subjective truths influenced by medical discourse, alterations in compulsive repetitions, and shifts in the presentation and self-disclosure of mental health workers. This comprehensive exploration aimed to illuminate the transformative journey of mental health workers' perspectives and practices in addressing social trauma in Iraq.

In the broader context of a Lacanian psychoanalytic intervention within the humanitarian project, it can be asserted that the challenges encountered in symptom-focused psychotherapy concerning social trauma originate fundamentally from the truth inherent in the discourse. This truth mobilizes both social elements, evident in

case conceptualization, and subjective dimensions within the subjective position. In the preliminary context of my study, it intricately connected to the structural theme of “sexuality” as truth, where “masculinity” assumes the role of the master signifier in case conceptualization, and “incest” occupies the subjective position. This desire acquired significance through the pervasive influence of the dominant medical discourse, characterized by the Master and/or University discourse. The identification process, integral to those discourses, tended to overlook the nuanced intricacies of subjectivity and desire, thereby contributing to a lack of thorough analysis. In order to address psychotherapeutic challenges more effectively, it became imperative to scrutinize and comprehend the impact of the Lacanian dynamics within the broader context of the humanitarian initiative. I tried to assess the impact of my intervention by examining specific questions that delve into the nuanced aspects of the mental health workers’ engagement in the Northern Iraq. The inquiries encompassed whether there was an observable shift in their discourse concerning cases, and whether they manifested an increased awareness of their own embeddedness within a traumatized society. Additionally, I tried to explore whether they proactively shared their subjective experiences during clinical supervision sessions. A central focus was on the transformation of the conventional symptom-based conceptualization of trauma and post-traumatic stress disorder (PTSD) over the course of my intervention. Rather than merely relating to isolated symptoms to address trauma, I aimed to ascertain whether a more analytic approach emerges, one that integrates collective sufferings and subjective experiences into their case presentations. The shift involved an exploration of whether there was a discernible alteration in their tendency to compartmentalize symptoms from historical narratives or, conversely, a progression toward bridging those components. Furthermore, I was investigating whether a causal linkage between events and symptoms became evident, thereby departing from the initial conceptualization of trauma, which predominantly emphasizes symptomatology. The complexity of individual biographies, historical narratives, and the broader social dimensions of social trauma was a key consideration, particularly in the context of psychoanalytic reflections during final supervision sessions. It entailed an examination of whether my intervention had facilitated a departure from an initially narrow conceptualization of trauma, fostering a more differentiated and intricate perspective. The differentiation was particularly crucial as each subject was inherently unique,

prompting a more comprehensive and enriched mode of thinking about cases within the framework of social trauma. The rationale behind the inquiries lied in the prevailing clinical understanding of trauma, primarily framed within the symptomatic context of PTSD. Consequently, my intervention sought to broaden the perspective by encompassing historical, familial, and societal dimensions, thereby introducing a critical notion aimed at enhancing the complexity of their conceptualization of trauma.

As Melman (1993-94/2022, p.63) argues, “There is no side to be chosen, there is not in the least any bit wrong, but we have to make do with different positions. We have to try and get our bearings with regard to them, that is to say, not to privilege one or the other, but to put them in their place”. Within this discussion, I intricately examined the analysis findings derived from both the initial and final clinical supervision sessions involving four mental health workers in this research. This examination focused initially on the structural themes inherent in the practice of each mental health worker. Subsequently, within each identified structural theme, attention was directed towards the subjective positions and case conceptualizations adopted by these professionals. The analysis unfolded with a discerning comparison employing the analytical framework of Lacanian discursive positions. Within the institutional context of this research, specifically within the scope of a local NGO in Iraq, individuals linguistically define spaces. This linguistic process contributes to the intricate development of social cohesion within the organization. Thus, in the analysis that follows, I intricately explored how clinicians strategically positioned themselves within discourse, addressing the intricate interplay between intersubjective and intrapsychic structures. Despite the inherent challenge of tracing the unique nuances of individual participation in discourse, Lacanian mathemes served to bridge the gap between the individual and the social, enabling the interpretation of linguistic exchanges that solidified compulsive repetition. In the context of my dissertation, the phenomenon specifically pertained to local institutional (as regional NGO) responses to social trauma in Iraq.

In the initial and final analyses, each topological symbol ($\$$, $S1$, $objet a$, and $S2$) of the components of Lacanian discourse analysis (LDA) was aimed at analyzing unconscious formations, based on Lacanian theory that “Unconscious is the discourse

of the Other” (Lacan, 1964/1977, p. 131). Thus, each analysis component aimed to explore the unconscious formation of the Other’s discourse. Specifically, in my research, these components pertained to the enigma/split for Tekoşin (\$), master signifier for Bawer (*SI*), hole/the Real for Bejnê (*objet a*), and the Other’s Discourse/Signification for Aram (*S2*). The four main components of the LDA were identified in the discourse of each mental health worker in this research. Nevertheless, as argued in both the initial and final levels of analyses, for the sake of a concise and clear outcome, a primary LDA component, considered most relevant to each extract, was selected for thorough analysis and interpretation. The structural themes and topological symbols of mental health workers in the study pertained to the formations of the unconscious. Thus, structural themes encompassed “subjectivity” for Tekoşin (\$), “sexuality” for Bawer (*SI*), “trauma” for Bejnê (*objet a*), and “knowledge” for Aram (*S2*).

Among the mental health workers, discursive positions were specifically analyzed for Aram (*S2*), with a focus on the Other’s discourse structure/Signification in the context of the discourse mapping. In the initial analysis, sub-themes such as “Diagnostic” for subjective position and “Biomedical” for case conceptualization emerged, identified within the framework of the (modernized) Master’s discourse, namely the University discourse. In the final analysis, different sub-themes, specifically “Subjective-Analytical” for subjective position and “Social Trauma” for case conceptualization, were identified within the framework of the Hysteric’s discourse. Hence, the assertion is that the initial analyses, focusing on the structural themes and subthemes related to the subjective positions and case conceptualizations of each mental health worker, were situated within the framework of the University discourse. Conversely, the structural themes and subthemes of the final analyses, which explored subjective positions and case conceptualizations, were positioned within the Hysteric’s discourse.

I propose that a comprehensive and detailed comparative analysis of the structural, subjective, and case conceptualization themes among mental health workers, namely Tekoşin (\$), Bawer (*SI*), Bejnê (*objet a*), and Aram (*S2*), can be attained by examining their positioning in discourse mapping during both the initial and final clinical supervision sessions. This nuanced approach has the potential to enhance a

comparative analysis of the intricate positions of structural, subjective, and case conceptualization themes among these mental health workers in both initial and final clinical supervision sessions within their discursive frameworks. Thus, the subjective positions of the mental health workers, Tekoşin (\$), Bawer (S1), Bejnê (*objet a*), and Aram (S2) can be situated within the university discourse for the initial analysis and the hysteric's discourse for the final analysis as follows:

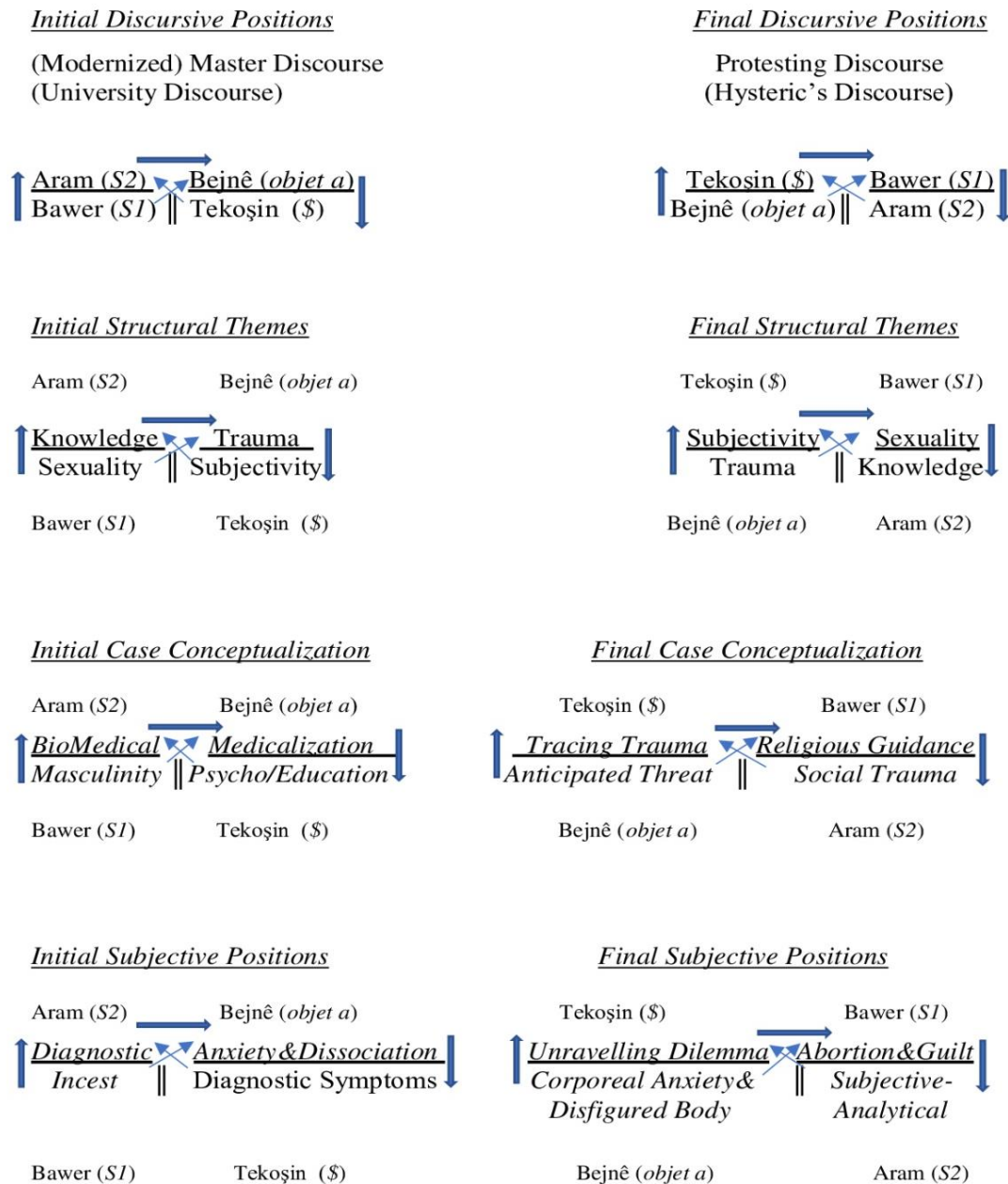


Figure 5.1. Initial and Final Structural, Case Conceptualizations and Subjective Positions' Discourse Mappings

The impact of unconscious socio-spatial dynamics on the mental health service provision within institutional physical spaces and interpretive realms constituted a critical inquiry. In the comparative analysis of discursive mappings presented above, I endeavored to dissect the linguistic interactions occurring within the distinctive temporal-spatial context of local mental health workers in Iraq. These exchanges were characterized by underlying unconscious mechanisms shaping the prevailing discourse. Importantly, my investigation into these discursive embodied interactions intentionally transcended the realm of individual intentions or motivations. Instead, it strategically illuminated the collective dynamics among mental health workers, elucidating their pivotal roles in maintaining the overarching structural integrity of the social framework essential for addressing social trauma in Iraq.

I will now expound upon how initial discourse mapping exemplifies a distinct manifestation of social cohesion within the context of a mental health institution, thereby exemplifying Lacan's discourse of the university, which is representative of the hegemonic modernized master discourse prevalent in the modernity. I propose to label this discursive phenomenon as "pedagogic-formation", a term that succinctly captures Lacan's concept of "the Imaginary idea of the whole that is given by the body, as drawing on the good form of satisfaction, on what, ultimately forms a sphere, has always been used in politics by the party of political preaching" (Lacan 1969-70/2006, p. 31). The paradigm is intricately linked to the concept of the One, denoting a spherical configuration of thought, and is characterized by the deliberate exclusion of elements deemed negative or unknowable (Lacan 1969-70/2006).

Within initial discourse mappings, an intricate relational structure unfolded, featuring four structural themes embedded in the local mental health team anchored in the biomedical model. Upon initial scrutiny of the discursive framework, the master signifier *SI*, represented by Bawer, assumed the role of truth as a causative factor. It established explicit associations of sexuality (*SI*), knowledge represented by Aram (*S2*), trauma represented by Bejnê as *objet a*, and subjectivity represented by Tekoşin as $\$$ (split subject). In the subsequent elucidation, in the pedagogic formation discourse, I will first delineate the reasoning behind the structural theme of sexuality, the case conceptualization of masculinity, and the subjective positioning of incest.

These elements were presented by Bawer, who served in a leadership capacity as the clinical lead. The term “master signifier”, identified as *SI*, captures the essence of the “signifier function” (Lacan, 1969-70/2007, p. 21), and emerges through the influence of the signifier of the Other, comprising factors such as parental influence, cultural elements, and institutional ideals. This pivotal signifier molds the core identity of the subject, embodying a unary trait or the minimal marker essential for entrance into the symbolic realm, and directs all symbolic connections toward a distinct social bond.

In the case of Bawer, the master signifier represented an implicit authority, identified as the subject supposed to know, that orchestrates all significations within institutional practices. I posit that *SI* signifies “masculinity”, which, within the specific context of the local NGO in Iraq, strengthened the dominance of the biomedical model (Aram, *S2*), medicalization (Bejnê, *objet a*), and advocated psychoeducational literacy (Tekoşin, *\$*) as the fundamental psychotherapeutic approach in case conceptualization for local the mental health team. Essentially, this implied that individuals must exhibit a certain semblance, an outward appearance, of aligning with the authority to engage in Symbolic interactions within the local mental health team; otherwise, they would face exclusion. Moreover, the signification operated retroactively, signifying that the master signifier of masculinity as authority served as the rationale for any therapeutic intervention within the institution that was based on the biomedical model. Therefore, the master signifier, masculinity, operated as foundational elements of representation by employing rhetorical devices that emphasized “this is the way things are”, resisting challenge or dissent. This asserts authority through repetitive claims rather than reasoned argument (Fernandez-Alvarez, 2022; Parker, 2005).

Drawing upon Freudian principles, the relationship characterized by sanctity, rigidity, and intolerance finds resonance in Lacanian theory through the master signifier. This signifier, anchored in the Other (comprising parents, culture, and institutional ideals), shapes one’s primary identity with a “unary trait”. As a singular element, it not only facilitates entry into the Symbolic field but also enables self-naming. Functioning as *SI*, the master signifier symbolizes the subject for all other signifiers (*S2*), paralleling Lacanian concepts such as the “name of the Father” and the “phallus” (Fernandez-Alvarez, 2022; Lacan, 1969-70/2007; Yaka, 2021, 2024). At a societal level, it

articulates the super egoic imperative to “belong”, a mandate governed by an idealized father. The superego, under the guidance of the master signifier, conceals the subject’s lack and safeguards against subjective division (Fernandez-Alvarez, 2022).

The term “masculinity” absent in Bawer’s speech, nevertheless embodied the institutional ideal shaping super egoic expectations for mental health service providers in the local NGO. The preconceived ideal reinforced performative identities during professional interactions, with the master signifier of masculinity assuming the role of the true foundational authority. Functioning as the revered master signifier, “masculinity” not only influenced but also structured the interpretation of what mental illness or social trauma signifies for mental health service providers. They asserted, in authoritative statements assumed without the need for reasoned exposition, what aided a case and what did not. That prompted the question: What precisely constituted authoritative practices in mental health, and why was masculinity regarded as *SI*?

The word “masculinity” comes from the Proto-Indo-European root, denoting “to blow, swell”, gives rise to derivatives associated with round objects and the concept of inflated masculinity. This root is evident in words such as “bale” (referring to a large bundle of merchandise) and “ball” (signifying a round object or compact spherical body) (Online Etymology Dictionary, 2020). I argue that in the initial discourse of local mental health workers, biomedical conceptualization’s foundational aspects, particularly agency and knowledge positioning, were unconsciously reinforced by masculinity, symbolizing power or authority. Thus, masculinity might constitute the truth within the university discourse. Lacan (1960-70/2006, p. 21), in his XVII. seminar, articulated that “at the level of knowledge, it is a matter of robbing the slave of his function. Philosophy designates that it is theft, abduction, stealing slavery of its knowledge through the maneuvers of the master”, and further emphasized, “*jouissance* is the privilege of the master, but it is the master’s status at stake here. Philosophy, in its historical functioning, is this extraction” (Lacan, 1960-70/2006, p. 22). Thus, he connects the master’s status to a form of hegemony or power, rhetorically stating it as the “master’s theft on knowledge”. In her book “Man of Reason: Male and Female in Western Philosophy”, feminist philosopher Genevieve Lloyd (1996) contends that the metaphor of masculinity is embedded in the articulation of philosophical thoughts and

the depths of intellectual ideals. This metaphor, she argues, serves as a formative influence on our self-perceptions as either male or female and is instrumental in shaping the modes of reasoning that profoundly impact the way we identify with gender. The masculinity of reason is not contingent upon any specific gender or societal sex. The subjects suitable for it are neither exclusively male nor female; rather, they are concepts and principles. It is a masculinity pertaining to the functioning of these symbols. Lloyd (1996) highlights the scientific model drawn by Francis Bacon, wherein knowledge itself is interpreted as the subjugation of Nature. In Greek thought, femininity was symbolically associated with the non-rational, disorderly, and unknowable aspects, which were to be avoided in the development of knowledge. Nature acquires both feminine and knowable qualities in Bacon's model. "Knowable Nature" is presented akin to something "feminine", and the task of science is seen as establishing a proper form of "male dominance" over this feminine entity. Bacon suggests marrying the mind and Nature in a chaste and lawful manner, asserting that the right kind of dominance in marriage does not imply tyranny but can only be established through obedience. According to Bacon, Nature reveals its secrets not in moments when it revels in its natural freedom but rather when subjected to skillful control. The anticipated outcome of the new science, as expressed through "sexual metaphors", is aligned with establishing a form of "domination and power of masculinity". Bacon articulates his views on the new science through striking sexual metaphors, notably found in his early work, "The Masculine Birth of Time", which possesses an unusually sharp title. Consequently, Bacon establishes a thematic connection between "knowledge and power". His direct correlation of scientific knowledge with gender differentiation involves incorporating the "erosion of femininity into the definition of the nature of science". Bacon's alignment of knowledge with power not only serves to articulate conceptual points concerning the relationship between knowledge and its object but also imparts a "masculine content" to the notion of being a "knower", reinforcing the association between being knowledgeable and possessing "masculine qualities" (Lloyd, 1996). Based on Bacon's masculine paradigm in science, the notion of masculinity in the global mental health institution primarily pertains to evidence that reinforces the dominant system that is the biomedical model characterized by diagnostic classifications and pharmacological approaches, alongside cognitive-behavioral psychoeducation as central interventions.

These approaches are grounded in a positivistic perspective of science, which seeks specific quantitative evidence. The paradigm primarily aims to concentrate on the biochemical aspects. However, individual subjectivities are inherently distinct. Posttraumatic suffering, despite exhibiting common symptoms such as nightmares and flashbacks, uniquely influences the body and mind of each individual. The symptom originates from an unconscious realm that defies prediction, categorization, or treatment as if it were a mere brain illness, exclusively manageable through pharmacotherapy and standardized psycho-educational interventions, as advocated by prevailing discourse. Yet, the complexities of trauma cannot be comprehensively understood solely by relying on existing privileged evidence for optimal treatment. Otherwise, the therapeutic approach may become both conservative and misguided, as exemplified in the case of Bawer in this study. It was illustrated by the master signifier of “masculinity” within mental health practices, which adhere to the hegemonic view of the pedagogic formation discourse. Masculinity, functioning as the master signifier and detached from the temporal and spatial context of the case’s history, not only shapes the clinical lead’s (Bawer) conduct during psychotherapy but also sustains an authoritative discourse within the local institution. In the role of an authoritative figure (clinical lead), Bawer assumed a moral obligation to comprehend the case’s experiences, rather than embracing the ethical imperative to listen and allowing the subject to interpret their experiences on their own terms. This is significant because distinct subjectivities can emerge from the structured interaction, and individuals deviating from the norm may encounter potential exclusion, evident in the skeptical treatment of both the person undergoing treatment and the clinician’s participation.

With the clinical lead’s backing through the master signifier masculinity in the discursive position of truth, Aram (S2) as an agency employed his professional knowledge of biomedical conceptualization to perpetuate the illusion of having complete understanding regarding his case. Thus, rather than endorsing the voice of the case or participating in critical, dialogical, or collectively articulated discussion, the master signifier “masculinity” yielded to unquestioning authority within the local NGO, asserting superior quality and legitimacy of treatments even without critical examination of the evidence. Thus, the master signifier, masculinity prompted an agent of semblance to engage in action by taking on a particular form of knowledge (S2),

biomedical case conceptualization, exemplified in Aram's speech, as evidenced by Aram's subjective position of diagnostic account for his case. In summary, masculinity (*S1*) held absolute authority within the contemporary master discourse, impacting the social dynamics in the local NGO and portraying Aram as a semblance of biomedical knowledge. Consequently, it influenced his subjective stance in diagnosing his case.

Semblance involves presenting oneself as a representation or resemblance of the master signifier, symbolizing the speaking subject for another signifier or entity. This was illustrated by Aram's discourse as CBT represented him for the local NGO (*I used a lot of CBT*) revealing that biomedical conceptualization signified him as a person within the institution. In the semblance role, knowledge (*S2*) as a representation of Aram functioned to create a social link by conforming to a consensual automatic etiquette dictated by the hegemonic discourse of the Master. This safeguard shielded Aram from conflict or chaos while maintaining a discursive appearance linked to success. In the subjective domain of diagnostic and case conceptualization within the biomedical framework, Aram served as the representation of knowledge (*S2*) in the agency and semblance facets of the modernized master discourse in the local NGO. The diagnostic position, observed in the initial level analysis, also hindered further exploration into the intricacies of the suffering, agitation, or conflict in traumatized cases. Embedded in the arbitrary categorization of mental illnesses, the diagnostic methodology constituted the nucleus of the biomedical model (Parker et al., 1995). It markedly deviates from Lacan's assertion that an individual's subjective experience of their suffering eludes comprehension by external observers. According to Lacanian theory, the intricate and deeply personal nature of one's subjective experience contrasts sharply with the clinical categorizations imposed by the biomedical model, emphasizing the limitations of reducing human experience to standardized classifications (Parker et al., 1995).

The position of Bejnê as the Lacanian *objet a* embodied the locus of the otherness linked to *jouissance*. *Objet a*, arising from factors beyond the influence of the signifying chain within the divided subject, signified a structural void. This absence elicits diverse responses, organizing discourse around it. Lacan characterizes *objet a* as specifically designating the facets of discourse effects that are most enigmatic yet

indispensable (Lacan, 1964/1977; 1969-70/2007). Thus, it unveils the inherent trauma, the disharmony, the ineffable, as it lacks explicit signification. From a Lacanian perspective, traumatic anxiety emerges when the subject directly confronts the Real, a nameless, irreversible object (Lacan, 1964/1977). This unseen entity prompts the development of fantasy as a defensive mechanism, seeking to assign meaning to a segment of the Real that resists assimilation into the Symbolic realm. Therefore, the Lacanian *Objet a* remains an inescapable and unassimilated residue, a disruption giving rise to desire and an excess of *jouissance*. In other words, it engenders both a sense of lack and surplus (Lacan, 1964/1977).

At the initial stage of pedagogic formation discourse, Bejnê's knowledge deficiency was misplaced. Instead of correctly attributing it to mental health workers like Bawer (*S1*) and Aram (*S2*), who Symbolize masculinity and biomedical conceptualization, the pedagogic formation discourse erroneously assigned the lack to Bejnê, linking it to her expression of *jouissance*. Consequently, Bejnê presented a perplexity through her behaviors and emotional responses, as this was illustrated through analysis that her case conceptualization was based on "medicalization" and her subjective position was "anxiety and dissociation". In the realm of mental health service provision, comprehensive anamnesis notwithstanding, one often remains ignorant of the individual's *jouissance*. Uncovering and labeling *jouissance* are intricately embedded in unconscious knowledge, revealed exclusively through the practice of free association and a deliberate avoidance of imposing predetermined interpretations, such as those stemming from the master signifier of masculinity and the Other's discourse, exemplified by the biomedical conceptualization (Fernandez-Alvarez, 2022). The operative approach centers on the art of attentive, specifically analytical listening, free from preconceived notions (Yaka, 2024).

The concept of the divided subject, symbolized as \$, pertains to the speaking entity and is metaphorically expressed as "one signifier substituting for another" (Lacan, 1966/2006, p. 694). This Symbolic representation highlights the emergence of a subject only upon the establishment of a sequence of signifiers. The divided subject can take the form of an individual, idea, or abstraction, and in the context of social bonding, it consistently occupies a subservient position to the master signifier. The

unconscious subject is characterized by a division, a concept best illuminated by Lacan's aphorism, "that one says as fact remains forgotten behind what is said in what is heard" (1972a, p. 7). Lacan's statement refers to the dichotomy between consciously articulated speech (the subject of the *énoncé*, or manifest statement) and the unacknowledged discourse within one's own speech, which the subject remains unaware of (the subject of the *énonciation*, or latent content) (Lacan, 1969-70/2007). The divided subject exhibits additional complexities, being torn between articulated desires and corresponding actions, as well as contending with a division between moral principles and authentic enjoyment (Lacan, 1964/1977). The generation of the pedagogic formation discourse, characterized by comprehensive and all-encompassing thought, representing the façade of complete knowledge, constitutes a surplus, an abundance of signifier chain, necessitating a distinct form of subjectivity to support the narcissistic ideal of the master signifier; otherwise, subjectivity faces exclusion. As previously examined, social bonding situates the recipient in a position to invoke the effects of discourse's surplus, thereby giving rise to an excess of *jouissance* (Fernandez-Alvarez, 2022). Following the truth as master signifier masculinity, identification with knowledge of biomedical conceptualization, Tekoşin's position in the pedagogic formation discourse, emerged as the surplus of diagnostic as subjective and case conceptualization of psycho/education. Therefore, the emerging subjectivity exemplified by Tekoşin in the initial pedagogic formation discourse reinforced adherence to the dictates of the signifier, masculinity. Non-compliance with this mandate poses a risk of exclusion from the social bond. The local mental health team's social bond gave rise to a type of subjectivity compelled to assimilate the repercussions of language, even when the master signifier eluded the subject, resulting in the production of "*plus de jouir*" (surplus *jouissance*) as articulated by Lacan (1972a, p. 12). In the mental health team's discourse, the master signifier's (masculinity) demand for submission to an ideal of biomedical conceptualization, embodied in the diagnosis (Tekoşin's subjective position) and the elevated authority of the pedagogic formation's psycho/education as case conceptualization, yielding de-subjectifying consequences in the discursive positions.

Surplus *jouissance*, functioning as an economic concept, pertains to the accumulation of excess and the expenditure of loss within the psychic apparatus, thereby constituting

a discursive effect. Surplus *jouissance* finds its place among the excluded or rejected, where logical negativity materializes (Fernandez-Alvarez, 2022). The residual production of the master signifier (masculinity) represented a position marked by loss of subjectivity, instead it was filled out by diagnosis as subjective position and psycho/education of biomedical conceptualization, which was itself a symptom of hegemonic modernized master discourse.

However, within every social bonding structure, this space is crucial precisely because the way it is occupied holds the potential to rebalance power. The residue, in its capacity as surplus *jouissance*, has the transformative ability to turn such losses into a new discourse. Lacan expressed that “the effect of truth is only a collapse of knowledge. It is this collapse that creates a production, soon to be taken up again” (Lacan, 1969-70/2007, p. 186). Therefore, discourses are in a perpetual state of transformation at their points of origin, particularly when confronted with the enigmatic residue of *objet a*, an element that defies understanding, thus inducing anxiety and prompting the emergence of alternative discursive forms (Lacan, 1969-70/2007). Each discourse strives to address a deficiency or the inherent impossibility left unresolved by the preceding discourse (Fernandez-Alvarez, 2022).

Initial discourse mappings among the local mental health workers, exemplified how the *SI*, as the instigator of this hegemonic modernized master (pedagogic formation) discourse, dismissed the effectiveness of the master signifier “masculinity” in responding to the challenges posed by the cases of social trauma in Iraq. Furthermore, pedagogic formation discourse highlighted that the conflict was rooted in hierarchical (hegemonic) structures and an all-encompassing knowledge, leaving no space for attentive listening to the cases. In the above instance, the dominant modernized master discourse of pedagogic formation was temporarily set aside, suspended, or deferred through Tekoşin’s (\$) engagement within the structural theme of “subjectivity”, a discourse closely aligned with Lacan’s hysteric discourse (Lacan, 1969-70/2007). This discursive position of subjectivity (\$) was subversive in revealing the lack that the discourse of pedagogic formation sought to hide beneath the veneer of biomedical conceptualization knowledge. The diagnostic subjective position and psycho/education as case conceptualization within Tekoşin’s discourse further

underscored this subversion. I termed it as the “subjective-analytical”, not only because it served the dual function of challenging the authority of *SI* (masculinity) and revealing the intrinsic incompleteness of *SI*, but also to underscore that the term “hysteric” should not be narrowly interpreted to apply exclusively to subjects with specific diagnoses, an interpretation that contradicts Lacan’s intended meaning (Lacan, 1969-70/2007).

As an extension of this study, particularly in the concluding clinical supervision sessions, the four mental health workers (Tekoşin, Bawer, Bejnê, and Aram) unveiled their unconscious manifestations. The disclosure facilitated a re-evaluation, involving the expression of statements intricately linked to both their own subjectivities and the subjectivities of their respective cases. Unconscious formations in my research were associated with subjectivity as an enigma/division in Tekoşin (*\$*), sexuality as the master signifier in Bawer (*SI*), trauma as a hole/the Real in Bejnê (*objet a*), and knowledge as the Other’s discourse/Signification in Aram (*S2*). Within this social bonding of the mental health workers, Tekoşin challenged the prevailing discourse (pedagogic formation) by questioning the initial level master signifier (masculinity and its related theme of biomedicalization), compelling a recognition of its inherent shortcomings. The act of interrogation resulted in the production of knowledge, as reflected in my study, which elucidated the deficiencies of *SI*. The protestor underscored the limitations of the master signifier, aligning with the psychoanalytic concept of Symbolic castration. The hysteric identification inherent in this discourse was instantiated through a connection with the protesting cases of mental health workers, alongside my own identification with both the mental health team and their cases. These voices encapsulated the poignant effects central to my research emphasis. The suffering arising from the excess and absence of the master signifiers of “masculinity and biomedicalization” within the local NGO was pervasive, not confined solely to the Middle East but reverberating across the global mental health field. Furthermore, the modality extended to various institutions, including schools and workplaces, which implemented guidelines for supporting individuals within the mental health domain. The hysteric process of identification central to protest introduced significant intricacies in the socio-political context. The protest discourse, in some instances, might devolve into a mere enjoyment of protesting for the purpose

of castrating the master, rather than striving for radical transformations (Fernandez-Alvarez, 2022). This phenomenon is evident in social occurrences like the one manifesting in identity politics, reaching the extreme of “cancel culture”, which imposes a new master signifier perceived as superior or morally elevated (Bracher, 1994). In such cases, the hysteric’s protest conceals their own form of enjoyment. If left unrecognized, it establishes the dominance of a new master signifier, precluding the circulation of alternative discourses, such as the potential for democratically and critically generating a new master signifier (Fernandez-Alvarez, 2022).

In my research, where I served as a knowledge-producing element within this social bond, there was no attempt to establish a new *SI*. Effectively changing the prevailing know-it-all discourse required first acknowledging differences within the local NGO in Iraq. In the final discourse mapping, Bejnê, symbolized as *objet a*, embodied the position of truth, signifying trauma. Tekoşin, represented by the split subject (\$), assumed the position of agency and semblance, illustrating subjectivity. Bawer took on the role of the Other as a master signifier (*SI*), representing sexuality. Aram, positioned in the role of the Other’s discourse/Signification (*S2*), represented knowledge, specifically, knowledge of social trauma. Through this social bonding of protest, the present research aimed to adopt an analytic position, conveying insights derived from this particular discursive standpoint.

5.2. The Role of Neo-Liberalism and Biomedical Discourse in Addressing Social Trauma

The impact of neoliberalism and biomedical discourse on addressing social trauma is a critical aspect to explore. In this context, the influence of economic policies and medical frameworks shapes the narratives, interventions, and outcomes related to societal distress. Understanding how neoliberal ideals and biomedical perspectives intersect in addressing social trauma provides insights into the complexities of mental health discourse and practices. The worldwide process of biomedicalization intertwined with neoliberalism, shapes mental health practices in the Middle East by influencing and molding cultural, national, and historical elements to conform to the requirements of global neoliberalism for biomedical intervention. According to the

current research, the discourse surrounding trauma was consequently influenced by neoliberal intervention in Iraq, grounded in a biomedical model. Neoliberalism, operating under the assumption that subjectivities are constructed and influenced by neoliberal paradigms, employs various interventionist methods such as economic investment and humanitarian projects with a focus on biomedicalization (Fernandez-Alvarez, 2022; Wright, 2020; Yaka, 2024). These interventions aim not only to develop physical infrastructure but also to shape subjective narratives concerning community development. However, delving into the phenomenon of concept creep within the neoliberal paradigm in conflict-ridden regions, such as the Middle East (Keeler, 2012), reveals it to be a concealing mechanism for the broader influence of capitalism and neoliberalism. The concealment may inadvertently contribute to the escalation of conflicts, despite ostensibly addressing the aftermath of neoliberal trauma discourse (Herman, 1997). In regions such as Iraq, Afghanistan, and Syria, the strategic application of concept creep in English language involvement creates a false appearance of engagement in addressing the consequences of neoliberal trauma discourse. Keeler's (2012) study in the Kurdistan Region of Iraq sheds light on the intricate interplay between medical approaches and the propagation of neoliberalism. This dynamic encompasses factors such as nationalism and the imposition of gender roles that sustain violence and trauma narratives. In the Middle East, the interplay of modernism, neoliberal intrusion, and post-war restructuring weaves a complex tapestry of gender and nationalist cultures. The uneven modernization process in the region, reminiscent of historical progress in Europe, adds complexity to the situation. Iraqi practitioners often portray female cases irrationally, overlooking the subjectivity of female patients amid historical and political violence. Distancing from the subjectivity of female patients is perpetuated by the dominant neoliberal discourse (Erdoğan, 2002). Declarations of human rights, social justice, and the restructuring of social trauma occasionally surface, but often appear perfunctory, driven more by monetary motives than a genuine commitment to change. This contributes to reshaping the discourse of trauma into an archaic extremity, supplanted by industrial modernism through ostensibly benevolent liberal interventions. Thus, severe violence in Iraqi Kurdish society is overdramatized, overshadowing routine suffering and overlooking the collective nature of trauma, especially for practitioners with histories of violence. Within neoliberal policies supporting patriotism and nation-based conflicts, Keeler

(2012) emphasizes the use of the term “hysteria” in Iraq as an instrument to marginalize women’s non-standardized illustrations of trauma. Marginalization becomes a pivotal factor contributing to existing structural, Symbolic, and physical violence against Kurdish women. Hysteria treatment intertwines with mechanisms of monopolization, industrial extension, nationalism, and institutional violence, facilitating the penetration of neoliberal norms.

Medical discourse in Iraq is also disseminated through major newspapers, including The Daily Telegraph, The Guardian, and The Independent. Almnaser’s (2017) analysis examines linguistic strategies in reporting Deash atrocities against Êzidî women and girls, focusing on headlines, naming conventions, action descriptions, and portrayals of sexual violence scenes. The study explores variations in approaches to justifying or condemning these crimes. The language used in reporting employs narrative and descriptive statements, metaphors, and specific linguistic devices to inform and convey the brutality of Deash, presenting diverse ideological perspectives (Almnaser, 2017). These findings contribute to our understanding of media representation in conflict-related sexual violence, intersecting with trauma and medical discourse (Erdener, 2017).

The connection between biomedical and psychotherapeutic conceptualizations in social contexts, particularly within critical and cross-cultural psychiatry discourses, raises concerns about potential reductionism inherent in Western psychiatric nosology (Keeler, 2012; Wright, 2020; Yaka, 2024). Thus, recognizing how discursive practices overly determine the discourse of social trauma is crucial, exposing power dynamics driven by the economic interests of neo-liberal ideology in the region.

I argue that bringing the position of psychoanalysis into the discourse, particularly Lacanian psychoanalytic approach, emphasizes the role of the analyst in deciphering these narratives. Lacan’s theoretical framework becomes relevant, navigating complex psychological responses in diverse cultural and sociopolitical landscapes within broader discourse theory (Wright, 2020). From a Lacanian perspective, the roots of medically oriented treatment models, such as Cognitive Behavioral Therapy (CBT), can be interpreted as symptoms of medical discourse. Biomedical conceptualization

integrated into pedagogical formation, aids mental health professionals in diagnoses through frameworks like DSM or ICD. However, these indicators may inadequately capture the nuances of *jouissance* (Fernandez-Alvarez, 2022) and the desires of those affected by social trauma, intricately linked to *savoir-faire*, a knowledge acquired through subjectivation. Therefore, the repetitive and compulsive nature of medicalization, connected to pleasure and *jouissance*, emerges as a notable aspect for consideration. The pervasive biomedical discourse further comes to light, illustrating instances of the indiscriminate distribution of antidepressants. This distribution pattern mirrors the urgency associated with humanitarian aid packages, raising questions about its underlying motivations and consequences (Becker, 1995; Fernandez-Alvarez, 2022). For example, a premature study on PTSD prevalence in Sri Lanka, conducted beyond the DSM-IV's designated timeframe for persistent symptoms, reveals a narrative involving the extension of juridical emergency powers to psychiatric laws (Wright, 2020). The extension supports a broad humanitarian effort based on the assumption that human responses to trauma are universally uniform. However, a crucial nuance emerges as the post-traumatic stress disorder (PTSD) perspective tends to disregard the cultural complexities of Sri Lanka, shaped significantly by its civil war and pre-existing coping mechanisms (Wright, 2020). One reason is that the term "post" in the PTSD of biomedical conceptualization is utilized to indicate an alleged normalization process, as reflected in phrases such as post-war, post-conflict, post-traumatic, and similar expressions (Becker, 1995, 2004).

The influence of the global neoliberal model, exemplified by ego psychology and cognitive-behaviorism approaches, significantly shapes the conceptualization of trauma among mental health workers and practitioners. The use of a pedagogical approach in Middle Eastern mental health interventions raises concerns about assuming a master discourse position. Exploring the convergence of "masculinity" and "biomedical conceptualization" in the context of the neoliberal influence on global mental health is essential to comprehend the consequences associated with the term "post-traumatic stress disorder". The interconnection between "biomedical" discourses and "masculinity" can be traced back to the influential impact of the hegemonic modernized master discourse on institutional practices (Lloyd, 1996). This influence, in turn, results in the prevalence of biomedical perspectives shaping the

narrative surrounding mental health and, concurrently, marginalizing specific forms of violence. Domestic violence, honor killings, institutional mobbing, and corruption often find themselves relegated or neglected within the broader discourse due to their incongruence with the established biomedical framework (Keeler, 2012).

In psychoanalytic terms, the intricate establishment of gender and psychic structure is intimately linked to the trauma of sexuality (Fernandez-Alvarez, 2022). Within instances of social trauma, the intersection of gender and sexuality underscores a crucial connection to *jouissance*. The ongoing concern revolves around the widespread impact of *jouissance*, with masculinity assuming a truthful position within the Other's discourse in my study. This positioning imparts a *jouissance* effect on biomedical conceptualization. Consequently, medical discourses wield significant influence over institutional practices, shaping not only the discourse on mental health but also influencing the acknowledgment of contemporary acts of violence in broader social and political discussions (Becker, 1995, 2004).

A nuanced examination underscores the relevance of a subjective form of pedagogism. Analyzing Freire's (1968/2011) pedagogic social works through a subjective lens is crucial, considering potential nuances and contextual variations affecting the applicability of pedagogical methods in the conflictual regions like the Middle East. Freire argues in "Pedagogy of the Oppressed" (1968/2011) that transformative practices hinge on relying on the oppressed and their intellectual capacities. Those lacking this trust risk superficial engagements in pursuit of liberation. He contends that education suffers from a narrative disease, focusing on adapting individuals to the world, not the transformative power of words (Freire, 1968/2011). This perspective may be relevant to psychosocial interventions, contributing to the cultivation of a nuanced global discourse on mental health.

In conclusion, intertwining Freire's subjective pedagogic insights with Lacanian and anthropological perspectives may provide a comprehensive understanding of the complex dynamics in the global mental health discourse. This intersectionality emphasizes the necessity for a holistic approach, considering socio-cultural, economic, and political dimensions in mental health interventions. Similarly, in the section on the

“Application Areas of Psychoanalytic Psychotherapy” in “Psychoanalysis and Psychotherapy” (Öztürk, 1989), it is proposed that regular analytic psychotherapy may not be universally applicable. However, a psychotherapeutic approach is crucial from the initial examination for patients with physical or mental complaints. Öztürk (1989) highlights the risk of relying solely on individual intuition in patient-physician relationships, emphasizing the inadequacy of deontology training in medical education. It is essential to distinguish a psychotherapeutic approach from psychotherapy, underlining its significance in humanitarian work (Öztürk, 1989). This underscores the need for a comprehensive approach to understanding and addressing global mental health, revealing a complex interplay of narratives, trauma conceptualizations, and institutional practices. Lacanian theory becomes a valuable lens for navigating intricate psychological responses within diverse cultural contexts at this juncture.

5.3. Limitations and Strengths of the Study

This study, primarily an intervention project, involved multiple roles on my part. Notably, the dual responsibility of providing education and supervision while holding an authoritative position introduces complexities that could potentially impact the study’s outcomes. The intersection of power dynamics, authority, and gender roles may have led mental health practitioners to identify with me, influencing the findings. Furthermore, contextualizing this study within the Êzidi genocide highlights potential interactions between elements of Islamic and masculine identity among those responsible for the genocide, the societal structures I come from, and my own male identity. A significant constraint of the study is its temporal limitation. As a project study, it was confined to a specific duration, during which a limited number of therapy sessions were provided for trauma cases. This limited timeframe imposed constraints on the freedom of mental health practitioners and presented challenges for an analytical approach. Over the approximately one-year duration, organizational dismissals, performance-related pressures, and disruptions affecting practitioners’ continuity were encountered, potentially impacting cases of societal trauma. Lastly, a critical limitation involved the subjectivity and analytical shift within clinical supervision. While narrative accounts in clinical supervision might have undergone a

more subjective and analytical transformation compared to initial analyses, uncertainties existed about how this shift was manifested in therapeutic skills. The change in discourse positions, rooted in instances such as assuming an authoritative role or being male, might have occurred through identification with me.

Nonetheless, practitioners' increased openness in expressing thoughts and emotions, compared to the initial state, can be viewed as a stage of subjectivation. In light of the prevailing diagnostic framework of the DSM assumed in the present study among Iraqi mental health practitioners addressing cases of trauma, and with the research focus on scrutinizing the existing conceptualization of social trauma, the employment of Lacanian clinical supervision sessions was deemed more suitable. Initially, in the course of these supervision sessions and observational analyses, mental health professionals frequently demonstrate a tendency to concentrate on symptom management. Their guidance frequently involved advising traumatized individuals on strategies to regulate their symptoms, indicating a tendency to overlook active engagement with the Symbolic dimension inherent in the experience of trauma. Nevertheless, there has been a shift towards increased subjectivity and more active involvement in the clinical supervision sessions. For instance, Tekoşin's simultaneous engagement in subjectivation and forgetfulness, along with the interpreter's linguistic slip during the same supervision session, suggests a development not solely through identification but also Symbolically. In parallel fashion, Bawer's intensified focus on his role associated with masculinity and his articulation of insights regarding the case during the conclusive supervision session align with a congruent stance. Analogous shifts in discursive positions were also evident in the cases of Aram and Bejnê. In Aram's case, this manifested as a delineation of subjective symptoms within the context of social trauma, specifically, the expression of "Baghdad situation". Conversely, for Bejnê, a more explicit expression of her subjectivities unfolded within the framework of encountering the Real as a form of traumatic experience in the final supervision session. This becomes particularly significant when considering her dual role, not only as a psychologist but also as a survivor of the genocide within the Êzidi community who fled Şingal during the atrocity. Therefore, this study, through a nuanced analysis and subjective exploration, can potentially function as a guiding or supportive resource for practitioners in presenting cultural and religious elements.

Diverging from hegemonized pedagogical perspective enables a more subjective and contextually sensitive engagement with these elements.

5.4. Conclusion

The public nature of body politics, rooted in its corporeal foundation, allows collective performances across discursive positions. To alleviate collective suffering, a psychoanalytic examination of factors influencing positions in social interactions is vital. Whether at the individual or societal level, adept navigation of embodiment requires strategic approaches to address persistent challenges. This study aimed to meticulously examine the foundational elements shaping mental health workers' initial case conceptualizations and subjective orientations in the Iraqi context. Additionally, based on the intervention work, the goal was to address the inquiry of "Why is a Lacanian perspective essential for understanding social trauma in conflictual regions like the Middle East?".

In recent years, the Middle East, particularly Iraq, has been marked by prolonged violence, including wars, ideological clashes, and instances of genocide among diverse groups (Göka, 2004). While the Iraqi Kurdistan region is relatively more secure, persistent tensions warrant caution (Bolton et al., 2013). The discernible adherence to a strict medical paradigm in this milieu is intricately linked to the historical backdrop of pervasive violence, the geopolitical reality of being a war zone, and the dynamics of social trauma (Bolton et al., 2013; Göka, 2004).

In the context of mental health workers in Iraq dealing with social trauma, there may be a strong tendency to seek the Imaginary as a coping mechanism to fill the inherent lack in traumatic circumstances. The inclination arises from the persistent exposure to violence and conflict in the region, making the pursuit of the Imaginary a perceived refuge from the harsh realities of the Real. The desire to construct a semblance of normalcy and meaning in the face of adversity aligns with both Lacanian (1953-54/1988; 1964/1977) and Franklian (1959/1995) perspectives, as individuals navigate the complexities of existence in a war-torn environment. The utilization of the Imaginary in this context becomes a psychological strategy for managing the profound

challenges posed by social trauma, reflecting the intricate interplay between psychoanalytic concepts and the lived experiences of mental health practitioners in the Middle East. These dynamics shed light on processes of identification within biomedical psychotherapeutic modalities, including psycho/education of pedagogic framework in the current study. The medical-diagnostic approach and identification with male supervisor might be rooted in their professional status, essential for maintaining dignity within the local community. This mirrors traditional, anti-modern values, emphasizing the need for logical and recognizable figures.

Despite the term “post-conflict”, ongoing concerns related to life and death emphasize the pivotal role of the biomedical approach in saving lives, aligning with Lacanian ideas of identification and survival. The discourse of neoliberal medical approaches assumes a significant signifier position in this context. However, establishing such connections may render mental health professionals powerless in understanding the unfolding situation, as the biomedical discourse takes on the role of a symptom initiating repetitive patterns. Within the study, these dynamics find further clarification in the broader context of masculinity, positioned as a Symbolic coordinate within the discursive matrix of the Other. The identification of masculinity as a master signifier, as demonstrated in this research, encourages an examination of the intricate connections between “trauma”, “gender”, and “sexuality”.

Understanding the depth of psychological impacts in the context of social trauma requires delving into Freud and Lacan’s argument that gender, particularly within narratives, shapes psychic structures influenced by traumatic realities. This perspective suggests that all traumas, regardless of external severity like bombings or torture, trigger latent, internal, and pre-existing psychic trauma, ultimately connecting all traumas to sexuality (Lacan, 1964/1977). Consequently, effectively studying social trauma in the Middle East context necessitates considering existing gendered subjectivities. In this region, such subjectivities are depicted within the neo-liberal discourse as part of the “masculinity” under the dominant modernized master discourse (pedagogic), where national symbols, especially those associated with women, are viewed as expressions of cultural tradition and ethnic identity (Keeler,

2012). This association serves as a psychoanalytic indicator of the direct link between sexuality, gender, and psychic trauma in the local context of Iraq.

I argue that in psychosocial interventions, for mental health workers in the field, acknowledging the “unconscious as the discourse of the Other” (Lacan, 1964/1977, p. 131) is pivotal, placing individuals within the Lacanian Symbolic order (Lacan, 1971-72/2017) to comprehend how language shapes human actions. Thus, in contrast to the Master’s discourse rooted in medical practices, a more humanitarian intervention, considering subjectivations, could afford more Symbolic space to address the enduring impact of social trauma. This aligns with the Lacanian approach, positioning itself within the discourse of the analyst for practitioners (Lacan, 1969-70/2007) dealing with social trauma in the Middle East.

In my study on analytically-oriented psychosocial interventions in Iraq, I tried to critically emphasize the role of the unconscious in the psychosocial field-work. Acknowledging the unconscious subject, inherently marked by division and lack, entails recognizing the perpetual endeavor to articulate and satisfy this desire through discourse. However, a psychoanalytic-oriented study does not aim to rectify this lack; rather, it operates within a realm that activates and engages this desire. This contrasts with biomedical-oriented approaches (Yaka, 2024), like cognitive-behavioral paradigms, aligning with a pedagogical framework that relies on ego or identification to fill or overlook the inherent lack. Therefore, global psychosocial intervention initiatives, driven by neoliberal motives, often anchor themselves in a symptom-based diagnostic approach, ignoring issues of subjectivation in mental health.

I argue that a symptom-based approach fundamentally represents an excess of enjoyment or *jouissance* within the discursive framework. This operational paradigm implies addressing desire or lack through symptoms. The detachment I experience when engaging with the materials of the current research leads me to interpret medical discourse, specifically focused on symptoms, as a distinctive perspective, shaped by the symptom itself. My interpretation arises from the symptom manifesting itself as an effort to contend with and fulfill the inherent lack or desire. Therefore, in intervention

studies where a conscious-based medical discourse addresses this lack, subjectivities adopt a symptomatic stance, as demonstrated in my study.

In the current longitudinal psychosocial intervention, an attempt was made to diverge from conventional methods, avoiding direct advice or surface-level symptom addressing. A Lacanian-based psychoanalytic framework was explored to refrain from offering predetermined solutions. The goal was to delve into inquiries about the local mental health team members' subjectivities, aiming to avoid assuming an all-knowing expert role and refraining from providing preconceived responses. Resembling the approach of an analyst, a dynamic and responsive stance was sought to navigate the complexities of subjective experiences within the context of social trauma. This involved scrutinizing existing practices, promoting Symbolization, and discerning unique aspects within mental health workers' discourses. The method necessitated a continual commitment to questioning personal perceptions, attitudes, and relational dynamics within the organizational role. The overarching goal was to instigate a subjective transformation, freeing individuals from ingrained repetitive patterns within their professional roles and prompting reflection on the substantial impact of subjectivities on practices, particularly in processing subjective experiences of social trauma.

Lacan's emphasis on language and the logic of the signifier, particularly within the Symbolic dimension, aligns with critical and cultural psychiatry, avoiding both relativism and oversimplified constructionism (Thom, 1981). From a Lacanian perspective, cultures are perceived as unique subjective responses to a socially traumatic core, situating individuals within the realm of Symbolic, recursive causality. This conceptual framework highlights the importance of analytic listening in medical and health humanities, offering insights that humanize clinical and conceptual frameworks beyond traditional disease models (Lacan, 1966/2006; Yaka, 2024).

Applying Lacanian clinical principles may enhance our understanding of the mental health of the Êzidî community, necessitating recognition of the profound impact of their distinct cultural and religious identity (Erdener, 2017). Acknowledging these factors is crucial, as cultural practices, communal support networks, and religious

beliefs serve as protective factors, contributing to resilience despite significant challenges. Exploring coping mechanisms within this context is essential for a holistic understanding and the development of culturally sensitive psychosocial interventions. Moreover, fostering religious tolerance and unbiased education systems in mental health and psychosocial interventions is imperative for creating a safe and inclusive environment that respects diverse identities, particularly in the Middle East.

In Lacanian psychoanalytic interpretation, the encounter with the Real, characterized by a sense of split or absence, can fuel an intensified *jouissance* to grasp the Imaginary, particularly in contexts of social trauma. This inclination aligns with Lacanian concepts of anxiety and “das Ding” (Lacan, 1962-63/2014), emphasizing the confrontation, or more precisely, a missed encounter with the Real (Lacan, 1964/1977). Viktor Emil Frankl’s paradigm (1959/1995) underscores the idea of deriving meaning from pain and becomes relevant. According to Frankl (1959/1995), life’s inherent meaning necessitates attributing meaning to suffering, an indomitable facet of existence. Contemplating existence through the lens of responsibility involves living “as if you were living for the second time and as if you had acted wrongly the first time, as you are about to act now!” (Frankl, 1959/1995, p. 98). This perspective compels individuals to grapple not only with the delimited nature of life but also with the decisive nature of their existence and choices.

Having gained insights from firsthand experiences with the local mental health team in Iraq through this longitudinal intervention project, I propose recommendations to enhance field-level psychosocial interventions, especially in conflictual regions like the Middle East. These suggestions emphasize the necessity of moving beyond prevalent diagnostic and symptom-based approaches in such areas. As illustrated in this study, there was a notable inclination among local mental health workers towards diagnoses, suggesting that diagnostic classification may function as a coping mechanism, particularly in post-war or conflict regions. I argue that practitioners can enhance effectiveness by navigating the anxiety of the unknown, referred to as *objet a* in Lacanian terms, and avoiding an excessive emphasis on labels. This approach can foster an analytical therapeutic experience in a culturally sensitive manner. Moreover, a critical examination of the role of diagnoses in therapeutic settings may encourage a

nuanced perspective that surpasses traditional labels, emphasizing the subjectivities of victims of social trauma. I suggest that while diagnostic classifications offer a structured framework for understanding mental health concerns, their practical utility in field-level psychosocial work requires scrutiny. Therefore, the central inquiry revolves around “How does a diagnosis contribute to the therapeutic process, and what concrete outcomes are attained?”. This inquiry explores the benefits for both the mental health worker and the case, advocating for a gradual shift in attention and an enhancement of reflexive capacities. Rather than dismissing diagnoses outright, the approach recognizes the common subjective response of anxiety to the unknown, prompting active efforts to overcome it through a comprehensive understanding of diagnostic classifications and their limitations. Appropriately utilized, diagnostic labels serve a vital role in treatment by providing a structured means of communication among healthcare professionals and offering essential information about the subject’s condition. This shared language might facilitate collaboration and guide tailored interventions, creating a Symbolic space for subjects experiencing social trauma to explore and discuss their experiences within a therapeutic context. However, caution is necessary to prevent misuse and stigma, ensuring the focus remains on the subjects’ unique experiences, strengths, and needs. I argue that instead of letting diagnoses define individuals, they should be viewed as tools to enhance the Symbolic. To achieve a nuanced and balanced approach in psychotherapy, diagnoses should be integrated into a broader analytical case conceptualization. Excessive focus on diagnosis poses a potential threat to therapeutic relationships, especially when working with individuals who have experienced social trauma. This heightened emphasis raises the risk of re-traumatization in the absence of a strong therapeutic alliance or a clearly defined transference agreement outlining boundaries. In summary, in the context of social trauma, securing a sense of safety necessitates recognizing the importance of a Symbolic pact and an Imaginary safeguard against the disruptive influences of the Real.

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APPENDICES

A. COMPREHENSIVE OVERVIEW OF THE INTERVENTION PROJECT

Timeline of the Capacity-Building Project Activities for the Local MHPSS Team

The Interacted Mental Health Team During Humanitarian Project					Supervisor Supervision	Supervisor Supervision	Supervisor Supervision	Supervisor Supervision	Supervisor Supervision	
1) Tekošin (May,2020 – March, 2021) 2) Bawer (May,2020 – March, 2021) 3) Bejne (May,2020 – March, 2021) 4) Aram (May,2020 – March, 2021) 5) A 6) B 7) C 8) D 9) E 10) F 11) G 12) H					1) Bawer Aram Bejne	1) Bawer, Aram Bejne 2) Bawer Aram Bejne	1) Bawer Aram Bejne 2) Bawer Aram	1) Bawer Aram Bejne 2) Bawer, Bejne 3) Bawer Aram Bejne	1) Bawer Aram	
					Group Supervision Group1 1) Tekošin Bawer C 2) Tekošin, Bawer, C Group2 1) Aram A F 2) Aram A F Group3 1) Bejne B 2) Bejne B	Individual Supervision Tekošin Bawer Aram Bejne A B C D F	Group Supervision Group1 1) Tekošin, Bawer C 2) Tekošin, Bawer C Group2 1) Aram A F 2) Aram A F	Individual Supervision Tekošin Bawer Aram Bejne C D G	Individual Supervision Bawer Aram Bejne A C D G	
MAY, 2020	JUNE	JUL Y	AUGUST	SEPT.	OCTOBER	NOV.	DEC.	JAN., 2021	FEB.	MARCH
Stage 1) Capacity Building Plan		Stage 2) Clinical supervisions and trainings			Stage 3) Trainings on psychotherapy skills; individual, groups and supervisor supervisions and reflection meetings					
Individual and group meetings with the local mental health staff, external clinicians acting as trainers and/or clinical supervisors, the local and external managers to understand roles, responsibilities, and relationships with the project and drafting an Integrative Capacity Building Plan (ICBP) for the local mental health team		Finalizing the ICBP and providing clinical supervisions as part of the ICBP to local mental health staff.			Training 1) Tekošin Bawer Aram Bejne, A B C 2) Bawer, Tekošin Aram A B C	Training 1) Tekošin Bawer Aram A, B C, D, F 2) Tekošin, Bawer Aram A, B, C, D, F 3) Tekošin, Bawer Aram A, B, C, D, F 4) Tekošin, Bawer Aram A B C D F	Training 1) Tekošin, Bawer Aram Bejne A, B, C, D, F 2) Tekošin, Bawer Aram A, B, C, D, F, G, H 3) Tekošin, Bawer Aram A, B, C, D, F, G, H Reflection 1) Bawer Tekošin Aram Bejne 2) Bawer Tekošin Aram Bejne B, C, D, F, G, H	Training 1) Tekošin Bawer Aram A, C, D, F, G, H Reflection 1) Bawer Tekošin, Aram Bejne B, C, D, F, G, H 2) Bawer Tekošin Aram Bejne B, C, D, F, G, H	Training 1) Tekošin, Bawer Aram Bejne C, D, G, H 2) Bawer Bejne D, G, H 3) Tekošin, Bawer Aram Bejne C, G, H Reflection 1) Bawer, Tekošin Aram Bejne C 2) Bawer Bejne D, G, H 3) Bawer, Tekošin Aram Bejne C	Training 1) Tekošin, Bawer Aram A Bejne C, D, G 2) Tekošin, Bawer Bejne A, D, G, H Reflection 1) Bawer Tekošin Aram Bejne C 2) Bawer Aram Bejne A C D H

B. APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

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27 EKİM 2021

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Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi : İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof.Dr. Faruk GENÇÖZ

Danışmanlığımızı yürüttüğünüz Ali İhsan YAKA'nın "Examining The Discourse of Mental Health Workers in Iraq A Lacanian Approach to Social Trauma in Clinical Supervision" başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülmüş ve **406-ODTU-2021** protokol numarası ile onaylanmıştır.

Saygılarımızla bilgilerinize sunarız.

Prof. Dr. Mine MISIRLISOY
İAEK Başkanı

C. CURRICULUM VITAE

Ali İhsan YAKA

Education

Ph.D., Clinical Psychology, Middle East Technical University, Ankara, Turkey, 2024

M.S., Clinical Psychology, Ankara University, Ankara, Turkey, 2012

B.S., Psychology, Dicle University, Diyarbakır, Turkey, 2005

Academic Publications

Yaka, A. İ. (2024). Psikotik yapı, baba işlevi ve Lacanyen kavramsallaştırma. *AYNA Klinik Psikoloji Dergisi*, 11(1), 1-37. <https://doi.org/10.31682/ayna.1282059>

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Sahin, N.H., & Yaka, A.İ. (2010). Yakın İlişkilerde Yaşantılar Envanteri'nin (YİYE-I), Kendilik Algısı, Olumsuz Otomatik Düşünceler ve Psikopatolojik Belirtiler Bağlamında İncelenmesi. *Türk Psikoloji Yazıları*, 13(26), 64-76.

Academic Presentation

Yaka, A.I., & Sahin, N.H. (2011). The relationships between attachment, early maladaptive schemas, self-regulation and psychological symptoms. 7th International Congress of Cognitive Psychotherapy (Clinical Science), Istanbul, Turkey.

International Academic Exchange Program

International Psychoanalytic University Berlin, Summer School 2022 (DAAD scholarship): *The Future Now?! Interdisciplinary Psychological Perspectives on Global Ruptures, Challenges and Actions*

International Fellowships Programs

Council of International Fellowship (CIF), “Work with persons from other cultures”, Certificate of Swiss CIF Professional Exchange Program, April 5 to April 20, 2013, Zurich, Switzerland

Internships

- 2019 -- 2020 Middle East Technical University (METU), Ayna Clinical Psychology Unit, Clinical Supervisor.
- 2017 -- 2018 Middle East Technical University (METU), Ayna Clinical Psychology Unit, Child and Adult Clinical Practicum.
- 2009 -- 2010 Ankara University School of Medicine, Department of Child Psychiatry and Autistic Children Center, Ankara. Internship Program, Child Clinical Practicum.
- 2008 -- 2009 Ankara University School of Medicine, Department of Adult Psychiatry, Ankara. Internship Program, Adult Clinical Practicum.

Professional Experiences with INGOs

- 2020 -- 2021 Consultant Psychotherapist/Trainer (P/T), Center for Victims of Torture (CVT), Ninova Plain, Al Qosh, Kurdistan Region of Iraq (KRI).
- 2018 -- 2019 Mental Health Care Practices Program Manager (MHCP), Action Against Hunger (ACF-France), Duhok, Kurdistan Region of Iraq (KRI).
- 2017 -- 2018 Mental Health Psychosocial Support Field Technical Advisor (MHPSS FTA), Handicap International Federation (HI, France), Gaziantep, Turkey.
- 2016 -- 2017 Mental Health Officer (MHO), Médecins du Monde (MDM, France), Yezidi Camp, Diyarbakir, Turkey.
- 2015 -- 2016 Clinical Psychologist, Médecins Sans Frontiers (MSF Holland), Şanlıurfa, Turkey.

Professional and Volunteer Experiences with National NGOs

- November 2008 – November 2010 Substitute Executive Member, Human Rights Association, Ankara, Turkey.

September 2003 – June 2005 Volunteer in Elder Brother/Sister Program,
Children Under the Same Roof (ÇAÇA).

Professional Experiences with Public and Private Mental Health Sectors

2009 – 2014 Clinical Psychologist, Psychiatry Service, Ahi Evran University
Education and Research Hospital, Kırşehir, Turkey.

2008 – 2009 Psychologist, Ak Psycho-technical Center, Ankara, Turkey.

2007—2008 Psychologist, The Medical Center of Disabled Children,
Tekirdağ, Turkey.

2005 – 2006 Psychologist, The Medical Center of Deaf Children, Kocaeli,
Turkey.

Professional and Volunteer Organization Memberships

Human Rights Association, Diyarbakır, Turkey.

Freud-Lacan Psikanaliz Derneği, Ankara, Turkey.

Professional Volunteer Activity

October 2011 Volunteer Psychologist in the Field, Van Disaster Group, Van
Earthquake, Van, Turkey.

February 2024 Volunteer Clinical Psychologist in the Field, South and East
of Turkey.

Languages

Native in Kurdish (Kurmanji Dialect) and Turkish; advanced proficiency in English.

D. TURKISH SUMMARY / TÜRKE ÖZET

BÖLÜM 1

GİRİŞ

1.1. Araştırmanın Amacı

DSM'nin ruhsal travmayı tıbbileştirmesine yönelik eleştiriler özellikle Orta Doğu gibi çatışmalı bölgelerde analitik bir kavramsallaştırmanın gerekliliğini ortaya çıkarmaktadır. Bu kavramsallaştırma, genel olarak toplumsal travmanın sübjektif, sosyal, kültürel, tarihsel, politik ve kurumsal boyutlarını kapsamaktadır. İnsani müdahale odaklı bir niteliğe sahip olan bu araştırma, uluslararası bir sivil toplum kuruluşu (STK) ile uyum içinde çalışan yerel bir STK'nın iş birliğine dayanmaktadır. Lacan'ın psikanalitik prensiplerine dayanan bu çalışma, öncelikle Covid-19 pandemisi sırasında Mayıs 2020'den Mart 2021'e kadar uzaktan gerçekleştirilen Lacanyen yönelimli klinik süpervizyonlar aracılığıyla, çatışma sonrası Irak'ta, özellikle Êzidî jenosidinin ardından, yerel ruh sağlığı çalışanlarının toplumsal travmayı nasıl kavramsallaştırdıklarını incelemektedir. İkinci olarak, bu araştırma, çatışma sonrası bölgelerdeki toplumsal travmaya yönelik psikososyal müdahale çalışmalarında, geleneksel teşhis yöntemlerini aşan Lacanyen yönelimli klinik süpervizyonun uygulanmasının faydalarını ve zorluklarını değerlendirmektedir.

1.2. Araştırmanın Psikososyal Çerçevesi

Bu araştırmadaki proje çerçevesinde Irak'taki yerel sivil toplum örgütü, genel olarak toplum dayanıklılığını artırma ve iyileşmeyi hedefleyen bir projenin doğrudan uyumlu faaliyetlerini gerçekleştirmek için, Ninova ovasında, Daiş/işid vahşetinden etkilenenler ve yerinden edilen bireylere odaklanarak toplumsal travmaya yönelik ruh sağlığı hizmetlerinde bulunmuştur. Bu çalışma, genel olarak bir insani yardım projesi

çerçevesinde, Êzidî jenosidinden kurtulan yaklaşık 6.000 kişiye ruh sağlığı hizmetlerinde bulunmayı amaçlamıştır. Bu çalışmada analiz edilen veriler, Covid-19 pandemisi sırasında, sahada çalışan yerel ruh sağlığı uzmanları ile uzaktan gerçekleştirilen klinik süpervizyon seanslarından oluşmaktadır.

1.3. Araştırmanın Hipotezi ve Soruları

Bu çalışma dört temel unsura göre formüle edilmiştir. İlk olarak, Amerikan Psikiyatri Birliği (APA) tarafından geliştirilen Ruhsal Bozuklukların Tanı ve İstatistik El Kitabı'nda (DSM) belirtilen geniş çaplı semptom tabanlı yaklaşıma atıfta bulunmaktadır. Ruh sağlığı çalışanlarının tıbbi söyleminde global olarak benimsenen bu yaklaşım (Yaka, 2024), başta Irak olmak üzere, travmayı küresel düzeyde, travma sonrası stres bozukluğu olarak kavramsallaştıran bağlamsal bir çerçeve görevi görmektedir (AlObaidi, 2013; Goodman et al., 2020; Kizilhan et al., 2020). İkinci olarak, bu çalışma DSM'nin tıbbi modeline yönelik bilimsel eleştirilerle ilgilidir. Bu eleştiri, semptom merkezli bir perspektifin sınırlarını vurgulayarak, toplumsal travmanın anlaşılmasında sübjektif, sosyal, politik, tarihsel ve kültürel boyutları dahil etmenin gerekliliğini vurgulamaktadır (Benyakar et al., 1989; Becker, 1995, 2004; Hamburger, 2021; Langer ve Brehm, 2021). Üçüncü olarak formülasyon, projedeki göre süresince yaşanan tecrübelerden elde edilen doğrudan gözlemlere dayanmaktadır. Son olarak, çalışma, kaydedilmiş klinik süpervizyon oturumları dahil olmak üzere incelenen verilerin ön aşamadaki geçici bir analizine dayanmaktadır. Araştırmanın iki temel varsayımı şu şekildedir:

1- Analitik bir yaklaşım, özellikle çatışma bölgelerinde travmatize olmuş nüfuslar içindeki toplumsal travmanın kapsamlı olarak anlaşılması için kaçınılmazdır. Irak'ta yapılan bu çalışma, Orta Doğu ve dünyanın diğer çatışma bölgeleri de dahil olmak üzere geniş analitik uygulamalara değer bir model olarak hizmet edebilir.

2- Çatışma sonrası bölgelerde Simgesel boyutlara destek sağlamayı vurgulayan psikososyal müdahalelerdeki Lacanyen yönelimli klinik süpervizyonlar, sadece İmgesel boyutta köklenmiş semptom eliminasyonuna odaklanan müdahalelerden daha etkili olabilir. Bu ayırım, ruh sağlığı profesyonelleri için kritik bir önemde olup,

kapsamlı terapötik sonuçlar için travmanın Simgesel yönlerini ele almanın önemini vurgulamaktadır. Çalışmanın temel araştırma soruları şunlardır:

1- Irak'taki ruh sağlığı çalışanları arasında toplumsal travma nasıl kavramsallaştırılmaktadır?

2- Irak'taki ruh sağlığı çalışanları, klinik süpervizyon ortamlarında vakalarını nasıl oluştururlar? 3- Irak'taki ruh sağlığı çalışanları, klinik süpervizyon oturumları sırasında kendilerini sübjektif olarak nasıl konumlandırırlar?

3- Bu anların özgün özellikleri, Iraklı ruh sağlığı çalışanlarının, travmatize vakalara ilişkin sübjektif deneyimlerini ifade etmelerini kolaylaştırıyor mu yoksa engelliyor mu?

4- Irak'taki toplumsal travmanın dinamikleri, ruh sağlığı çalışanlarının vaka kavramlaştırma süreçlerini ve sübjektif konumlarını nasıl etkilemektedir?

5- Irak'taki toplumsal travmaya yönelik müdahalelerde, Lacanyen yaklaşıma dayanan analitik yönelimli bir süpervizyon, refleksif bir klinik uygulamaya nasıl katkıda bulunabilir?

BÖLÜM 2

TEORİK ÇERÇEVE

2.1. Travma Söylemi ve Kavramsal Çerçevelerin Gelişimi

“Travma” terimi, Yunanca kökenli olup bir yarayı ifade etmektedir ve klinik psikoloji ile psikiyatride 19. yüzyılın sonlarında, belirli zihinsel bozuklukları açıklamak amacıyla kullanılmaya başlamıştır. Travma, ilk zamanlarda psikolojik yapıların uygun şekilde yanıt verme kapasitesini aşan dış olaylardan kaynaklanan bir çözülme veya bozulma olarak görülmüştür. Birinci dünya savaşı sırasında askerlerde gözlemlenen ve genellikle savaş bunalımı olarak adlandırılan durumlar, yalnızca korku nedeni basitleştirilmiş açıklamalara meydan okumuştur. Daha sonra, Vietnam Savaşı, Travma Sonrası Stres Bozuklukları (TSSB) olarak bilinen belirli bir semptom kümesinin tanımlanmasına yol açmış ve bu da Amerikan Psikiyatri Birliği (APA) tarafından yayınlanan Mental Bozuklukların Tanısal ve İstatistiksel El Kitabı’na (DSM) dahil edilmiştir (APA, 2013; Becker, 1995, 2004). DSM-V’de (APA, 2013) belirtildiği gibi TSSB, belirli bir dönem içinde semptomların ortaya çıkmasına dayanır, yani tanısal bir modeldir ve bu yaklaşım genellikle gözlemlenebilir belirtilere odaklanmaktadır. Ancak, travmatik olayların alanı, özellikle post-sosyal travmatik bozukluk bağlamında, yalnızca semptom ayrımını aşmaktadır (Hamburger, 2021). Bu perspektif, gözlemlenebilir semptomların olmamasının, bir bozukluğun olmaması anlamına gelmediğini vurgular.

APA’nın DSM’sinden kaynaklanan TSSB’nin kavramsal çerçevesi, sadece ruh sağlığı çalışanlarının anlayışını şekillendirmekle kalmayıp aynı zamanda genellikle semptom temelli tedavi yöntemlerini empoze etmektedir. Bettelheim’in toplama kampı deneyimlerine dair düşünceleri, DSM’nin tıbbi yaklaşımına yönelik eleştirilere ek bir katkı sağlamıştır (Becker, 1995; Bettelheim, 1943). Bu eleştiri, aşırı durumsal travmatizasyon, kolektif travma ve sıralı travma gibi terimlerin ortaya çıkmasına neden olmuştur (Becker, 2004; Reiman ve König, 2017). Bu terimler, psikolojik travmanın kapsamını genişletmeye yönelik bir çaba olarak ortaya çıkmış ve travmanın toplumsal ve siyasi boyutlarının düşünülmesini de teşvik etmiştir.

2.2. Lacanyen Kavramsallaştırmada Ruhsal Travma

DSM'nin TSSB'yi semptom temelli anlama şekline yönelik eleştiri, Lacan'ın yapısal yaklaşımıyla da yakından ilişki olmaktadır. Lacan, Freud'un sadece semptom eliminasyonuna odaklanan tamamen pozitivist bir yaklaşıma karşı olan çekincelerini yineleyerek bu konuda ayrıntılı bir bakış açısı sunmaktadır. İlk seminerinde Lacan, Freud'un bastırma kavramına değinerek ve travmayı bastırmanın çekirdeği olarak vurgulayarak, onu semptomların ve ardışık bastırmaların açığa çıktığı çekirdek olarak konumlandırmıştır. Freud'un çocuksu nevrozunun Simgesel entegrasyonu kavramına uygun olarak, Lacan, travmayı "après coup" veya olaydan sonra ortaya çıkan bir zorlayıcı güç olarak tanıtmıştır. Bu belirgin travma anında, süjenin Simgesel alanında bir şey ayrılmaktadır. Sonuç olarak, süje bu ayrılmış unsuru ifade edememekte veya kontrol edememektedir, ancak bu unsur varlığını sürdürerek merkezi, orijinal bir çekirdek oluşturmaktadır. Çekirdek, süjenin ruhsal yapısında semptomların ve ardından gelen bastırmaların şekillendiği odak noktası haline gelir (Lacan, 1953-54/1988). Bu yapısal yaklaşım, semptom odaklı dar bir anlayışın sınırlarının altını çizerek, travmanın sübjektif deneyim üzerindeki kalıcı etkisini vurgulamaktadır.

Lacan'ın travma üzerine en ayrıntılı incelemesi, "Psikanalizin Dört Temel Kavramı" adlı XI. seminerinde gerçekleşmiştir. Lacan, burada tesadüfi olayların nedenselliğini açıklamak için Aristoteles'in Metafizik kitabından ödünç aldığı Automaton and Tuche terimlerini ayrıntılı olarak açıklamıştır (Lacan, 1964/1977). Lacanyen çerçevede, Automaton, gösteren ağını ifade ederken (Harari, 2004), Tuche ise bir karşılaşmayı veya daha doğrusu, Gerçekle ıskalanmış bir buluşmayı temsil etmektedir ve bu da travmatik olan, söylenmesi veya düşünülmesi imkânsız olan, Automaton'un sınırlarının ötesine uzanmaktadır (Fink, 1995).

2.3. Lacanyen Psikanalizde Travma

Şiddetli bir olayın önceki travmayla yüklü olması nedeniyle travmatize edici olabileceği fikri, Freud ve Lacan'ın bakış açılarına dayanmaktadır. Onlara göre, dışsal şoklar, ani ve beklenmedik karşılaşmalar veya izinsiz girişler, önceden var olan psişik gerçeklikle kesişme şekli nedeniyle travmatik etkiye sahiptir. Dolayısıyla travma

yalnızca dış müdahalenin kendisi değildir; daha ziyade, bilinçdışı alanda zaten gömülü olan, gizli duygu ve düşünceler olarak tezahür eden, örtük ve önceden var olan psişik bir yapıdır. Lacan, XI. seminerinde, Françoise Dolto'nun ruhsal yapının gelişimi ile ilgili sorularını ele alırken, kastrasyon korkusunun ve cinselliğin travmatik etkisinin önemini vurgulamıştır: “Aşamalar kastrasyon korkusu etrafında düzenlenir. Cinselliğin devreye girmesiyle ilgili çiftleşme gerçeği travmatize edicidir; bu, büyük bir engeldir ve gelişim için düzenleyici bir işlevi vardır” (Lacan, 1964/1977, s. 64). Sonuç olarak, şiddetli olayların, ruhsal yapıların oluşumunu etkileyen ve cinsel bir boyut ve *jouissance* taşıyan daha önceki travmalarla bağlantılı oldukları için travmatize edici oldukları düşünülebilir. Fransızca kökenli bir kelime olan “*jouissance*” terimi, Lacan'ın kuramında, genel olarak süjenin semptomundan edindiği zevki ifade etmek amacıyla kullanılmaktadır. Bu nedenle, *jouissance* kavramı, acı ve zevki eş zamanlı olarak çağrıştıran bir anlam taşımaktadır (Evans, 1996, Yaka, 2021, 2024). Bu bağlamda, *objet a* ile *jouissance* terimi arasında ilişki bulunmaktadır. Lacan'a göre *objet a*, mantıksal tutarlılığa sahip bir varlık görünümünü temsil ederek, görünüm ile gerçeklik arasındaki karmaşık ilişkinin altını çizmektedir. Lacan, süjenin içsel dışsallığının çelişkili doğasını temsil etmek için “*extimacy*” terimini ortaya atar. Bu terim, *objet a*'yı işaret ederek, Gerçeğin (travmatik karşılaşma) söylem alanının ötesinde var olan bir buluşma noktası olduğunu ifade etmektedir (Bracher, 1994). Gerçeğin yönlerini tam anlamıyla kapsayamama yetersizliği, Simgesel alanın bir boşluk olarak ortaya çıkmasına ve süjenin bu boşluğu gezinmesinin gerekliliğine işaret etmektedir. Gösterenlerin doğasında bulunan ayrışma, süjenin ortadan kaybolmasıyla fark edilen bir boşluğa, yani bir gösterenin eksikliğine yol açmaktadır (Bracher, 1994). Lacan'a göre (1964/1998), Gerçek, bir engelle çarpışmayla tanımlanmakta ve bu durum, olayların hemen istenildiği gibi gelişmediği gerçeğini, dış objelere ulaşma beklentilerine karşı bir ifade biçimi olarak tanımlamaktadır. Bu nedenle, Gerçek, semptomlar aracılığıyla Simgeselde ortaya çıkarak, Gerçekde anguaz ve İmgeselde engellenmişlik olarak tezahür etmektedir. Bu tezahür zorlayıcı tekrara veya farklılığın tekrarına neden olmaktadır. Farklılık kavramı, süjede hem arzunun nedeni hem de kaygının objesi olarak ikili bir rol üstlenen, *objet petit a* tarafından sarılan Gerçek ile karşılaşma noktalarına işaret etmektedir. Bu düşünce, Lacan'ın $\$ \langle \rangle a$ topoloji matematiği ile simgelenen ve bölünmüş süjenin *objet a* ile fantazmatik bir ilişki içinde olduğunu gösteren temel

fantazi kavramıyla uyumlu olmaktadır. Diğer bir ifadeyle, bölünmüş süje, Lacanyen teoriyle tutarlı olarak, kendi içsel ayrılığını büyük ölçüde göz ardı ederek fantazmatik bir bütünlük duygusunu korumaktadır (Soler, 1996). Sonuç olarak, konuşmanın işlediği Simgeselde, *objet petit a* daimî bir boşluğu, doldurulmayı amaçlayan bir boşluğu ifade etmektedir. Bu süreç, Simgeselin konuşma yoluyla Gerçeği, özellikle de travmayı, İmgesel işlemler yoluyla anlama dönüştürmesi ve böylece süjenin deneyimindeki boşlukları ve yoklukları tutarlı bir şekilde gizlemesi veya doldurmasıyla ortaya çıkmaktadır.

2.4. Lacanyen Klinik Süper-vizyon veya Süper-Duyuma

İnsani müdahale projesi kapsamında, klinik süpervizyon oturumlarına katılımım bağlamında, yaklaşımımı genel olarak Lacanyen klinik süpervizyon prensipleriyle uyumlu bir şekilde düzenlemeye çalıştım. Lacanyen psikanaliz bağlamında, klinik süpervizyonun nasıl kavramsallaştırıldığını aydınlatmak amacıyla, bu bölümde teorik çerçeve ve klinik süpervizyonun nasıl uygulandığına dair genel bir yaklaşım sunulmaya çalışılacaktır.

Psikoterapi teknikleri alanında, klinik süpervizyon, klinik eğitimde temel bir unsurdur ve psikoterapistlere gerekli desteği sağlayarak düşünsel uygulamalar için bir platform sunmakta ve terapistlerin mesleki tatminini arttırmaktadır. Standart bir klinik süpervizyon modeli önermemiş olan Lacan'ın, psikanalistlerin klinik eğitimine yönelik yapısal yaklaşımı, klinik psikanaliz ve psikoterapide süpervizyonun kavramsallaştırılmasına önemli ölçüde katkıda bulunmuştur. Lacanyen çerçevede, süpervizyonun temel amacı, analistlerin bilinçdışının Simgesel boyutuna karşı duyarlılıklarını artırmaktır (Dulsster ve Vanheule, 2019). Diğer süpervizyon yöntemlerinden ayrılan bir şekilde, Lacanyen bir süpervizör, analistin ve/veya psikoterapistin analizan ve/veya hastalarla nasıl etkileşim kurduğunu anlamaya kendini adanmıştır. Yani, analizan ve/veya hastaların semptomlarını, yaşam öykülerini klinik süpervizyonda aktaranların konuşmalarını yakından takip ederek, psikanalitik tedaviyi güçlendirmeyi amaçlamaktadır. Psikanalitik müdahalenin sübjektivasyondan kopuk, katı veya standartlaştırılmış bir süreç olmadığını fark etmek, bu müdahale projesinde klinik süpervizyonun, her analistin ve/veya psikoterapistin bireysel

yaklaşımına önemli ölçüde bağlı olduğunu kabul etmeyi gerektirmektedir. Bu bireyselleştirilmiş tarzın kökleri, İmgesel düzenle ilgili ego-özdeşleşmelerinden ziyade, analistlerin ve psikoterapistlerin sübjektivitelerinden kaynaklanmaktadır. Bu nedenle, Lacanyen süpervizörler, psikoterapi ve psikanalizde ego-özdeşleşmesine veya geleneksel lisanslama sınavı uygulamalarına atıfta bulunmaktan kaçınılmaktadırlar. Bunun yerine, tedavinin etkililiğinin, analistlerin ve/veya psikoterapistlerin sübjektif yaklaşımlarından etkilendiğini kabul ederek, süpervizyon seansları sırasında sübjektivasyonu vurgulamaktadırlar. Lacanyen yaklaşıma göre, efendi ve üniversite söylemlerinden farklı olarak, sübjektivitenin öncelikle klinik psikanalizin ve özellikle de bilinçdışının, ayrılmaz bir bileşeni olarak kabul edilmektedir (Moncayo, 2008). Lacanyen yaklaşımda klinik süpervizyonda iki temel yön vurgulanmaktadır. İlk olarak, analistlere veya psikoterapistlere psikopatoloji ve psikoterapötik süreçlerin genel bilgisini öğrenmelerinde destek olmak önemlidir. Bu bilgi, terapötik bir ittifak kurmada veya psikanalitik terimlerle ifade edecek olursak, bilgiye sahip olarak algılanan süpervizör ve analist ve/veya psikoterapist üzerindeki aktarımları kurmada etkilidir. Bu bağlamda aktarım, analistin/psikoterapistin ustalık pozisyonunu üstlenmesinin bir aracı olmaktan ziyade stratejik bir müdahale olarak görülmektedir. İkinci olarak, süpervizyonda Lacanyen süpervizör, hem analistin ve/veya psikoterapistin hem de analizanın ve/veya hastanın bilinmeyen bilgisini kapsayan bilinçdışı bilme için aktarımı stratejik olarak kullanmaktadır. İşin püf noktası, iyileştirici faktörün örgün eğitimden değil, arzu tarafından kolaylaştırılan bilinçdışı bilgidir. Bu arzunun, analist/psikoterapist tarafından bilen özne olarak arzulanması, sevilmesi veya idealleştirilmesi beklenmeyen bir şeydir. Analistler ve/veya psikoterapistler genellikle hastalarıyla ilgili bilgi veya bilinçdışı hakikate zaten sahip olduklarının farkında değillerdir. Bu bağlamda, Lacanyen bir süpervizör, süpervizyon alanının bilinçdışı söylemi veya analizan ve/veya hastaların endişelerine dair bilinmeyen bilgisine odaklanmaktadır (Moncayo, 2008). Lacan'a göre süpervizyon, teorik bir iyileştirme yerine faaliyete ilişkin bir rapor olarak kavramsallaştırılan üçüncü bir şeyin tanınmasının temel bir yönüdür (Laurent, 2003). Lacanyen prensiplerle uyumlu olarak, seanslardaki odak, analizanların ve/veya hastaların gerçek yaşantılarından ziyade bu deneyimlerin bilinçdışı mantığına kaymalıdır. Bilinçdışı mantığı vurgulamak ise, konuşma ve gösterenlere dikkat etmeyi gerektirmektedir. Davranışlar üzerine tavsiye

veya öneri sunmak yerine, analizanların arzulayan süje olarak konuşmalarına izin vermek kritik bir önemdedir ve bu da semptomlarla ilgili öngörülemeyen yönleri ortaya çıkarmak için Simgesel bir alan yaratmaktadır. Bu yaklaşım, psikanalitik duymaya karmaşık bir şekilde bağlıdır ve süpervizyon alan kişinin öğrendiği ikinci duyma şeklini temsil etmektedir. Sonuç olarak, Lacanyen bir süpervizör, analistin ve/veya psikoterapistin anlama biçiminin, analizanın ve/veya hastanın bastırılmış gerçeğini ve konuşmanın Simgesel boyutunu engellemediğinden emin olmaya çalışır. Lacan (1975-76/2016), ayrıca süpervizyon yerine süper-duyma kavramını tanıtarak, Lacanyen bir süpervizörün farklı bir şekilde dinlemesi gerektiğini vurgulamıştır. Bu perspektif, analistlerin ve/veya psikoterapistlerin anlam kurma sürecinin Simgesel boyutunu veya bastırılmışı, potansiyel olarak göz ardı edebileceğini kabul etmektedir. Süpervizör, bağlantı kopmalarına, aralara veya konuşmanın anlam bütünlüğünü bozan herhangi bir şeye yönelerek, bilinçli, yani İmgesel olan aracılığıyla analistlerin ve/veya psikoterapistlerin anlam inşasını sorgulamaya çalışmaktadır. Böylece Lacanyen yaklaşımda klinik süpervizyon, anlam ve pedagojik bilgi etrafında dönmeyip, daha çok konuşmadaki anlamın Simgesel boyutu ve düzensiz doğası üzerinde odaklanmaktadır. Dolayısıyla analistin söylemi, bilinç temelli psikoterapötik müdahalelere ilişkin standartlaştırılmış norm yaklaşımından sapmaktadır.

Bu araştırma, insani yardım müdahale girişimi etrafında odaklandığı için, temel hedef psikanalistleri eğitmek değildir. Çalışmadaki Lacanyen süpervizyon yaklaşımı, sahadaki ruh sağlığı çalışanlarına, sübjektivasyonun önemini temel bir adım olarak vurgulamayı amaçlamıştır. Klinik süpervizyon seanslarının ana odak noktası, ruh sağlığı çalışanlarını, vaka kavramsallaştırması sürecinde hem kendilerinin hem de vakalarının sübjektif konumlarıyla ilgili farkındalık geliştirmeye yönlendirmektir. Müdahale projesine dahil olan ruh sağlığı çalışanlarının formel psikanaliz bilgisine sahip olmadıkları unutulmamalıdır. Bu nedenle, sahadaki ruh sağlığı çalışanlarına yönelik olarak, klinik süpervizyonu didaktik bir tarz gibi basitleştirici sınıflandırma etiketleri altına koyma çabası da uygun olmayabilmektedir.

BÖLÜM 3

METODOLOJİ

3.1. Nitel Yaklaşım, Psikanalitik Yöntem ve Psikososyal Araştırmalar

Bu çalışma öncelikle Irak'taki ruh sağlığı çalışanlarının klinik süpervizyondaki sübjektif konumlarını ve ruhsal travmayı nasıl kavramsallaştırdıklarını psikanalitik olarak incelemeyi amaçladığı için, temel yaklaşım nitel metodolojiye göre uyarlanmıştır. Lacanyen yaklaşımda nitel araştırma, insan süjesini çelişkili anlatılar tarafından şekillendirilmiş olarak gören yapısökümcülüğü ve aynı zamanda süjenin bütünlüğünü, analizin başlangıç ve nihai hedefi olarak gören ve hümanist bir yaklaşımı benimseyen dinamik bir çerçevede çalışmaktadır (Frosh, 2007). Bu yaklaşıma göre sübjektivasyon, nitel ampirik araştırmalara etkili bir şekilde dahil edilebilmektedir.

Psikanalizin kurucusu Sigmund Freud, psikanalizi sadece bir tedavi yöntemi olarak değil, aynı zamanda yeni bir bilimsel araştırma yaklaşımı olarak görmüştür. Freud, analitik çalışmalarında analitik teknikleri kullanmış ve nitel verilerle uğraşmıştır. Bu nedenle, Freud'un veri toplama ve nitel analize yaklaşımı, nitel araştırma yönteminin temelini atmıştır. Psikanaliz, sadece teori ve pratikleri bilgilendirmekle kalmaz, aynı zamanda çeşitli insan deneyimlerini araştırmak için potansiyel bir model sunmaktadır (Wertz et al., 2011). Freud'un psikanalizdeki çalışmaları, klasik teşhis araştırmasının bir hermeneutik veya söylem analizi haline dönüşmesine neden olmuştur. Hastaların anlatıları ile semptomları arasındaki etkileşim, Freud'u söylemsel veya anlatısal bir iletişim yöntemi geliştirmeye yönlendirmiştir. Bu yöntem, savaş travması, memnuniyetsizlik, gerçekleşmemiş dilekler ve duygusal baskı gibi incelediği konuların doğası gereği önemli olmuştur. Freud, sübjektif deneyimleri araştırmanın kapsamlı bir nitel yaklaşım gerektirdiğini savunmuş ve Amerikan teşhis yönteminden sapılması gerektiğini ileri sürmüştür (Wertz et al., 2011). Freud'un yanı sıra Amerikan psikolojisinin öncüsü olarak kabul edilen William James de başlangıçta sosyal, kültürel, dini ve sübjektif faktörlerden etkilenen nitel özelliklere sahip ruhsal

deneyimlere odaklanmıştır. James, psikolojik arařtırmalarda sübjektif bakıř açılarının önemini vurgulayarak, sosyal bilimlerde, fiziksel bilimlere kıyasla sıklıkla ihmal edilen kiřisel bakıř açılarını düşünmenin önemine vurgu yapmıştır (Wertz et al., 2011). Benzer şekilde, Abraham Maslow, sađlık anlayıřını bütünlük perspektifinden formüle ederek sübjektif deneyimlerin altını çizmiştir. Lawrence Kohlberg, ahlaki düşünce üzerine doktora tezinde, sosyolojide Max Weber tarafından geliştirilen ideal tipleri kullanarak nitel bir yöntem uygulamıştır. Kohlberg, çocukların ahlaki düşüncesini temsil eden psikolojik yapıları incelemiş ve nitel metodolojiyi kullanmıştır. Bu nedenle, Freud'un nitel veriyi psikanalitik metodolojiye dahil etmesi, vaka tarihlerini titizlikle incelemesi ve psikopatolojik semptomları sübjektif olarak açıklaması, nitel arařtırma metodolojilerinin sistemli gelişimi için temel bir zemin oluşturmuştur (Frosh, 2019; Wertz et al., 2011). Genel olarak, psikanaliz, sosyal bilim akademisyenlerine sübjektif anlamları keřfetme konusunda deđerli bir araç sunmaktadır ve bu araç, psikososyal arařtırmacılar tarafından sosyal indirgemeciliđin potansiyel sakıncalarına karşı eleřtirel bir bakıř açısıyla kullanılmaktadır. Özellikle psikopatolojik durumlar ele alındığında, bu tür bir indirgemecilik, bireylerin kendi benlik algılarından kopmuş bir duygu deneyimi yaşamalarına neden olabilmektedir. Freud'un teorisine göre, bu kiřiler kendilerini objeler olarak algılayabilir, kendi istek ve arzularından ayrılmış bir şekilde hissedebilirler. Psikanaliz ise bu kopukluđu anlamayı ve çözmeyi amaçlamaktadır (Frosh, 2007; Saville Young & Frosh, 2010). Bu bağlamda, psikanaliz ve psikososyal çalışmalar, sübjektivite ve toplumsal yapıyı bir arada düşünme konusunda ortak bir ilgiye sahiptir ve onları ayırmak yerine birleřtirmeyi amaçlamaktadır (Saville Young & Frosh, 2010). Bu nedenle, psikanalitik olarak bilgilendirilmiş bir yaklařım ile psikososyal çalışmalar, nitel bir ampirik yaklařımda kesiřme noktasında birleřmektedirler (Frosh, 2007, 2019).

3.2. Lacanyen Söylem Teorisi

Lacan'ın Söylem Teorisi, dilbilgisi kuramı içinde, Simgesel iliřkilerin karmařık sistemleri aracılıđıyla oluşturulan deđişen anlam zincirlerinde geliştirilen siyasi malzemeleri inceleyen ampirik bir çalışmadır. Lacan'ın temel teorisi, dört dörtlük formül içeren bir söylem teorisidir. Bu formüller, bireysel psikolojik durumların sosyal iliřkiler içindeki etkileřimini açıklayarak, sosyo-kültürel ve siyasi sonuçları

şekillendirmektedir (Bracher, 1994; Parker, 2005; Pavon-Cuellar, 2010). Lacan, bu aydınlanma ile kompleks davranışları içeren yapıları anlamayı amaçlayarak kapsamlı teorisini özlü bir form haline getirmeye çalışmıştır (Lacan, 1969-70/2007). Buna göre söylem alanı, konuşmacıların ve konuşma ortaklarının dil içindeki pozisyonlarını ve değiş tokuş edilen terimleri içererek sürekli sosyal ilişkileri teşvik etmektedir. Lacan (1972a, s. 8), söylemin yapısını “bir kovaryant seti oluşturan bir dizi eleman” olarak karakterize etmiştir. Bu çerçevede söylem, “konuşma olmadan ya da konuşma içermeyen, zorunlu bir yapıdır” (Lacan, 1969-70/2007, s. 13). XVII. seminerinde Lacan (1969-70/2007), söylem kavramına derinlemesine inerek, söylemi, konuşma ya da onun yokluğunu aşan kritik bir yapı olarak görmüştür. Lacan, psikanalizde dil birlikteliklerini inceledikten sonra, etimoloji, fonoloji ve semantik üzerinde odaklanarak Freud’un çalışmalarını temel almış ve bilinçdışı formasyonlarına odaklanarak psikanalitik bir perspektiften söylem teorisi geliştirmiştir (Lacan, 1969-70/2007). Söylem, belirli bir yapısal konfigürasyon içinde sosyal bağlantıların bir modunu temsil etmektedir. Lacan (1969-70/2007), yönetme/emretme, eğitme/beyin yıkama, arzulama/protesto etme ve analiz etme/dönüştürme/devrim yapma olarak dört tip söylem yapısını kategorize etmiştir. Mayıs 1968 hareketi, Fransa ve dünya genelinde kurumsal uygulamalara karşı çıkan özgürleştirici bir güç olarak tanınan öğrenci protestolarıyla başlamış ve Fransız üniversitelerindeki bürokratik ve otoriter uygulamalara karşı çıkmıştır (Fernandez-Alvarez, 2022). Lacan’ın söylem teorisi, bir protesto olmayıp, daha çok bu devrimci eleştiri döneminde, yapısal koşulların tekrarlayan mantığını anlama yöntemi olarak, onlardan tamamen kopma yöntemi olarak önerilmiştir.

Lacan’ın söylem teorisini kavramsallaştırmak için, onun “Bilinçdışı bir dil gibi yapılandırılmıştır” iddiasını hatırlamak önemlidir (Lacan, 1971-72/2017, 1964/1977, s. 149, s. 203). Bu ifadeden iki teorik sonuç taşımaktadır: 1) Lacan, gösterenin “süjeyi başka bir gösterene temsil ettiği” şeklindeki tanımıyla süjeyi yeniden tanımlamıştır (Lacan, 1966/2006, s. 694). Lacanyen açıdan, herhangi bir fikir veya soyutlama (bir gösteren), konuyu bu gösterenlerin etkilerini taşıma şeklinde etkileme potansiyeline sahip olmaktadır (Lacan, 1966/2006). Lacan’ın süje teorisi, bireyi, bilinçdışı içinde yetiştirildiği söylem tarafından tarihsel ve bilinçdışı olarak yabancılaştırılmış bir süje olarak görmektedir (Fernandez-Alvarez, 2022). Diğer türlerin aksine, bilinçdışı bilgi,

harfler ve deyimler gibi unsurlar aracılığıyla ifade bulmakta ve genellikle mahremiyet ve korku gibi faktörlerden ötürü söylenememektedir. Bu durum, her bireyin özgün sözlü ifadesini şekillendirmektedir (Melman, 1993-94/2022). 2) Bilinçdışı, dil aracılığıyla sürdürülen ilişkilerin analizi yoluyla ortaya çıkabilmektedir. Lacan (1964/1977, s. 131), “Bilinçdışı, Başka’nın söylemidir” diye ifade etmiştir. Olayları, normları veya prosedürleri kabul eden açık bir konuşma olmasa bile dil, dil etkileşimlerini kolaylaştırmaya devam etmektedir. Bu etkileşimler, belirli bir uygulamanın çerçevesine katkıda bulunan kelimeleri, sessizlikleri, eylemleri ve bozulmaları içermektedir. Dil tarafından şekillendirilen bilinçdışı süje, süperegoik direktiflerin bir kanal olarak işlev gösteren bir söyleme karmaşık bir şekilde bağlıdır. Söylem yapıları, sözlü ifadenin ötesine geçerek, kurumların tekrarlayan davranışlarını sürdüren yapıyı, süperego aracılığıyla destekleyerek sürdürmektedirler. Lacan’ın söylem teorisinin formülü, süjeler arasındaki temsil olarak hizmet etmektedir. Her bir söylem yapısı, başlangıçta XVII. seminerde (Lacan, 1969-70/2007) adlandırılan ve daha sonra Milan söyleminde (Lacan, 1972a) yeniden tanımlanan dört farklı pozisyonu içermektedir: 1) ajan veya suret; 2) başka veya *jouissance*; 3) ürün veya *jouissance* fazlası ve 4) hakikat. Bu dört pozisyon veya pozisyon, bir cebir kesiri içine sağlam bir şekilde yerleştirilerek, söylemin kapsamlı formülü olarak gösterilmektedir (Fernandez-Alvarez, 2022). Stabilize olmuş bu yapılar içinde, $S1$ ’i simgeleyen efendi gösteren; $S2$ ’yi temsil eden bilgi; $\$$, bölünmüş süjeyi; *objet a* ise bir boşluğu belirten unsurları içermektedir (Fernandez-Alvarez, 2022; Lacan, 1969-70/2007; Verhaeghe, 2001).

3.3. Lacanyen Söylem Analizi

Lacanyen söylem analizi (LSA), sosyal bilimler, psikoloji, psikanaliz, siyaset bilimi, psikiyatri, pedagoji ve felsefe gibi çeşitli disiplinlerde sağlam bir nitel metodoloji yöntemi olarak kendini kanıtlamıştır. Pavón-Cuéllar ve Parker’a göre (2014, s. 2, s. 3), LSA hem Freud’un psikanalizi hem de kıtasal yapısalcılığa kök salmış epistemolojik perspektiflerden ortaya çıkmaktadır. LSA’yı diğer söylem analizi metodolojilerinden ayıran temel fark, özel vurgusunun Lacan’ın teorisine ve dolayısıyla bilinçdışına yönelik olmasıdır (Pavón-Cuéllar, 2014). Parker (2005), LSA’yı yedi unsura bölmektedir: (i) metnin formel nitelikleri; (ii) temsilin çapa noktası; (iii) etki ve

belirleme; (iv) bilgi rolü; (v) dildeki pozisyonlar; (vi) bakış açısının çıkmazları ve (vii) metinsel malzemenin yorumlanması (Parker, 2005). Temelde, Parker'ın LSA'ya yaklaşımı, içerik ve mutlak fark yerine metinsel malzemelerin formuna öncelik vermektedir. Pavón-Cuéllar'ın (2010) LSA'ya yönelik formülasyonu ise, bilinçdışı süjenin bölünmesine veya parçalanmasına daha fazla vurgu yapmaktadır. Bu bölünme, Simgesel ve İmgesel; gösteren ve gösterilen, dolu konuşma ve boş konuşma; sözce ve sözceleme arasındaki bölünmeleri kapsamaktadır. Bu yaklaşımın merkezi yönü, bölünmeler ve bilinçdışıdaki içeriklerin detaylı bir şekilde yorumlanmasını içermektedir. Bu bölünmeler ayrıca Başka'nın söylemi ile birlikte hem süjenin hem de efendi söyleminin bilinçdışı temsilcileri olarak işlev görmektedir (Pavón-Cuéllar, 2010).

3.3.1. Psikososyal Saha Çalışmasında Lacanyen Söylem Analizi

Bu çalışma, Irak'ta bir insani müdahale girişiminin önemli bir unsurunu oluşturarak, psikososyal saha çalışmasına odaklanmıştır. Psikososyal alanda çalışan yerel ruh sağlığı ekibine yönelik proje faaliyetlerinin tümü, Covid-19 salgını nedeniyle uygulanan küresel kapanma sırasında uzaktan gerçekleştirilmiştir. Çevrimiçi proje faaliyetlerinin uygulanması sırasında, Irak Kürdistan Bölgesi'nde sıkça yaşanan elektrik kesintileri ve internet ağının kesilmesi de dahil olmak üzere bir dizi zorlukla karşılaşmıştır. Bu zorluklara yanıt olarak, yerel ruh sağlığı çalışanları için daha pragmatik ve klinik pratik odaklı kavramsal bir çerçeve için proje faaliyetleri (klinik süpervizyon oturumları ve çeşitli eğitim faaliyetleri) uygulanmaya çalışılmıştır. Örneğin travmatize olmuş vakalara yaklaşırken analitik dinleme becerileri geliştirilmeye çalışılmış ve sübjektivasyon süreçlerinin önemi vurgulanmıştır. Benzer bir uyarlama, Lacanyen söylem analizi (LSA) için de yapılarak, araştırmadaki dört ruh sağlığı çalışanının başlangıç ve final klinik süpervizyon oturumlarının transkriptleri analiz edilmiştir.

Araştırmada LSA metodolojisi şekillendirilirken, Pavón-Cuéllar'ın (2010) yaklaşımına benzer bir uyarlama yapılmıştır. Lacan'ın dört söylemsel ögesinin (S , $S1$, $objet a$ ve $S2$) her biri, dört farklı bilinçdışı formasyonu olarak, analiz edilebilecek entegre bileşenler olarak düşünülmüştür. Bunlar “bölünmüşlük” (S), “efendi

göstereni” (*SI*), “boşluk/Gerçek” (*objet a*) ve “Başka’nın söylemi/anlamlandırma” (*S2*) şeklindedir. Her bir ruh sağlığı çalışanının başlangıç ve final klinik süpervizyon oturumlarının transkriptleri ön analizden geçirildikten sonra, her oturumda belirli bir bilinçdışı formasyonun ya da diğer üçünü gölgeleyen belirli bir bilinçdışı oluşum yapısının eğilimi fark edilmiştir. Bu nedenle, her bir ruh sağlığı çalışanının başlangıç ve final klinik süpervizyonu oturumlarındaki belirli bir bilinçdışı oluşumu, aynı zamanda belirli bir LSA bileşeni olarak düşünülmüştür. Bu aşamada öncelikle her bir ruh sağlığı çalışanının başlangıç ve final analizlerinde ortaya çıkan ortak bir yapısal tema belirlenmiştir. İkinci aşamada, başlangıç ve final analizleri boyunca her bir yapısal tema içindeki iki alt tema, vaka kavramlaştırması ve sübjektif konum olarak analiz edilmiştir. Böylece araştırma, ruh sağlığı çalışanlarının klinik süpervizyon oturumlarında, söylemsel konumlarındaki olası değişiklikleri değerlendirmeyi amaçlamıştır. Bu yaklaşım, bulguların tartışılmasında, başlangıç ve final analizlerindeki yapısal konum, vaka kavramsallaştırması konumu ve sübjektif konum temalarındaki potansiyel değişiklikleri belirlemek için söylemsel haritalamayı içermiştir.

Bölünmüşlük (*\$*), genel olarak, nevrotik bir süjedeki egonun ve bilinçdışının bölünmesi anlamına gelmektedir (Fink, 1995). Süje ne kadar bölünmüşse, o kadar çok fantaziye maruz kalmaktadır. Lacan (1964/1977, s. 138), konuşmadaki bölünmüşlikle ilgili, sözceleme (*énonciation*) ve sözce (*énoncé*) seviyeleri arasında bir ayrım yapmıştır. Bu çalışmada, LSA’nın bölünmüşlük bileşeni hem başlangıç hem de final süpervizyon oturumları sırasında Tekoşin’in konuşmasındaki bilinçdışı formasyonları analiz etmek için kullanılmıştır.

Efendi gösteren (*SI*) dilde önemli bir rol oynayarak statükoyu destekleyen ve söylemsel alanın özelliklerini ve sınırlarını belirleyen anahtar belirleyicidir (Parker, 2001). Anlamın sürekli olarak ertelenmesi, bu süreci düzenleyen efendi gösterenler tarafından senkronik olarak gerçekleşmektedir. Bu çalışmada, efendi gösteren (*SI*), LSA bileşeni olarak, Bawer’in başlangıç ve final süpervizyon oturumlarını analiz etmek için kullanılmıştır.

Boşluk/Gerçek (*objet a*), bir konuşmacının etrafında döndüğü bir neden olarak işlev gösteren bir unsuru vurgulamaktadır. Bu bağlamda, *objet petit a*, söylem içinde yer çekimi gibi işlev görmektedir (Parker, 2005). Lacan'a göre, *objet petit a*, konuşmanın bir boşluğu olarak, arzu, jouissance ve dolayısıyla semptomla ilişkili olmakta ve aynı zamanda üç düzeni birbirine bağlayan Borromean düğümünün ortasında bulunmaktadır (Lacan, 1975-76/2016). Bu nedenle, *objet petit a*, temel fantaziye belirleyen bir rol oynamakta ve konuşmanın akışını bir boşluk olarak belirlemektedir (Pavón-Cuéllar ve Parker, 2014). Bu çalışmada, boşluk/Gerçek (*objet a*), LSA bileşeni olarak, Bejnê'nin başlangıç ve final süpervizyon oturumlarını analiz etmek için kullanılmıştır.

Başka'nın söylemi/Anlamlandırma (*S2*), söylemin tanımlanması, açıklanması, yazılması ve okunmasında değerli kabul edilen epistemolojik yönleri ifade etmektedir. Lacan'a (1969-70/2007) göre bilgi "diğer gösteren" ve/veya "gösterenler bataryası" olarak tanımlanan şeyin içinde bulunmaktadır. Üniversite söylemi içinde bilgi, konuşan süjeyi başkının zevkine tabi kılarak anksiyeteye neden olan *connaissance* ile iç içedir (Fernandez-Alvarez, 2022). Bu nedenle psikanalitik stratejiler, birey ve toplumsal yapıların tarihi ve söylenemeyen yönleriyle ilgilenmektedirler. Bu çalışmada, LSA bileşeni olarak Başka'nın söylemi/anlamlandırma (*S2*), Aram'ın başlangıç ve final süpervizyon oturumlarını analiz etmek için kullanılmıştır.

3.4. Analiz Süreci

Analiz süreci, süpervizyon seanslarının içeriklerinin ön bir çerçevesini elde etmek için, nispeten yapılandırılmamış bir okuma ile başlamıştır. Araştırma sorularına göre seçilen materyaller, bu çalışmada uyarlanan LSA'nın dört bilinçdışı formasyonunu analiz etmek için kullanılmıştır: "bölünme" (Tekoşin), "efendi gösteren" (Bawer), "boşluk/Gerçek" (Bejnê) ve "Başka'nın söylemi/anlamlandırma" (Aram). Verilerdeki bilinçdışı formasyonları incelemek için ses bilimsel ve anlamsal birleşimler, içerikler, çift anlamlılıklar ve anahtar kelimelerin değişimini içeren birleşim zincirleri incelenmiştir. Verilerin yorumlanmasında ise etimolojiye, dil bilimsel özelliklere, antropolojik boyutlara, sosyo-politik bağlama, kurumsal faktörlere, kültürel dinamiklere ve cinsiyetlenme konularına dikkat edilmiştir.

BÖLÜM 4

SONUÇLAR

4.1. Başlangıç ve Final Analiz Sonuçları

Dört ruh sağlığı çalışanının başlangıç ve final klinik süpervizyon seanslarındaki vaka sunumları analiz edildikten sonra, her iki süpervizyon seansında ortaya çıkan yapısal temalar belirlenmiştir. Ardından, her bir yapısal tema altında, başlangıç ve final analiz sonuçları arasında karşılaştırılmak üzere iki alt tema, yani vaka kavramsallaştırması ve sübjektif konum, incelenmiştir. Bu keşif, klinik süpervizyon oturumları sırasında ruh sağlığı çalışanlarının söylemsel pozisyonlarındaki olası değişiklikleri değerlendirmeyi amaçlamıştır. Sonuçlar Tablo 4.1.'de özetlenmiştir.

Tablo 4.1. Sonuçlara Genel Bakış

<i>Ruh Sağlığı Çalışanları</i>	<i>Yapısal Temalar</i>	<i>Başlangıç Analizi Temaları</i>		<i>Final Analizi Temaları</i>	
		<i>Sübjektif Konum</i>	<i>Vaka Kavramsallaştırması</i>	<i>Sübjektif Konum</i>	<i>Vaka Kavramsallaştırması</i>
<i>Tekoşin (\$)</i>	<i>Sübjektivite (Bölünmüşlük)</i>	<i>Tamamsal Semptomlar</i>	<i>Psiko/egitim (Öğüt)</i>	<i>Çözülen ikilem</i>	<i>Travmanın izini sürmek</i>
<i>Bawer (S1)</i>	<i>Cinsellik (Efendi Gösteren)</i>	<i>Ensest</i>	<i>Maskülenite</i>	<i>Kürtaj/düşürme ve suçluluk</i>	<i>Dini Rehberlik</i>
<i>Bejnê (Objet a)</i>	<i>Travma (Boşluk/Gerçek)</i>	<i>Anksiyete & Dağılma</i>	<i>Medikalizasyon</i>	<i>Fiziksel kaygı & biçimsizleşmiş beden</i>	<i>Varsayılan tehdit</i>
<i>Aram (S2)</i>	<i>Bilgi (Başka'nın Söylemi/Anlamlandırma)</i>	<i>Tanı</i>	<i>BiyoMedikal</i>	<i>Sübjektif-Analitik</i>	<i>Toplumsal Travma</i>

Belirlenen yapısal temalar, Tekoşin için “sübjektivite”, Bawer için “cinsellik”, Bejnê için “travma” ve Aram için “bilgi” şeklindedir. Sübjektivite yapısal teması içinde Tekoşin’in başlangıç süpervizyonundaki vaka kavramsallaştırması, “psiko/eğitim” olarak ortaya çıkmış ve sübjektif konum ise “tanısal belirtiler”e işaret etmiştir. Final süpervizyonundaki vaka kavramsallaştırması “travmanın izini sürmek” olarak dönüşürken, sübjektif konum da “çözülen ikilem” olarak değişmiştir. Cinsellik yapısal teması içinde Bawer’in başlangıç süpervizyonundaki vaka kavramsallaştırması, “maskülenite” olarak şekillenirken, sübjektif pozisyon, “ensest” olarak ortaya çıkmıştır. Final süpervizyonundaki vaka kavramsallaştırması, “dini rehberlik” etrafında değişirken ve sübjektif pozisyon, “kürtaj/düşük yapma ve suçluluk” olarak dönüşmüştür. Travma yapısal teması içinde, Bejnê’nin başlangıç süpervizyonundaki vaka kavramsallaştırması “tıbbileştirme”yi içerirken, sübjektif pozisyon, “anksiyete ve dağılma” şeklinde ortaya çıkmıştır. Final süpervizyonundaki vaka kavramsallaştırması “varsayılan tehdit” olarak dönüşürken, sübjektif pozisyon, “fiziksel kaygı ve biçimsizleşmiş beden” olarak dönüşmüştür. Bilgi yapısal teması içinde, Aram’ın başlangıç süpervizyonundaki vaka kavramsallaştırması “biyomedikalizasyon” ve sübjektif pozisyon ise “tanısal” olarak ortaya çıkmıştır. Final süpervizyonundaki vaka kavramsallaştırması “toplumsal travma”ya dönüşürken, sübjektif pozisyon “sübjektif-analitik” bir çerçeveye doğru evrilmiştir.

BÖLÜM 5

TARTIŞMA

5.1. Başlangıç ve Final Analiz Sonuçlarının Karşılaştırmalı Olarak Tartışılması: Ruh Sağlığı Çalışanlarının Yapısal Temaları, Vaka Kavramsallaştırmaları ve Sübjektif Pozisyonları

Melman'ın (1993-94/2022, s. 63) belirttiği gibi, “Seçilecek bir taraf yok, en ufak bir yanlış da yok, ancak farklı pozisyonlarla yetinmek zorundayız. Bu pozisyonlarla ilgili bir anlayış geliştirmeliyiz, yani birini diğerinden üstün tutmamak, ama onları kendi yerlerine koymak”. Bu çalışmada, ruh sağlığı çalışanlarının (Tekoşin (\$), Bawer (SI), Bejnê (*objet a*) ve Aram (S2)) yapısal, sübjektif ve vaka kavramsallaştırma temaları kapsamlı olarak karşılaştırılarak tartışılmıştır.

Bu tartışma amacı bağlamında, ruh sağlığı çalışanlarının başlangıç ve final klinik süpervizyon oturumları sırasındaki konumları, söylem haritası üzerinden karşılaştırılmıştır. Bu çalışmadaki her bir ruh sağlığı çalışanının yapısal, sübjektif ve vaka kavramsallaştırma temalarına yönelik başlangıçtaki analiz sonuçlarının, Üniversitenin söyleminde; son aşamadaki analiz sonuçlarının ise Histeriğin söyleminde konumlandığı düşünülmüştür.

Başlangıçtaki Söylem Konumları

(Modern) Efendi Söylemi
(Üniversite Söylemi)



Sonuçtaki Söylem Konumları

Protesto Söylemi
(Histeriğin Söylemi)



Başlangıçtaki Yapısal Temalar

Aram (S2) Bejnê (*objet a*)



Bawer (SI) Tekoşin (\$)

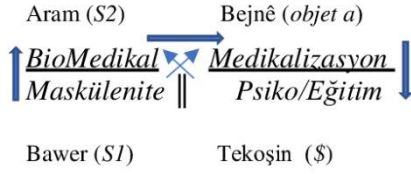
Sonuçtaki Yapısal Temalar

Tekoşin (\$) Bawer (SI)

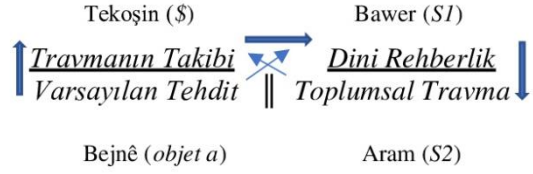


Bejnê (*objet a*) Aram (S2)

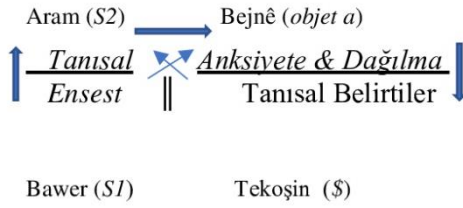
Başlangıçtaki Vaka Kavramsallaştırması



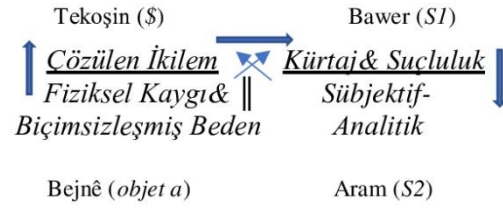
Sonuçtaki Vaka Kavramsallaştırması



Başlangıçtaki Sübjektif Konumlar



Sonuçtaki Sübjektif Konumlar



Şekil 5.1. Başlangıç ve Son Aşamadaki Yapısal, Vaka Kavramsallaştırması ve Sübjektif Konumların Söylem Haritaları

Yukarıda sunulan söylemsel haritaların karşılaştırmalı analizinde, Irak'taki yerel ruh sağlığı çalışanlarının zaman-mekânsal bağlamında meydana gelen dil etkileşimlerini analiz etmeye çalıştım. Bu etkileşimler, yaygın söylemi şekillendiren ve altta yatan bilinçdışı mekanizmalarla karakterizedir. Çünkü söylemsel etkileşimler, bireysel niyetlerin veya motivasyonların alanını aşmaktadır. Bu etkileşimler ayrıca, toplu dinamikleri stratejik bir şekilde ortaya çıkarmakta ve ruh sağlığı çalışanları arasındaki ortak dinamikleri vurgulayarak, toplumsal travma ile başa çıkmak için temel olan genel yapısal bütünlüğün sürdürülmesindeki kilit rolleri açıklamaktadır.

Başlangıç analizinde ortaya çıkan ilk söylem haritasının Lacan'ın üniversite düzeyinde söylem olarak adlandırdığı hegemonik iktidar söylemini yansıttığı ve dolayısıyla pedagojik formasyon ifadesini çağrıştırdığı düşünülmüştür. Pedagojik formasyon terimi, Lacan tarafından "küreler halinde oluşan tatmin ve beden tarafından oluşturulan bütünün hayali fikri" ile uyumlu olup bilinmez olarak kabul edilen unsurların da dışlanmasıyla karakterizedir (Lacan 1969-70/2006, s. 31). Başlangıç söylem haritalamalarındaki dört yapısal temayı içeren ilişkisel yapının biyomedikal modelde oluştuğu gözlenmiştir. Bu söylemsel çerçevenin başlangıç incelemesinde, Bawer tarafından temsil edilen S1 efendi göstereni, nedensel bir faktör olarak

hakikatin rolünü “cinsellik” teması üzerinden üstlenmiştir. Efendi göstereni olarak adlandırılan *SI* terimi, Başka'nın (örn., ebeveyn etkisi, kültürel unsurlar ve kurumsal idealleri) belirleyici etkisi altında ortaya çıkmaktadır. Bu kilit belirleyici, süjenin temel kimliğini şekillendirerek, Simgesel alana giriş için gerekli olan tekil bir özelliği veya Simgesel bağlantıları belirgin bir toplumsal bağa yönlendirmektedir.

Bawer örneğinde, efendi gösteren, örtük bir otoriteyi temsil etmektedir ve bilen süje olarak tanımlanan bu otorite, kurumsal uygulamalarda tüm anlamları düzenlemektedir. Bu bağlamda, efendi göstereni olarak maskülenite, temsilin temel unsurlarını kullanarak “işlerin bu şekilde olduğu” vurgusunu yapmakta ve meydan okumaya veya itiraza karşı çıkmaktadır. Böylece, mantıklı bir argüman yerine tekrarlayan iddialar aracılığıyla otorite devam etmiş olmaktadır (Parker, 2005). Efendi gösteren olan *SI*, diğer gösterenler (*S2*) için süjeyi temsil etmektedir ve Lacan'ın “Baba-nın-Adları” ve “fallus” gibi kavramlarıyla paralel olarak işlemektedir (Yaka, 2021, 2024). Bawer'in konuşmasında bulunmayan “maskülenite” terimi, yerel bir sivil toplum kuruluşundaki ruh sağlığı hizmeti sağlayıcıları için süperego beklentilerini şekillendiren kurumsal ideali içinde barındırmaktadır. “Maskülenite” olarak saygı gören efendi göstereni, sadece etkilemeyip, aynı zamanda ruh sağlığı hizmeti sağlayıcıları için toplumsal travmanın ne anlama geldiğini de yapılandırmaktadır. O halde Irak'taki yerel bir kurumdaki ruh sağlığı hizmetinde, otoriter uygulamaları oluşturan “maskülenite”, neden *SI* olarak kabul edilmektedir? “Maskülenite” kelimesi, Proto-Hint-Avrupa kökünden gelmekte olup, “şişmek ve kabarmak” anlamlarına gelmektedir (Online Etymology Dictionary, 2020). Dolayısıyla yerel ruh sağlığı çalışanlarının başlangıç söylemlerindeki biyomedikal kavramlaştırmanın temel unsurlarının, sübjektive edilmeden fallus yerine geçerek maskülenite tarafından güçlendirildiği ve otoriteyi simgelediği düşünülmüştür. Bu nedenle maskülenitenin aslında üniversite söylemi içinde, sadece Ortadoğu'da olmayıp, global düzeydeki dominant diskurdaki hakikatin konumunun temelini oluşturduğu düşünülmüştür.

Feminist filozof Genevieve Lloyd (1996), maskülenite metaforunun felsefi düşüncelerin ifadesine ve entelektüel ideallerin derinliklerine gömülü olduğunu savunmaktadır. Lloyd'a göre, akıl maskülenitesi belirli bir cinsiyet veya toplumsal cinsiyete bağlı değildir. Lloyd, Bacon'ın bilimsel modelinin, “cinsel metaforlar”

aracılığıyla ifade edilen bir tür “erkek egemenliği ve güç” kurmak olarak şekillendiğini ifade etmiştir. Böylece Bacon sadece bilgi ile objesi arasındaki ilişkiyi açıklamakla kalmayıp aynı zamanda bilimi cinsiyet ayrımıyla doğrudan ilişkilendirerek, “bilen olma” kavramına “eril nitelikler” kazandırmıştır (Lloyd, 1996). Bacon’ın bilimsel anlayışındaki eril perspektifteki “maskülenite” kavramı, global ruh sağlığı alanında biyomedikal modeli güçlendiren ve kanıta-dayalı terapilere odaklanan bir yaklaşımı temsil etmektedir. Ancak bu yaklaşım, her bireyin benzersizliğini, yani sübjektivasyonunu ve travmanın karmaşıklığını göz ardı edebilmektedir. Örneğin, bu araştırmada Bawer’in konuşmasında görüldüğü gibi, maskülenite, klinik liderin davranışını şekillendirerek, otoriter bir söylemi sürdürmekte ve farklı sübjektivitelere karşı önyargılı bir tutum ortaya koyabilmektedir. Klinik liderin (Bawer) maskülen imge üzerinden desteklenmesi, Aram’ı (S2) bir aktör olarak, biyomedikal kavramları kullanmaya ve vakasıyla ilgili tam anlayışa sahip gibi görünme illüzyonunu sürdürmeye zorlamıştır. Böylece maskülenite imgesi, yerel bir STK içinde sorgulamadan otoriteye boyun eğen ve kanıtları eleştirel bir şekilde incelemeyen mevcut biyomedikal bilginin (S2) (Aram) üstünlüğünü ve meşruiyetini iddia etmektedir.

Bu çalışmada, Bejnê’nin *objet a* konumunun ise aynı zamanda *jouissance* ile ilişkili olduğu düşünülmüştür. *Objet a*, bölünmüş süjenin dışsal etmenlerden kaynaklanan yapısal bir boşluğunu simgelemektedir. Lacan’a göre, bu kavram, söylemin en gizemli ve vazgeçilmez etkilerini belirlemektedir (Lacan, 1969-70/2007, 1964/1977). *Objet a*, eksiklik ve fazlalık duygularını aynı anda yaratır. Başlangıçtaki analizlerdeki pedagojik oluşum söyleminde, Bejnê’nin bilgi eksikliği yanlış bir şekilde ona atfedilmiştir. Aslında, bu eksiklik, maskülenite ve biyomedikal kavramları temsil eden Bawer (S1) ve Aram (S2) gibi diğer aktörlere aittir. Bejnê’nin davranışları, medikalizasyon odaklı vaka kavramlaştırması ve sübjektif konumunu yansıtan “anksiyete ve dağılma” ile ilişkili durmaktadır. Bu durum, ruh sağlığı hizmeti sunumunda, süjenin *jouissance*’nın genellikle göz ardı edildiğini ortaya koymaktadır. *Jouissance*’ın ortaya çıkması ve böylece çalışılması, “maskülenite” ve “biyomedikalizasyon” gibi önceden belirlenmiş yorumlardan kaçınılarak, sübjektivasyon üzerinden önyargısız ve analitik bir dinleme pratiği ile mümkündür.

Başlangıçtaki pedagojik formasyon söyleminde Tekoşin tarafından temsil edilen sübjektivite, efendi gösteren olan maskülenitenin dikta ettiği kurallara bağlılığı güçlendirmiştir. Bu emre uymamanın, sosyal bağlamdan dışlanma riskini taşıdığı unutulmamalıdır. Yerel ruh sağlığı ekibinin sosyal bağlamındaki efendi gösterenin (maskülenite) biyomedikal kavramsallaştırma idealine boyun eğme talebi (Yaka, 2024), Tekoşin'in söylemsel pozisyonlarında teşhis (sübjektif pozisyon) ve pedagojik formasyonun psiko/egitimi olarak (vaka kavramsallaştırması) sübjektif olmayan sonuçlara yol açmıştır.

Söylem yapıları, özellikle *objet a*'nın bilinmeyen kalıntısıyla karşılaştığında, sürekli bir dönüşüm haline girmekte ve bu durum, anlama meydan okuyan ve kaygı uyandıran bir öge olup alternatif söylemsel formların da ortaya çıkmasına yol açmaktadır (Lacan, 1969-70/2007). Her söylem, önceki söylemin çözülmemiş bir eksikliği veya imkansızlığını ele almaya çalışmaktadır (Fernandez-Alvarez, 2022).

Yerel ruh sağlığı çalışanları arasındaki başlangıç söylem haritalamaları, bu hegemonik modernleşmiş efendi söyleminin (biyomedikalizasyon) kısıktırıcısı olarak *SI*'in, Irak'taki toplumsal travma vakalarının ortaya çıkardığı zorluklara yanıt vermedeki "maskülenite" anahtar belirleyicisinin etkinliğini nasıl göz ardı ettiğini örneklendirmektedir. Bu çalışmada, pedagojik formasyon söyleminin egemen modernleşmiş efendi söyleminden ayrılması, askıya alınması veya ertelenmesi, Tekoşin'in (\$) yapısal teması olan sübjektivite ile etkileşim içindedir ve bu da Lacan'ın histerik söylemi ile yakından ilişkilidir. Sonuç analizlerinde, pedagojik formasyon söyleminin altında gizlenmeye çalışılan eksikliği ortaya çıkaran, Tekoşin'in (\$) sübjektif konumu, yani *SI*'in eksikliğini ortaya çıkarma işlevini yerine getiren "sübjektif-analitik" pozisyonudur (Lacan, 1969-70/2007). Sübjektif-analitik konumdaki sorgulama eylemi, *SI*'in eksikliklerini açığa çıkaran bir bilgi üretimine yol açarak, benzer şekilde diğer ruh sağlığı çalışanlarının da histerik bir söylemde konumlanmalarının önünü açmıştır.

"Maskülenite" ve "biyomedikalizasyon" gösterenlerinin fazlalığı ve eksikliğinden kaynaklanan acı, sadece Orta Doğu'ya özgü değil, aynı zamanda küresel ruh sağlığı alanında da etkisini sürdürmektedir. Ancak, protestoya dayalı kimlik oluşturma süreci,

sosyo-politik bağlamda önemli karmaşıklıklara neden olmaktadır. Protesto söylemi, bazı durumlarda radikal dönüşümler için çaba harcamaktan ziyade, sadece efendi göstereni düşürmek amacıyla protesto etmenin keyfi bir şekline dönüşebilmektedir (Fernandez-Alvarez, 2022). Bu fenomen, boykot kültüründe doruğa ulaşan sosyal olaylarda görülebilmektedir (Bracher, 1994). Bu tür durumlar da demokratik ve eleştirel bir şekilde yeni bir efendi gösteren (*SI*) üretme potansiyeli gibi alternatif söylemlerin dolaşımını önleyebilmektedir.

Biyomedikalizasyonun (Yaka, 2024) dayandığı mevcut her şeyi bilen *SI*'in (maskülenite) yapısını etkili bir şekilde değiştirmek için öncelikle söylemin yapısını sürdüren toplumsal kuruluşlardaki farklılıkların kabul edilmesi gerekmektedir ve bu da ancak sübjektivasyon üzerinden gerçekleşebilmektedir. Son söylem haritalamasında Bejnê, “*objet a*” olarak sembolize edilerek Gerçeği temsil ederken, söylem yapısı içinde aynı zamanda travmada konumlanmış ve sübjektivasyon üzerinden bunu simgeselleştirmiştir.

5.2. Toplumsal Travma İle Başa Çıkma Sürecinde Neo-liberalizm ve Biyomedikal Söylem

Neoliberalizmin ve biyomedikal söylemin, toplumsal travmayla başa çıkma sürecindeki etkisi incelenmesi gereken kritik bir noktadır. Bu bağlamda, ekonomik politikaların ve tıbbi çerçevelerin, toplumsal sıkıntıyla ilgili anlatıları, müdahaleleri ve sonuçları nasıl şekillendirdiği önemli bir konu olmaktadır. Mevcut araştırmaya göre, Irak'ta neoliberal müdahalenin etkisiyle travma etrafındaki söylem, biyomedikal bir modelde şekillenmiştir (Fernandez-Alvarez, 2022; Wright, 2020, Yaka, 2024).

Neoliberal etkinin küresel ruh sağlığı üzerindeki etkisi bağlamında “maskülenite” ve “biyomedikal” kavramsallaştırmanın birleşimini incelemek, “post-travmatik stres bozukluğu” teriminin çeşitli boyutlarını anlamak için esastır. “Post” kavramının kullanımı, “savaş sonrası”, “çatışma sonrası” veya “travma sonrası” gibi ifadelerde görüldüğü üzere, varsayılan bir normalleşme sürecini ima etmektedir (Becker, 1995, 2004). Küresel neoliberal modelin etkisi, ego psikolojisi ve bilişsel-davranışçı yaklaşımlarla da temsil edilmektedir ve bu durum, ruh sağlığı çalışanlarının ve

uygulayıcılarının toplumsal travmayı nasıl kavramsallaştırdığını önemli ölçüde şekillendirmektedir. Biyomedikal söylemler (Yaka, 2024) ile maskülenite arasındaki bağlantı, hegemonik modernleşmiş efendi söyleminin kurumsal uygulamalara güçlü etkisinden kaynaklanmaktadır (Lloyd, 1996).

Sonuç olarak, biyomedikal perspektiflerin yaygın olması, sadece ruh sağlığı etrafındaki söylem yapısını şekillendirmekle kalmayıp aynı zamanda belirli şiddet biçimlerinin marjinalleşmesine neden olmaktadır. Aile içi şiddet, namus cinayetleri, kurumsal şiddet ve yolsuzluk gibi konular, mevcut biyomedikal çerçeve ile uyumsuz olduklarından daha geniş tartışma içinde ikinci plana atılmakta veya ihmal edilmektedir (Keeler, 2012).

Biyomedikal ve psikoterapötik kavramları, eleştirel ve kültürlerarası psikiyatri tartışmaları bağlamında incelemek, Batı psikiyatri nosolojisindeki potansiyel basitleştirmeyi gündeme getirmektedir (Keeler, 2012; Wright, 2020; Yaka, 2024). Örneğin, Sri Lanka'da TSSB yaygınlığına dair yapılan erken bir çalışmanın bakış açısı, Sri Lanka'nın kültürel karmaşıklıklarını göz ardı etme eğiliminde olmuştur; çünkü ülkenin iç savaşını ve önceden var olan başa çıkma mekanizmalarını dikkate almamıştır (Wright, 2020). Keeler'ın (2012) Irak'ın Kürt Bölgesi'nde yaptığı çalışma, medikal/tıbbi yaklaşımların ve neoliberalizmin yayılmasının karmaşık etkileşimini ortaya koymaktadır. Bu yaklaşım, milliyetçilik ve şiddet ile travma anlatılarını sürdüren cinsiyetçi rollerinin dayatılmasını içermektedir.

Dolayısıyla, Orta Doğu'da modernizmin, neo-liberal müdahalenin ve savaş sonrası yeniden yapılandırmanın etkileşimi, cinsiyetçi ve milliyetçi kültürlerin karmaşık bir örgüsünü oluşturmaktadır. İnsan hakları, sosyal adalet ve toplumsal travmanın yeniden yapılandırılması ile ilgili beyanlar zaman zaman ortaya çıksa da bunlar genellikle gerçek bir değişiklik taahhüdünden ziyade daha çok maddi nedenlerle yönlendirilen yüzeysel girişimler gibi görünmektedirler. Sübjektivasyonun göz ardı edildiği bir travma söylemi, endüstriyel modernizm tarafından iyiliksever liberal müdahaleler tarafından maddi bir araç olarak kullanılmaktadır. Bu çalışmada da ortaya çıktığı gibi, Irak Kürdistan Bölgesine yönelik biyomedikal kavramsallaştırmaya dayalı liberal müdahaleler, travmanın kolektif doğasını göz ardı ederek aşırı dramatize etme

eğiliminde olmaktadır. Örneğin, yerel ruh sağlığı çalışanlarının, toplumsal travmanın özellikle tarihsel ve siyasal boyutlarını göz ardı ederek kadın hastaların sübjektivitelerini ihmal etmeleri, bunun bir ifadesi olabilmektedir. Böylece toplumsal travmaya yönelik müdahaleler de tekeli endüstriyel genişleme, milliyetçilik ve kurumsal şiddet mekanizmalarıyla iç içe geçerek, neoliberal normların yayılmasını kolaylaştırmaktadır.

Orta Doğu'daki ruh sağlığı müdahalelerinde pedagojik bir yaklaşımın kullanımı, yeni bir efendi söylem pozisyonu almanın endişelerini de beraberinde getirmektedir. Bu bağlamda mevcut araştırmadan yola çıkarak, bölgede pedagojik yöntemlerin uygulanabilirliğini etkileyen potansiyel varyasyonları düşünerek, sübjektif bir pedagojizm biçimi önerilmiştir. Freire (1968/2011) pedagojik sosyal çalışmaların, sübjektif ve dönüştürücü uygulamalarla ezilenlere ve onların entelektüel kapasitelerine güvenmeye dayandığını savunmuştur. Bu psikososyal perspektifin, ruh sağlığı üzerinde de daha nüanslı ve sübjektif bir küresel söylem geliştirmeye yardımcı olabileceği düşünülmüştür.

5.3. Çalışmanın Sınırlılıkları ve Güçlü Yönleri

Bu çalışmanın, bir insani yardım projesi üzerinden gerçekleştirilmesi ve benim de bu projede bizzat görev almam sebebiyle, farklı rollerim (uygulayıcı, araştırmacı, yönetici, eğitici, terapist ve klinik süpervizör gibi) oluşmuştur. Bu çalışmada, özellikle, psikoterapi becerilerine yönelik çeşitli eğitim faaliyetleri sunma ve klinik süpervizyon sağlama sorumluluğuyla birlikte, proje kapsamında psikoterapist eğitmeni olarak üstlendiğim rol, mevcut çalışmanın sonuçları üzerinde potansiyel etkilere yol açabilecek karmaşıklıkları ortaya koymaktadır.

Dolayısıyla, projede aktif olarak yer alışım, güç dinamikleri, otorite ve cinsiyet rollerinin kesişimi gibi durumlar, bir yandan yerel ruh sağlığı uzmanlarının benimle özdeşleşmelerine neden olabilirken; diğer yandan mevcut çalışmanın bulgularını etkilemiş olabilmektedir. Ayrıca, bu çalışmanın Êzidi jenosidiyle ilgili olması ve bu jenosidin sorumluları arasındaki İslami ve maskülen kimlik unsurlarıyla, benim

geldiğim toplumsal yapının dini yönü (İslam) ve maskülenite olan cinsiyet kimliğim de bu çalışmanın sonuçlarıyla etkileşim içinde olmuştur.

Diğer önemli bir sınırlılık ise, çalışmanın belirli bir süre içinde belirli sayıda terapi seansının sağlandığı bir proje çalışması olmasıdır. Bu zaman kısıtlaması, ruh sağlığı uzmanlarının özgürlüğüne sınırlamalar getirerek, psikososyal saha çalışmalarında analitik bir yaklaşımın geliştirilmesine yönelik zorlukları da ortaya çıkarmıştır. Yaklaşık bir yıllık proje süresince, yerel organizasyon içinde de çeşitli zorluklar yaşanmıştır. Bu zorluklar, çalışanlara yönelik performans baskıları, sahadaki çalışanların zaman zaman işten çıkarılması veya uzun süreli izin (örneğin, doğum izinleri) alması gibi konuları içermektedir.

Ancak, ruh sağlığı çalışanlarının düşüncelerini ve duygularını ifade etme konusundaki artan açıklıkları, başlangıç süpervizyonu ile karşılaştırıldığında, tüm zorluklara rağmen analitik yaklaşıma yönelik sübjektivasyonun ve dolayısıyla analitik bir yaklaşımın psikososyal saha çalışmasında da gelişebildiğini düşündürmüştür. Böylece bu çalışma ortaya çıkan sonuçlar, ruh sağlığı çalışanlarının başlangıç süpervizyonlarında travma vakalarını anlatırken kullandıkları mevcut DSM tanı çerçevesiyle kıyaslandığında, toplumsal travma odaklı çalışmalarda Lacanyen yönelimli klinik süpervizyon oturumlarının, daha uygun bir yaklaşım olabileceğini düşündürmüştür.

Örneğin, son süpervizyonlarda Tekoşin'in sübjektivasyon sürecinin unutkanlıkla eşzamanlı olarak angaje olması ve aynı süpervizyon oturumunda tercümanın dil sürçmesi, mevcut çalışmanın amacıyla tutarlı olarak Simgesel bir gelişimin olduğunu düşündürmüştür. Benzer şekilde, Bawer'in maskülenite ile ilişkili otorite rolüne daha fazla yoğunlaşması ve vakayla ilgili görüşlerini daha sübjektif ifade etmesi de Simgeselleştirme sürecine işaret etmektedir. Aram ve Bejnê'nin durumlarında da benzer değişimler söz konusudur. Aram'ın vaka sunumundaki "Bağdat durumu" ifadesi toplumsal travma bağlamında sübjektif semptomların nasıl ortaya çıktığının somut bir örneğidir. Bejnê'nin son süpervizyonu ise Gerçekle karşılaşmanın bir tür travmatik deneyimi olarak onun sübjektivasyonunu çalıştıran bir yerde olmuştur. Bu durum, Bejnê'nin hem bir psikolog hem de Êzidî topluluğuna yönelik gerçekleştirilen

jenosidden kaçıp sağ kalan kadın bir Êzidî olması açısından özellikle önemli olmaktadır. Bu sonuçlar dikkate alındığında, bu çalışmanın, toplumsal travmaya yönelik psikososyal saha çalışmalarında analitik yönelimli bir süpervizyonun nasıl uygulanabileceği ve sübjektivasyonun nasıl dikkate alınabileceği açısından bir rehber veya destek kaynağı olarak işlev görebileceği düşünülmüştür.

5.4. Sonuç

Bu çalışma, Irak'taki ruh sağlığı çalışanlarının, toplum travma bağlamındaki vaka kavramlaştırmalarını ve sübjektif yönelimlerini detaylı bir şekilde incelemeyi amaçlamıştır. Lacanyen psikanaliz açısından, Gerçekle karşılaşma, yani travma deneyimi, bölünmüş veya yokluk hissi tarafından belirlendiğinde, İmgesele yönelim isteğini Gerçekten korunmak için arttırabilmektedir.

Ruh sağlığı çalışanlarının semptom odaklı biyomedikal yaklaşımları ve maküleniteye karşı itaatkâr tutumları, bu bölgenin (Orta Doğu) yaygın şiddet tarihine, savaş bölgesi olma Gerçeğine ve toplumsal travmanın dinamiklerine karmaşık bir şekilde bağlı olmaktadır. Neo-liberal biyomedikalizasyon söylemi, bu bağlamda önemli bir gösteren konumunu üstlenmektedir.

Lacanyen açıdan, Orta Doğu'daki toplumsal travma ile çalışmada daha analitik bir yönelimde olmak, sadece semptomları değil aynı zamanda travmanın nedenine dair sübjektif, tarihsel ve kültürel özellikleri incelemek bakımından kritik önemdedir. Irak'taki psikososyal saha çalışmalarında yer alan uzmanlarla gerçekleştirilen bu çalışmada, genel olarak analitik odaklı psikososyal müdahalelerde bilinçdışının rolü dikkate alınmaya çalışılarak, semptomları düşürmeyi hedeflemekten ziyade sübjektivasyon odaklı bir çalışmanın önemi vurgulanmaya çalışılmıştır. Bu yaklaşımda, teşhisi tamamen reddetmek yerine, öncelikle bilinmeyene karşı yaygın bir sübjektif anksiyete tepkisini çalışmanın önemli olduğu ve bu tepkiyi de aşmak için teşhis yöntemlerinin, ruh sağlığı profesyonelleri arasında yapılandırılmış bir iletişim aracı olarak kullanılması önerilmiştir. Böylece, toplumsal travmaya yönelik müdahalelerde, sübjektif ve kültürel faktörlerin de önemsendiği analitik yönelimli bir kavramsallaştırma modelinin uygun olabileceği önerilmiştir.

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